

Loughborough Road Dental Practice

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 22 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

Loughborough Road Dental Practice is located in premises situated in the West Bridgford area of Nottingham. There are six treatment rooms three of which is situated on the ground floor. The practice provides mostly private dental treatments (75%) There is a small car park for dental patients to the rear of the practice.

The practice provides regulated dental services to both adults and children. Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are – Monday: 8:30 am to 5:30 pm; Tuesday: 8:30 am to 5:30pm; Wednesday: 8:30 am to 7:30 pm; Thursday: 8:30 am to 5:30 pm and Friday: 8:30 am to 5:30 pm.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message. Alternatively patients can telephone the NHS 111 telephone number. An NHS out-of-hours dentistry service also operates in Nottingham.

Summary of findings

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice has four dentists; four hygienists; ten qualified dental nurses including the practice manager and one receptionist.

Before the inspection we sent CQC comments cards to the practice for patients to complete to tell us about their experience of the practice and during the inspection we spoke with patients. We received responses from 55 patients through both comment cards and by speaking with them during the inspection. In addition CQC received 63 comments directly from patients at the practice. Patients provided positive feedback about the services the practice provides, this was both in writing and in person during the inspection. Among the themes we identified from patient feedback were that confidentiality was maintained, staff were welcoming, patients were happy with the standard of treatment they received and patients felt involved.

Our key findings were:

- The premises were visibly clean and there were systems and processes in place to maintain the cleanliness.
- The systems to record accidents, significant events and complaints, learning points from these were recorded and used to make improvements.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- There were effective systems at the practice related to the Control of Substances Hazardous to Health (COSHH) Regulations 2002.
- The practice had a consent policy including reference to the Mental Capacity Act 2005.
- Patients were able to access emergency treatment when they were in pain usually the same day.

- Patients provided positive feedback about their experiences at the practice. Patients said their confidentiality was protected and they were treated with dignity and respect.
- Dental care records demonstrated that the dentists involved patients in discussions about treatment options.
- The practice had taken positive steps to protect patients' confidentiality.
- The records showed that apologies had been given for any concerns or upset that patients had experienced at the practice.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns about a colleague's practice.
- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, medical oxygen and emergency medicines.
- An access audit had been completed to assess the needs of patients who had restricted mobility.
- The practice had taken steps to ensure the physical environment was accessible to patients who had a disability.
- The practice did not have an induction hearing loop to assist patients and visitors who used a hearing aid.

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

- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance. With particular regard to six monthly infection control audits.
- Review its responsibilities to the needs of people with a disability and the requirements of the Equality Act 2010 and consider installing a hearing induction loop to assist patients and visitors who used a hearing aid.

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 and processes for recording accidents, incidents and complaints.

All staff had received up-to-date training in safeguarding vulnerable adults and children. There was a safeguarding policy for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary.

There were effective systems at the practice related to the Control of Substances Hazardous to Health (COSHH) Regulations 2002.

The practice had emergency medicines and medical oxygen available, and an automated external defibrillator (AED). Regular checks were being completed to ensure the emergency equipment was in good working order.

There were systems for the recruitment of new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role.

The practice was visibly clean and had infection control procedures to ensure that patients were protected from potential risks. Regular audits of the decontamination process were as recommended by the current guidance.

X-ray equipment was regularly serviced to make sure it was safe for use.

No action



Are services effective?

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

All patients were clinically assessed by a dentist before any treatment began. The practice used a recognised assessment process to identify any potential areas of concern in a patient's mouth including their soft tissues (gums, cheeks and tongue).

Discussions about treatment options were recorded in dental care records.

All staff were supported to meet the requirements of the General Dental Council (GDC) in relation to their continuing professional development (CPD).

The practice was following National Institute for Health and Care Excellence (NICE) guidelines for the care and treatment of dental patients. Particularly in respect of patient recalls, lower wisdom tooth removal and the prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart).

There was a consent policy which made reference to the Mental Capacity Act 2005.

The practice had systems in place for making referrals to other dental professionals when it was clinically necessary.

No action



Summary of findings

Are services caring?

