

# Petrie Tucker and Partners Limited

# Dental Practice - Devon Villa

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 27 February 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this practice was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this practice was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this practice was providing well led care in accordance with the relevant regulations.

#### **Background**

Dental Practice – Devon Villa is located in the town of Newton Abbot, Devon. The practice provides primary dental care services. The practice provides mainly NHS and some private patient care. There are 11 dental surgeries, with four situated on the ground floor so that patients with limited mobility can access services. The premises is a converted Victorian building, which is Grade 2 listed. This imposes limitations regarding the accessibility of the building and restricts the amount of reasonable adjustments the provider can make to the premises to meet the needs of wheelchair users. Approximately 18,000 patients are registered at the practice.

The staff structure of the practice consists of ten dentists, two hygienists, a seditionist, a locum sedation dentist and locum dentist, practice manager, six qualified dental nurses, seven student dental nurses and seven receptionists.

The practice is open from 8am to 6.30pm on Mondays and from 8am to 5.30pm Tuesdays to Friday. There is an answer phone message directing patients to emergency contact numbers when the practice is closed.

As a condition of their registration with the CQC, the provider is required to ensure that the regulated activities are managed by an individual who is registered as a manager in respect of those activities at Dental Practice – Devon Villa. At the time of the inspection there was no

# Summary of findings

registered manager in place. The provider told us that the previous post holder had left and the new practice manager was undertaking the role of the registered manager. They were currently in the process of completing the application process to register with CQC.

The inspection took place over one day and was carried out by two CQC inspectors.

Ten patients provided feedback directly to CQC about the service. All were positive about the care they received from the practice. They were complimentary about the friendly, professional and caring attitude of the dental staff and the dental treatment they had received.

## Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were systems in place to reduce and minimise the risk and spread of infection.
- There was a lead staff member for safeguarding patients. All staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- During the inspection patients indicated that they felt they were listened to and that they received good care from the practice team.
- The practice management was working to address unresolved concerns and complaints.
- Patients could access treatment and urgent and emergency care when required.
- Patients could book appointments up to 12 months in advance.
- Appointment text/phone reminders were available on request 48 hours prior to appointments.
- The provider had a clear vision for the practice, including driving continuing improvements to patient services.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- Staff received training appropriate to their roles and were supported in their continued professional development by the management team.

## There were areas where the provider could make improvements and should:

- Review the practice's recruitment policy and procedures to ensure all checks, including references for new staff are consistently received prior to staff employment.
- Review the processes for the repeat of clinical audits to ensure that the cycle of clinical audits are meaningful, and inspire improvement and learning.
- Review the monitoring system for the correct date stamping of sterilised dental instruments.
- Complete the gathering of safety data sheets and accompanying risk assessment in relation to the Control of Substances Hazardous to Health (COSHH) requirements.
- Complete overdue staff annual appraisals.
- Review the secure storage arrangements for paper patient notes to ensure confidentiality.
- Engage more fully with gathering feedback from patients to provide valuable information about patient services.
- Review the suitability of observation windows in treatment room doors with regard to patient privacy.
- Report notifiable events to CQC without delay.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had systems to minimise the risks associated with providing dental services. Following historic poor reporting of risks, a thorough assessment of risks had completed and an action plan put in place to address where risks were present. This was being monitored by senior managers.

There were policies and protocols, which staff were following, for the management of medical emergencies.

Systems for identifying, investigating and learning from incidents relating to the safety of patients and staff members had been reviewed and were now working to ensure that any incidents were appropriately addressed.

Staff had good awareness of safeguarding issues, which were informed by and supported by practice policies. There was an annual training plan to ensure staff training in safeguarding was appropriately maintained.

Infection control processes were safely managed but management of packing sterilised dental instruments needed improvement.

Staff recruitment was not consistently robust and the details of our findings are included in this report.

No action



### Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the National Institute for Health and Care Excellence (NICE). The practice monitored patients' oral health and gave appropriate health promotion advice.

Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.

Staff engaged in continuous professional development (CPD) and were meeting the training requirements of the General Dental Council (GDC). New staff had received an induction and were engaged in a probationary process to review their performance and understand their training needs.

No action



### Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

No action



# Summary of findings

We received positive feedback from ten patients. Patients indicated that they felt comfortable and relaxed with their dentist and that they were made to feel at ease during consultations and treatments. The patient feedback we received on the day of the inspection confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.