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

The practice had taken measures to ensure patient confidentiality was maintained and electronic dental care records were password protected.

Feedback from patients identified staff were welcoming, and treated patients with dignity, respect and care. Patients said they had no concerns with regard to confidentiality at the practice.

There were systems for patients to be able to express their views and opinions and the practice encouraged patients to do so.

No action



Are services responsive to people's needs?

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

Patients who were in pain or in need of urgent treatment could usually get an appointment the same day. There were arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays

The practice had a ramped access and three ground floor treatment rooms which allowed easy access for patients with restricted mobility. The practice did not have an induction hearing loop to assist patients who used a hearing aid.

Interpreters were readily available for patients who could not speak English. British Sign language (BSL) interpreters were also available and used by the practice.

There were systems and processes to support patients to make formal complaints. Where complaints had been made these were acted upon, and apologies given when necessary.

No action



Are services well-led?

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

There was a clear management structure at the practice. Staff were aware of their roles and responsibilities within the dental team, and knew who to speak with if they had any concerns. Staff said they felt well supported.

There were regular staff meetings at which policies were reviewed and staff were given the opportunity to be involved in that review.

The practice had a system for carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided. The practice was able to demonstrate that learning and improvements had resulted from the audit process.

Policies and procedures were reviewed annually.

Patients were able to express their views and comments, and the practice listened to those views and acted upon them.

No action



Loughborough Road Dental Practice

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 22 February 2017. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked for information to be sent, this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies.

We reviewed the information we held about the practice and found there were no concerns.

We reviewed policies, procedures and other documents. We received feedback from 55 patients about the dental service.

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

The practice had systems for recording and investigating accidents, significant events and complaints. The practice had an accident book to record any accidents to patients or staff. Accident records for staff were placed into the individual staff member's record whereas accident records for patients were scanned into their electronic dental care record. The practice manager said that any learning points would be discussed in a staff meeting.

The practice had not needed to make any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reports although staff said they were aware how to make these reports.

The records identified there had been two significant events in the twelve months leading up to this inspection. There were forms in the practice for recording any significant events and recording learning points. The most recent significant event occurred in February 2017 and related to a police incident regarding vandalism in the car park. Increased security measures were introduced and a CQC notification was completed.

The practice received alerts from Nottinghamshire Clinical Commissioning Group (CCG). The CCG forwarded Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. The practice had not received any alerts from the CCG for some time and arrangements had been made to receive MHRA alerts directly to improve the alerting process.

The practice had a Duty of Candour policy. Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity. Discussions with the practice manager identified there had been no examples of the policy needing to be put into action. Discussions with the practice manager identified they knew when and how to notify CQC of incidents which caused harm.

Reliable safety systems and processes (including safeguarding)

The practice had policies for safeguarding vulnerable adults and children which had been reviewed in July 2016. As part of the review both policies were discussed in a full staff meeting also in July 2016. The policies identified how to respond to and escalate any safeguarding concerns. The relevant contact telephone numbers and flow chart for protection agencies were available for staff within the policy folder. Discussions with staff showed that they were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary. The practice manager said there had been no safeguarding referrals made by the practice.

The practice manager was the identified lead for safeguarding in the practice. They and their safeguarding deputy had received enhanced training in child protection to level three in February 2017. There were back up arrangements with the safeguarding deputy for when the lead person was not at work. We saw evidence that all staff had completed safeguarding training to level two during 2015. This had been identified for renewal within the coming year training cycle.

The practice had a policy for the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The policy had been reviewed in March 2016. There were risk assessments for all products and there were copies of manufacturers' product data sheets. Data sheets provided information on how to deal with spillages or accidental contact with chemicals and advised what protective clothing to wear.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 9 July 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a policy for dealing with sharps injuries which was on display in treatment rooms. It was practice policy that only dental clinicians handled needles and needles were not re-sheathed. There was a recognised safe sharps system in the practice to allow this to be completed safely. This was in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A risk assessment for the safe use of sharps was in place.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk

Are services safe?

of injury through cutting or pricking.) We saw the sharps bins were located where they were accessible to dentists but not to patients. The 2013 regulations indicated sharps bins should not be located on the floor and should be out of reach of small children. Full sharps bins were stored securely away from patient areas while awaiting collection.