Electronic patient dental care records were stored securely but paper records were unsecure.

Patient privacy was compromised by observation windows in treatment room doors.

## Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Patients had good access to appointments, including emergency appointments, which were available on the same day.

There was a complaints policy. Historic complaints were being systematically addressed following a period where complaints had not been handled in a timely way. Systems were in place for receiving more general feedback from patients, with a view to improving the quality of the service. This included direct comments to staff, patient testimonials sent directly to the practice and the use of the NHS Choices website.

The facilities for people with limited mobility had been considered and reasonable adjustments, within the limitation of the building construction, were in place to promote access.

No action



## Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had clinical governance and risk-management structures in place. The management team recognised that improvements were needed at the practice to address governance issues that had previously not been addressed and to develop and nurture a strong and supportive team work ethic at the practice.

Not all staff had received a documented appraisal in the last 12 months. However, the practice manager had an action plan in place to ensure that overdue staff appraisals were completed.

The clinical audit cycle at the practice had not been effectively sustained. Gaps in auditing cycles meant that audit could not be assessed for meaningful comparison to drive clinical improvement.

The practice was not currently fully engaged with gathering feedback from patients to provide valuable information about patient services. There was no evidence of the practice publicising to patients how comments made to the practice had been taking into account with the running of the service. The provider had systems for patient information survey data collection. We were told that these would be implemented.

All staff we spoke with were aware of the practice whistleblowing policy and felt they could raise concerns, which would be acted upon by the management team.

No action



# Dental Practice - Devon Villa

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 27 February 2017. The inspection was carried out by two CQC inspectors, who had access to remote advice from a specialist advisor.

We reviewed information received from the provider prior to the inspection. During our inspection we reviewed policy documents and spoke with fourteen members of staff, including a group regulatory office, group clinical support manager, practice manager supporting the newly appointed practice manager, dentists, hygienists, qualified dental nurses and student dental nurses and reception staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. A dental nurse demonstrated how they carried out decontamination procedures of dental instruments.

Ten patients provided feedback directly to the inspectors about the service. We also looked at written comments about the practice left about patient experiences on-line via NHS choices and through comments made directly to the practice. On the day patients were positive about the care they received from the practice. They were complimentary about the friendly, professional and caring attitude of the dental staff. Patients commented that they were likely to recommend the practice. However, the practice had received mixed feedback via NHS Choices and managers were working thought a number of complaints received about treatment at the practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

There was a system for reporting and learning from incidents; however, the system had not been followed. There had been significant events related to patients, visitors or staff in the past year. The senior managers and the newly appointed practice manager, who was completing their induction training, had been working hard to identify all significant events and develop action plans for addressing reoccurrences and to ensure learning was shared with the whole staff team. These processes were now well underway. There had also been a never event during 2016. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. There had been a delay in reporting the never event to CQC. We looked at action taken to prevent reoccurrence. We found the incident had been investigated and the patient apologised to. The current practice staff were aware of their responsibilities under the Duty of Candour. As a result of the incident the practice was trialling a new safety checklist process for dental extractions. We spoke with dentists, who were aware of the new system.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any reportable incidents in the past 12 months.

Whole staff team meetings had been re-introduced by the new practice manager. Prior to their appointment staff meetings had been held irregularly and informally and were held separately by job roles (such as dentist meetings, nurses meetings and reception staff meetings). Separating meetings by job role had been negatively affecting the cohesive and united working of the staff team. A new meeting template had been introduced for staff meetings, this now captured when actions resulting from team meetings were addressed and signed off as closed.

### Reliable safety systems and processes (including safeguarding)

The practice manager was the named practice lead for child and adult safeguarding. We spoke with practice staff who were able to describe the types of behaviour a child

might display that would alert them to possible signs of abuse or neglect. Practice staff also had a good awareness of the issues around vulnerable adults who presented with dementia, mental illness or learning difficulties.

The practice had a safeguarding policy, reviewed in the last 12 months. The policy referred to national and local guidance. Information about the local authority contacts for safeguarding concerns was held in a file in the staff room. The staff we spoke with were aware of the location of this information. There was evidence in staff files showing that all staff had been trained in safeguarding adults and children to appropriate recommended levels.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, we asked staff about the prevention of needle stick injuries. The practice had a current policy on the re-sheathing of needles, giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Staff were aware of the contents of this policy. The staff we spoke with demonstrated a clear understanding of the practice policy and protocol with respect to handling sharps and needle stick injuries.

The practice followed other national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments in line with guidance from the British Endodontic Society. (A rubber dam is a thin, rectangular sheet, usually latex-free rubber, used in dentistry to isolate the operative site from the rest of the mouth).

### Medical emergencies

The practice had arrangements to deal with medical emergencies. The practice had an oxygen cylinder, and other related items, such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. An automated external defibrillator (AED) was situated in with the emergency equipment in an area accessible only to staff. This was available for the dental practice to use; the staff were aware of its location and how to use it. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

The practice held emergency medicines in line with guidance issued by the British National Formulary for





## Are services safe?

dealing with common medical emergencies in a dental practice. The emergency medicines were all in date and stored securely with emergency oxygen in a location known to all staff.

Staff received annual training in using the emergency equipment. The staff we spoke with were all aware of the location of the emergency equipment. This equipment was checked for safe use each day the practice was open.

### Staff recruitment

The staff structure of the practice consisted of ten dentists, two hygienists, a sedationist, a locum sedation dentist and locum dentist, practice manager, six qualified dental nurses, seven student dental nurses and seven receptionists. There were four vacancies for dental nurses. These vacant posts had been advertised. In the meantime agency dental nurses were being used and/or dental nurses from other practice within the group. At times the vacant dental nursing posts impacted upon the availability of appointments. In the interests of patient safety dentists cancelled appointments if there was no dental nurse available to assist them.

There was a recruitment policy which stated that all relevant checks would be carried out to confirm that any person being recruited was suitable for the role. This included the use of an application form, interview, review of employment history, evidence of relevant qualifications, the checking of references and, where relevant, a check of registration with the General Dental Council.

It was practice policy to carry out a Disclosure and Barring Service (DBS) check for all members of staff prior to employment. We saw evidence that staff had DBS checks. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We looked at a selection of staff files. Proof of professional registration and professional indemnity, where required, was evident. However, not all files were complete regarding job references, contracts or immunity status against contractible diseases. We raised this with the management team, who had already identified that staff files had not been maintained fully. They had an action plan in place to address this and were in the process of working to ensure that all required information was present.

### Monitoring health & safety and responding to risks

There were arrangements to deal with foreseeable emergencies. The practice was in the process of reviewing the health and safety policy. The provider had conducted a health and safety visit during February 2017 and had found a number of areas where improvements were needed. An action plan for improvement had been completed as a result of this visit and the findings were shared with CQC. The practice had considered the risk of fire, had clearly marked exits and an evacuation plan. There were also fire extinguishers situated at suitable points in the premises. The practice carried out fire drills. The last was carried out on 22 February 2017. A record had been completed of an assessment of the effectiveness of the fire drill and shared with the whole staff team.

The provider had clear policies to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. However, the provider visit in February 2017 had identified that the COSHH file where risks to patients, staff and visitors associated with hazardous substances are identified could not be found. We saw that the practice manager was in the process of developing a COSHH folder and risk assessment for products used at the practice. We saw that COSHH products were securely stored.

The practice had a system for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS). Relevant alerts were identified in the provider's internal bi-weekly staff newsletter, which was displayed in the staff room. The practice manager had also recently ensured that safety alerts were included as a standing agenda item for discussion during staff meetings to facilitate shared learning.

### Infection control

There were systems to reduce the risk and spread of infection within the practice. There was an infection control policy, which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. The lead infection control nurse carried out bi-annual audits of infection control processes at the practice using a recognised industry assessment tool. However, no annual statement of infection control had been produced at the practice. This had been highlighted by the provider as a task to complete and was part of the action plan of issues to address.



## Are services safe?

We observed that the premises appeared clean and tidy. The provider had ensured that in the weeks preceding the inspection visit that the premises were de-cluttered and cleaning schedules were recorded and monitored. Environmental cleaning was carried out in accordance with the national colour coding scheme by the cleaning staff employed to work throughout the building.

We saw clear zoning demarking clean from dirty areas in all of the treatment and decontamination rooms. Hand-washing facilities were available, including wall-mounted liquid soap, hand gels and paper towels in each of the treatment and decontamination rooms.

We asked a dental nurse to describe to us the end-to-end process of infection control procedures at the practice. The protocols described demonstrated that the practice followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'.