Sharps bins were signed and dated which was in line with the National Institute for Healthcare Excellence (NICE) guidelines: 'Healthcare-associated infections: prevention and control in primary and community care'. The practice had completed an audit of sharps bins in January 2017 to ensure the regulations were being met.

Discussions with dentists identified they were using rubber dams when providing root canal treatment to patients. Guidance from the British Endodontic Society is that rubber dams should be used whenever possible. A rubber dam is a thin, square sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment (treatment involving the root canal of the tooth) is being provided. We saw the practice had a supply of rubber dam kits available in the practice.

Medical emergencies

The dental practice had equipment in preparation for any medical emergencies that might occur. This included emergency medicines and medical oxygen which were located in a secure central location. We checked the medicines and found they were all in date. There were systems in place to check expiry dates and monitor that equipment was safe and working correctly.

There was a first aid box which was located centrally. We saw that some of the contents had passed their use by date and arrangements were made during the inspection to replace the entire first aid kit. We saw certificates demonstrating two members of staff had completed first aid at work courses. The certificates identified the training was in date at the time of the inspection.

There was an automated external defibrillator (AED) at the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The AED was being checked

regularly to ensure it was working correctly. This complied with the Resuscitation Council UK guidelines. We saw there were records to demonstrate the equipment was checked regularly to ensure it was working correctly.

All staff at the practice had completed basic life support and resuscitation training. We saw certificates that had been issued to staff following this training.

Additional emergency equipment available at the practice included: airways to support breathing and a bag valve mask for manual resuscitation

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies. Staff at the practice were involved in medical emergency scenario training on a regular basis.

Staff recruitment

We looked at the staff recruitment files for four staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. The practice manager said that staff turnover was low, with the last new member of staff recruited four years previously.

We saw that staff recruitment records were mostly in line with the regulations. However not every member of staff had received a Disclosure and Barring Service (DBS) check. 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. Immediately following the inspection the practice manager made arrangements to obtain a DBS check for every member of staff. This included staff who already had one as in most cases they were over three years old. The practice manager said they would send confirmation to CQC when the DBS checks were complete.

Monitoring health & safety and responding to risks

The practice had a risk based approach to health and safety with a comprehensive health and safety policy. The policy had been reviewed in September 2016 and identified the practice manager as the lead person who had responsibility within the practice for different areas of

Are services safe?

health and safety. As part of this policy each area of the practice had been risk assessed to identify potential hazards and identify the measures taken to reduce or remove them.

Records showed that fire extinguishers had been serviced in October 2016. The practice had a fire risk assessment which identified the steps to take to reduce the risk of fire. The risk assessment had been reviewed in October 2016. We saw there was an automatic fire alarm system installed with emergency lighting and smoke alarms throughout the practice. Fire evacuation notices were displayed for staff and patients outlining the action to take if a fire occurred. Records showed the practice held a fire drill six monthly with the last one completed on 14 July 2016. Fire Marshalls had been appointed within the staff team and they had received additional fire training in their role.

The practice had a health and safety law poster on display in a staff area of the practice. Employers are required by law (Health and Safety at Work Act 1974) to either display the Health and Safety Executive (HSE) poster or to provide each employee with the equivalent leaflet.

A Business Continuity Plan was available in the practice and a copy was held off site. This had last been reviewed and updated in November 2016. The plan identified the steps for staff to take should there be an event which threatened the continuity of the service. A list of emergency contacts formed part of the plan.

Infection control

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available. The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance identifies how infection control relates to the regulations within the Act.

The practice had an infection control policy which had been reviewed in June 2016. The policy had been discussed in a full staff meeting following the policy review. Dental nurses had set responsibilities for cleaning and

infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures. There was a dental nurse identified as the lead for infection control at the practice.