The dental nurse explained the decontamination of the two decontamination rooms and dental surgeries. The dental nurse described the process they followed to ensure that the working surfaces, dental units and dental chairs were decontaminated. This included the treatment of the dental water lines. Prior to February 2017 there was poor record keeping of evidence that water lines were being appropriately maintained. We saw that since this date that record keeping had improved.

We checked the contents of the drawers in three of the treatment rooms. These were well stocked, clean, ordered and free from clutter. All of the instruments were pouched, although senior managers had identified a number of items that had been date stamped incorrectly. All the items had been set aside for re-sterilising and re-packaging. Each treatment room had the appropriate personal protective equipment, such as gloves and aprons, available for staff and patient use.

Instruments were cleaned using a washer disinfectant, or where appropriate, manually cleaned in the decontamination rooms then inspected under an illuminated magnification device and then placed in an autoclave (steriliser).

The practice carried out checks of the autoclave to assure that it was working effectively. Twice daily checks when the practice was open included the automatic control test and steam penetration test. A log book was used to record the essential daily validation checks of the sterilisation cycles.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained. The practice used a contractor to remove dental waste from the practice. Waste was stored in a separate, locked location outside of practice, prior to collection by the contractor. Waste consignment notices were available for inspection.

Staff files showed that staff regularly attended training courses in infection control.

The dental water lines were maintained to prevent the growth and spread of legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings). A legionella risk assessment had been carried out by an external contractor in February 2016. The practice was following recommendations to reduce the risk of legionella, for example, through the regular testing of the water temperatures. The practice kept a record of the outcome of check of water storage and water dispensing temperatures a monthly basis, which started in January 2017. We were told that the previous log book could not be found.

### Equipment and medicines

We found that the equipment used at the practice was serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced. Certificates for pressure equipment had been issued in accordance with the Pressure Systems Safety Regulations 2000. Portable appliance testing (PAT) had been completed in January 2017. PAT is the name of a process during which electrical appliances are routinely checked for safety every two years as a minimum.

The expiry dates of medicines, oxygen and equipment were monitored using daily, weekly and monthly check sheets to support staff to replace out-of-date medicines and equipment promptly. Dental care products requiring refrigeration were stored in a fridge in line with the manufacturer's guidance.





## Are services safe?

Dentists assisted by dental nurses were able to offer patients conscious sedation. (These are techniques in which the use of a medicine or medicines produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation). The practice had a contract to take referrals for conscious sedation for adult patients registered at the practice and from other dental practices locally. The practice had protocols for conscious sedation, giving due regard to guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.' Records showed that dentists who carried out, and dental nursing staff who assisted in conscious sedation, had the appropriate training and skills to carry out the role. The practice also employed a visiting Doctor, trained as a sedationist, to attend on the days when conscious sedation was carried out. Conscious sedation was carried out in a dedicated dental suite with a recovery waiting area for these patients only, where patients having undergone

dental sedation were monitored after their treatment. Patients were only discharged, with an accompanying adult, when the sedationist Doctor was satisfied that they were fit to go home. Patients being discharged were provided with written information, including contact numbers if they felt unwell.

### **Radiography (X-rays)**

There was a radiation protection file, which was in the process of being completed at the time of the inspection, in line with the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor as well as the documentation pertaining to the maintenance of the X-ray equipment. We saw that the X-ray equipment had been serviced in May 2016, within the three yearly recommended maintenance cycle.

We saw evidence that the dentists had completed radiation training in the last 12 months.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Dentists and hygienists carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. We spoke with dental and hygienists and asked them to describe to us how they carried out their assessments. The assessment began with the patient completing a medical history update covering any health conditions, medicines being taken and any allergies suffered. We saw patients being asked to complete a medical history when they booked in for their appointment to give to the dentist. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and checking for the signs of mouth cancer. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

The patients' dental care record was updated with the proposed treatment after discussing options with the patient. Treatment plans were printed for each patient on request, which included information about the costs involved whether private or NHS. Patients were referred to the practice information leaflet, or website for cost information on routine treatments. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

We checked a sample of dental care records to confirm the findings. These showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums and soft tissues lining the mouth were noted using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). These were carried out, where appropriate, during a dental health assessment. The group clinical support manager monitored the clinical record keeping of the dentists and hygienists and rationales given in patient records for treatment carried out. Each clinician was provided with a personalised report for discussion and personal reflection as part of their individual continuing professional development profile.

### Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Dentists told us they discussed oral health with their patients, for example, around effective tooth brushing. They were aware of the need to discuss a general preventive agenda with their patients. They told us they held discussions with their patients, where appropriate, around smoking cessation, sensible alcohol use and diet. The dentists also carried out examinations to check for the early signs of oral cancer.

We observed that there were health promotion materials displayed in the reception area. These could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition.

### Staffing

Staff told us they received appropriate professional development and training. We were told by senior managers that staff training had been an area for improvement at the practice and a recent check of staff training records had revealed gaps in required training. However, this had been addressed and the training had been arranged. We checked that the training covered the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies, safeguarding, infection control and X-ray training.

There was a written induction programme for new staff to follow and evidence in the staff files that this had been used at the time of their employment.

### Working with other services

The practice had suitable arrangements for working with other health professionals to ensure quality of care for their patients.

Staff at the practice explained how they worked with other services, when required. The dentists and hygienist were able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. For example, the practice made referrals to other specialists for complex orthodontic work.

We reviewed the systems for referring patients to specialist consultants in secondary care. A referral letter was prepared and sent by recorded delivery to the hospital with full details of the dentist's findings and a copy was stored on the practice's records system. We looked at samples of



## Are services effective? (for example, treatment is effective)

referral letters. These were comprehensively completed and referrals took place in a timely way to avoid delay to treatment. The receptionists kept a record noting the dates when referrals were made, when the appointment had been completed and further actions required for follow up.

### **Consent to care and treatment**

The practice ensured valid consent was obtained for all care and treatment. We spoke to dentists about their understanding of consent issues. They explained that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were asked to sign formal written consent forms for specific treatments. We looked at patient records and saw consent to treatment was suitably recorded in the patient dental care records.

All of the staff were aware of the Mental Capacity Act 2005. (The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). Clinical staff had completed formal training in relation to the MCA in 2015. The dentists could describe scenarios for how they would manage a patient who lacked the capacity to consent to dental treatment. They noted that they would involve the patient's family, check for appropriate lasting power of attorney authorisation to act on a person's behalf, along with other professionals involved in the care of the patient, to ensure that the best interests of the patient were met.



# Are services caring?

## Our findings

### Respect, dignity, compassion & empathy

We spoke with ten patients on the day of the inspection. Prior to our visit we had left comments cards at the practice for patients to complete. We did not receive any completed comment cards. The patients who spoke with us all made positive remarks about the staff's caring, professional and helpful attitude. Patients indicated that they felt comfortable and relaxed with their dentist and that they were made to feel at ease during consultations and treatments. We also observed staff were welcoming and helpful when patients arrived for their appointment or made enquiries over the phone.

Staff were aware of the importance of protecting patients' privacy and dignity. The treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were having treatment. Conversations between patients and the dentists/hygienist could not be heard from outside the rooms, which protected patients' privacy. We noticed that each treatment room door had an observation window intended so that staff could observe patients whilst X-rays were being taken (staff stood outside of the treatment room for their safety whilst X-rays were being taken). The observation windows were sufficiently large that patients and visitors walking along the corridors past the treatment rooms could see into the rooms where patients were receiving treatment. We raised this with the senior managers, who told us they would reflect upon this in terms of patient privacy.

Staff understood the importance of data protection and confidentiality and had received training in information governance. However, patients' paper dental care records were stored in unsecure treatment room in filing cabinets. We were told that a number of keys to unlocked filing cabinets had been lost. The practice was in the process of sourcing replacement keys for filing cabinets and/or purchasing new lockable storage units. Electronic records were password protected and regularly backed up.

### Involvement in decisions about care and treatment

The practice detailed information about services on the practice website and practice leaflet. This gave details of the range of services available, dental charges or fees and payment options (such as membership of private dental schemes). A poster detailing NHS and private treatment costs was displayed in the waiting area.

We spoke with staff on duty on the day of our inspection. Staff told us they worked towards providing clear explanations about treatment and prevention strategies. We saw evidence in the records that the dentists recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on the standard NHS treatment planning forms for dentistry where applicable.

The patient feedback we received on the day of the inspection confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had a system to schedule enough time to assess and meet patients' dental needs. The dentists and hygienist decided on the length of time needed for their patient's consultation and treatment according to patient need. The practice had a contract with the NHS out of hours service and provided urgent same day appointments within this contract for patients who were not registered at the practice. Additional same day urgent appointments were also scheduled for patients registered with the practice. The feedback we received from patients indicated that they felt they had enough time with the dentist and were not rushed.