Records showed that regular infection control audits had been completed. The practice had introduced a schedule to carry out infection control audits six monthly as this was recommended in the guidance HTM 01-05. Previously audits had been completed once every ten months. The last three audits were completed in February 2014, December 2015, and October 2016. The latest audit had scored 98% and an action plan was not necessary.

The practice had a clinical waste contract, and waste matter was collected regularly. Clinical waste was stored securely away from patient areas while awaiting collection. The clinical waste contract also covered the collection of amalgam, a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had a spillage kit for mercury and a bodily fluids spillage kit both of which were in date.

There was one decontamination room where dental instruments were cleaned and sterilised and then bagged, date stamped and stored. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear. The practice had latex free gloves available to avoid any risk to staff or patients who might have a latex allergy.

A dental nurse demonstrated the decontamination process. We saw the procedures were as outlined in the published guidance (HTM 01-05).

The practice had one washer disinfectant, this being a machine for cleaning dental instruments similar to a domestic dish washer. After cleaning, instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in one of the practice's autoclaves (a device for sterilising dental and medical instruments). The practice had two autoclaves in regular use which were designed to sterilise dental instruments. At the completion of the sterilising process, all instruments were dried, placed in pouches and dated with a use by date.

We checked the equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers'

Are services safe?

instructions. There were records to demonstrate this and that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

Some treatment rooms were a little dated. The principal dentist identified that there was a schedule of refurbishment due to start in June 2017. This would see each treatment room completely refurbished to comply with the latest guidance.

There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required. Records showed that blood tests to check the effectiveness of the inoculation had been taken. A risk assessment had been produced to provide further guidance to staff. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The risks associated with Legionella had been assessed. This assessment had been completed by an external contractor in June 2015 and was due for renewal in June 2017. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice had taken steps to reduce the risks associated with Legionella with regular flushing of dental water lines and checking using a dip slide. Dip slides are a means of testing the microbial content (bacteria) in a liquid through dipping a sterile carrier into that liquid and monitoring any bacterial growth.

Equipment and medicines

The practice kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing had been completed on electrical equipment at the practice in November 2016. The pressure vessel checks on the compressors which produced the compressed air for the dental drills had been completed in April 2016. This was in accordance with the Pressure Systems Safety Regulations (2000). Records showed the autoclaves had been serviced and validated at different dates during 2016. The washer disinfectant had also been serviced and validated in February 2017.

The practice had all of the medicines needed for an emergency situation, as recommended in the 'British National Formulary' (BNF).

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Prescription pads were held securely and not pre-stamped which added to their security.

Radiography (X-rays)

There was a Radiation Protection file which contained the relevant information and records relating to the X-ray machines and their safe use on the premises.

The practice had five intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth) and one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the entire jaw and lower skull.

X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

The Radiation Protection file identified the practice had a radiation protection supervisor (RPS) this being the principal dentist. The provider had appointed an external radiation protection advisor (RPA). This was a company specialising in servicing and maintaining X-ray equipment, who were available for technical advice regarding the machinery. The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and by qualified staff only.

The practice had critical examination documentation for the X-ray machines. Critical examinations are completed when X-ray machines are installed to document they have been installed and are working correctly.

Records showed the X-ray equipment had been inspected in September 2016. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years. The regulations also required providers to inform the Health and Safety Executive (HSE) that X-rays were being carried out on the premises. Documentary evidence confirmed the HSE had been informed in August 2003.

Are services safe?

All five X-ray machines were fitted with rectangular collimation. Rectangular collimation is a specialised metal barrier attached to the head of the X-ray machine. The barrier has a hole in the middle used to reduce the size and shape of the X-ray beam, thereby reducing the amount of radiation the patient receives and the size of the area affected.

The practice used digital X-rays, which allowed the image to be viewed almost immediately, and relied on lower doses of radiation. This therefore reduced the risks to both the patients and staff.

All patients were required to complete a medical history form and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice held electronic dental care records for each patient. Dental care records contained information about the assessment, diagnosis, and treatment. The care records showed a thorough examination had been completed, and identified any risk factors such as smoking and diet for each patient.

Patients at the practice completed a medical history form which was scanned into their electronic dental records. Returning patients updated their information which was reviewed with the dentist in the treatment room. The patients' medical histories included any health conditions, medicines being taken, whether the patient might be pregnant or had any allergies.

The dental care records showed that dentists assessed the patients' periodontal tissues (the gums) and soft tissues of the mouth. The dentists used the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums. The dentists were using BPE for all patients other than young children.

We saw the dentists used national guidelines on which to base treatments and develop treatment plans for managing patients' oral health. Discussions with the dentists showed they were aware of National Institute for Health and Care Excellence (NICE) guidelines, particularly in respect of recalls of patients, prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart) and lower wisdom tooth removal. A review of the records identified that the dentists were following NICE guidelines in their treatment of patients.

Health promotion & prevention

The principal dentist described the practice a preventative dental practice with the emphasis on prevention of tooth decay. This was achieved through close working with the hygienists and offering positive oral health advice.

The practice had two waiting rooms for patients. In both waiting rooms there were leaflets identifying the causes of different clinical conditions such as halitosis (bad breath) and what patients could do about them. Also leaflets about good oral hygiene techniques and information about

different dental treatments. There were four hygienists working at the practice and we saw a range of oral hygiene and health promotion resources in their work areas. There were free samples of toothpaste for patients available in the practice.

Dentists often took photographs of patients' teeth during treatment to help explain the options and progress of that treatment. Computer simulations allowed patients receiving orthodontic treatment to see how appliances would fit and look. This also allowed patients to get an impression of how they would look when treatment was completed.

Children seen at the practice were offered fluoride varnish application and fissure sealants. These are plastic coatings painted onto the grooves of the back teeth to form a protective layer. Children were also prescribed fluoride toothpaste if they were identified as being at risk. The use of fluoride varnish was in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' This has been produced to support dental teams in improving patients' oral and general health. There were copies of this document available in the practice. Discussions with dentists showed they had a good knowledge and understanding of 'delivering better oral health' toolkit.

The practice produced an annual newsletter which contained a mixture of information about the practice and oral health promotion information. For example the 2016 newsletter contained information about tooth friendly snacking and essential tips for a healthy mouth.

We saw several examples in patients' dental care records that the dentist had provided advice on the harmful effects of smoking, alcohol and diet and their effect on oral health. With regard to smoking, the dentist had particularly highlighted the risk of dental disease and oral cancer. The dental care records contained an oral cancer risk assessment. In some dental care records we saw the risk assessments for caries (tooth decay) and periodontal disease (gum disease) were also recorded.

Staffing

The practice had four dentists; four hygienists; ten qualified dental nurses including the practice manager and one receptionist. Before the inspection we checked the

Are services effective?

(for example, treatment is effective)

registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

The practice manager had a system for checking that staff registered with the GDC were up to date with their registration. In addition clinical staff who were required to have indemnity insurance had provided evidence their insurance cover was up to date.

Records within the practice showed there were sufficient numbers of staff to meet the needs of patients attending the practice for treatment. The practice manager said that many of the staff were part-time. Therefore, covering any gaps on the rota caused by annual leave or sickness was usually achieved in-house.

We looked at staff training records for clinical staff to identify that they were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. We saw copies of training certificates and CPD details for relevant staff during the inspection. Examples of CPD training completed included: radiography (X-rays), medical emergencies, infection control, and safeguarding.

Records at the practice showed that all staff had received a regular appraisal. This was completed with the practice manager. We saw evidence of new members of staff having an in-depth induction programme. However, due to the low turnover of staff there had been no new recruits for four years.

Working with other services

The practice made referrals to other dental professionals based on risks or if a service was required that was not offered at the practice. We saw the practice referred to other local dental services or the maxillofacial department of the local hospital for minor oral surgery.

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere either to a dental practice who provided sedation or to one of the local hospitals who provided this service. Children or patients with special needs who required more specialist dental care were referred to the community dental service.

The practice made also referrals for NHS orthodontic treatment (where badly positioned teeth are repositioned to give a better appearance and improved function). For patients with suspicious lesions (suspected cancer) referrals were sent through to the hospital within two weeks.