Staff told us that patients could book an appointment in good time to see the dentist. The feedback we received from patients confirmed that they could get an appointment when they needed one, and that this included good access to emergency appointments on the day that they needed to be seen.

During our inspection we looked at examples of information available to people. The practice website contained a variety of information, including opening hours and costs. There was also a printed patient information leaflet at the practice.

### Tackling inequity and promoting equality

The practice recognised the needs of different groups in the planning of its service. There was an equality and diversity policy for staff to refer to. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Reception staff told us that they could provide written information for people who were hard of hearing and translation services were available for patients speaking English as a second language. The practice had a hearing loop to assist patients who were hard of hearing. There were both female and male dentists to facilitate requests for same gender examinations or treatment.

The practice was a converted Victorian villa. It was Grade 2 listed, which meant there were restrictions on building work that could be undertaken to make the premises accessible to patients using wheelchairs. Patients who used a wheelchair could access the practice from the ground level access via the side of the building after alerting staff.

### Access to the service

The practice opening hours were 8am to 6.30pm on Mondays and from 8am to 5.30pm Tuesdays to Friday. There was an answer phone message directing patients to emergency contact numbers when the practice is closed. The practice also offered appointments to patients not registered with an NHS dentist through a NHS England out of hours dentistry contract.

The receptionists told us that patients, who needed to be seen urgently, for example because they were experiencing dental pain, were seen on the same day that they alerted the practice of their concerns. The feedback we received from patients confirmed that they had good access to the dentist in the event of needing urgent treatment.

### Concerns & complaints

Information about how to make a complaint was displayed in the reception area. There was a formal complaints policy describing how the practice handled formal and informal complaints from patients. The practice manager, with support from senior managers, was in the process of reviewing all complaints received in the past 12 months. This was because it had been brought to their attention that a number of complaints had not been acted on, or resolved, prior to them being appointed to the practice manager's role. We looked at this piece of work being undertaken and saw that the provider was taking appropriate action to ensure that all complaints received were now acknowledged, acted on and tried to be resolved to the satisfaction of the person making the complaint.



# Are services well-led?

## Our findings

### Governance arrangements

The practice had governance arrangements and a management structure. The governance arrangements for this location were overseen by the practice manager who was responsible for

the day to day running of the practice. The practice manager was in the process of completing their induction period, having been appointed to the role in November 2016. They were being supported by other local practice managers and senior managers within the group. All recognised that improvements were needed at the practice to address governance issues that had previously not been addressed and to develop and nurture a strong and supportive team work ethic at the practice. There were arrangements for identifying, recording and managing risks through the use of risk assessment processes and these were being implemented.

Regular whole staff meetings were now taking place with records maintained of all staff meetings. Minutes from staff meetings were circulated via a staff communication board.

A systematic process of induction and staff training was in place which ensured that staff were aware of, and were following, the governance procedures.

### Leadership, openness and transparency

The staff we spoke with described low staff morale, but most were recognising that improvements were starting to be seen at the practice. There was effective clinical leadership to the dental team provided by the provider's senior dentist managers.

Not all staff had received a documented appraisal in the last 12 months. However, the practice manager had an action plan in place to ensure that overdue staff appraisals were completed.

### Learning and improvement

We found that the clinical audit cycle at the practice had not been effectively sustained. Gaps in auditing cycles meant that audit could not be assessed for meaningful comparison to drive clinical improvement. Since the start of 2017 fresh clinical audits had been carried out. These included infection control, clinical record keeping, X-ray quality and conscious sedation.

Staff were being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council (GDC). We saw evidence that the clinical staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC. Training was completed through a variety of resources including the attendance at face to face and online courses. Staff were given time to undertake training which would increase their knowledge of their role.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice was not currently fully engaged with gathering feedback from patients to provide valuable information about patient services and actionable feedback. Patients commented through contacting the practice directly or posting comments on the NHS Choices website. We left comment cards for patient to complete at the practice prior to our visit. We saw they were placed on the reception desk but there seemed little encouragement from the reception staff to alert patients to the comment cards; hence none were completed. Patients were also not currently being asked by the practice to take part in practice patient surveys. There was no evidence of the practice publicising to patients how comments made to the practice had been taking into account with the running of the service. The provider had systems for patient information survey data collection. We were told that these would be implemented.

All staff we spoke with were aware of the practice whistleblowing policy and felt they could raise concerns, which would be acted upon by the management team.