The practice also made internal referrals for patients who were seeing the hygienist.

Consent to care and treatment

Following the inspection the practice sent the Care Quality Commission an updated patient consent policy. The policy referenced the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves. Discussions with the practice manager showed an understanding on the MCA and how it might apply to dentistry.

We saw how consent was recorded in the patients' dental care records. Dentists had identified the different treatment options and recorded these had been discussed with the patients. This led the patients concerned to make informed choices about their treatment and give valid consent.

We talked with dental staff about their awareness of Gillick competency. This refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge. We saw that staff had an understanding of Gillick competency and understood how it related to dentistry.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During the inspection we observed staff speaking with patients. We saw that staff were professional and had a friendly and welcoming manner. We saw that staff spoke with patients with due regard to dignity and respect.

The reception desk was located outside the waiting room. We asked reception staff how patient confidentiality was maintained at reception. Staff said that details of patients' individual treatment were discussed in the treatment room, never at the reception desk. In addition if it was necessary to discuss a confidential matter, there were areas of the practice where this could happen such as the practice manager's office.

We saw examples that showed patient confidentiality was maintained at the practice. For example we saw that computer screens could not be overlooked at the reception desk. Telephone lines into the practice came into an office on the top floor which was away from patient areas. As a result there was no opportunity for patients to overhear private telephone conversations, such as another patient making an appointment. Patients' dental care records were held securely and password protected. Feedback from patients received by CQC identified there were no concerns with regard to confidentiality, and patients described the dental team as caring.

Involvement in decisions about care and treatment

We received positive feedback from 55 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection, and by speaking to patients in the practice during the inspection.

In addition CQC received 63 comments directly from patients at the practice. Patients provided positive feedback about the services the practice provides, this was both in writing and in person during the inspection. Among the themes we identified from patient feedback were that confidentiality was maintained, staff were welcoming, patients were happy with the standard of treatment they received and patients felt involved.

The practice offered mostly private dental treatments (75%) and the costs of private treatments were available in the practice and on the practice website. NHS costs were available in the main treatment room used to treat NHS patients. If patients were receiving treatment they were given a written copy of their treatment plan which included the costs.

We spoke with dentists about how patients had their diagnosis and dental treatment discussed with them. Dentists demonstrated in the patient care records how the treatment options and costs were explained and recorded.

Where necessary the dentist gave patients information about preventing dental decay and gum disease. In particular the dentist had highlighted the risks associated with smoking and diet, and we saw examples of this recorded in the dental care records. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The patient areas of the practice were located on the ground and first floor. There was car parking for patients to the rear of the practice. Car parking for people who had a disability and required closer access was outside the front door in designated parking spaces.

The practice had separate staff and patient areas, to assist with confidentiality and security.

We saw there was a good supply of dental instruments, and there were sufficient instruments to meet the needs of the practice.

Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient the same day. The practice made specific appointment slots available for patients who were in pain or required emergency treatment. Details about accessing emergency treatment were available on the practice website.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist. The appointment book also identified where patients were being seen in an emergency.

Tackling inequity and promoting equality

The practice had an equality and diversity policy which had been reviewed in March 2016. The policy made reference to the Equality Act (2010) and gave staff guidance on treating patients equally and without discrimination.

There were six treatment rooms, three of which were situated on the ground floor. All three ground floor treatment rooms were accessible for wheelchair users. One was fitted with a knee break chair. This allowed patients with restricted mobility easy access to treatment at the practice. There was ramped access to the front door and hand rails to assist visitors with restricted mobility.

The reception desk was low enough that patients who were using a wheelchair could speak with the receptionist and were able to make eye contact.

The practice had two ground floor toilets for patients to use. One of which was compliant with the Equality Act (2010).

The practice did not have a hearing induction loop to assist patients who used a hearing aid. The Equality Act requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices.

The practice used a recognised company to provide interpreter services for patients who could not speak English. British sign language (BSL) interpreters were also available. The practice manager said there were patients who required this service and therefore BSL interpreters were used at the practice on a regular basis.

Access to the service

The practice's opening hours were – Monday: 8:30 am to 5:30 pm; Tuesday: 8:30 am to 5:30pm; Wednesday: 8:30 am to 7:30 pm; Thursday: 8:30 am to 5:30 pm and Friday: 8:30 am to 5:30 pm.

The practice had a website: www.lrdp.org. This allowed patients to access the latest information or check opening times or treatment options on-line.

Access for urgent treatment outside of opening hours was by telephoning the practice and following the instructions on the answerphone message. This information was available on the practice website. We noted the opening hours on the NHS Choices website were incorrect as they did not show the later opening hours on a Wednesday. The 7:30 pm closing time allowed patients who were at school, college or work during the usual working day (9 am to 5 pm) the opportunity to access treatment.

Alternatively patients could telephone the NHS 111 telephone number. An NHS out-of-hours dentistry service also operated within Nottingham.

The practice operated a text message reminder service for patients who had appointments with the dentist 48 hours before their appointment was due. Patients also received an e mail reminder at the same time if they had chosen to receive e mail reminder.

Concerns & complaints

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a complaints policy which explained how to complain and identified time scales for complaints to be responded to. Other agencies to contact if the complaint was not resolved to the patients satisfaction were identified within the complaints policy.

Information about how to complain was displayed in the waiting room.

From information reviewed in the practice we saw that there had been no formal complaints received in the 12 months prior to our inspection. The last recorded complaint was received in September 2015.

Documentation showed the complaint had been handled appropriately and an apology and an explanation had been given to the patient when required. Learning points from this complaint had been identified and improvements were made to internal procedures as a result.

Are services well-led?

Our findings

Governance arrangements

We saw a number of policies and procedures at the practice these had been reviewed at various times in the twelve months up to this inspection. We also saw evidence that as policies were reviewed they were discussed at a full staff meeting. This was usually three or four policies at each meeting.

We spoke with staff who said they understood the structure of the practice. Staff said if they had any concerns they would raise these with either the practice manager or one of the principal dentists. We spoke with three members of staff who said they liked working at the practice.

We saw a selection of dental care records to assess if they were complete, legible, accurate, and secure. The dental care records contained sufficient detail and identified patients' needs, care and treatment.

Leadership, openness and transparency

During the inspection we found staff to be open and honest. The principal dentists and the practice manager engaged with the CQC inspection team. Staff were open about areas they had identified that needed improvement, and shared plans to address those areas.

We saw that full staff meetings at this practice were scheduled for monthly throughout the year. Staff meetings were minuted and minutes were available to all staff.

The practice had a policy relating to the Duty of Candour which directed staff to be open and to offer apologies when things had gone wrong. Discussions with staff showed they understood the principles behind the duty of candour. There had been no examples where the Duty of Candour policy had been used.

The practice had a whistleblowing policy which had been reviewed in December 2016 identified how staff could raise any concerns they had about colleagues' under-performance, conduct or clinical practice. This was both internally and with identified external agencies. A copy of a leaflet relating to whistleblowing was available on the noticeboard in the staff room.

Learning and improvement

We saw the practice completed a range of audits throughout the year. This was for clinical and non-clinical areas of the practice. The audits identified both areas for improvement, and where quality had been achieved. Examples of completed audits included: The patient satisfaction survey in October 2016; Medical histories in January 2017; Record keeping in June 2016 and audits of radiography (X-rays) were completed every six months. The radiography audits checked the quality of the X-rays including the justification (reason) for taking the X-ray and the clinical findings which had been recorded in the dental care records.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals are required to complete 150 hours over the same period. We saw that key CPD topics such as IRMER (related to X-rays), medical emergencies and safeguarding training had been completed by all relevant staff. The practice manager monitored that staff were completing the necessary and required training. An audit of staff compliance with CPD had been completed in June 2016.

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

The practice had an electronic NHS Friends and Family Test (FFT) comment box which was located in the treatment room where NHS patients usually received treatment. Patients could leave their feedback on an electronic tablet. The FFT is a national programme to allow patients to provide feedback on the services provided. The Friends and Family Test was being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS England. Information in the practice showed 168 patients responded in 2016 and 86% of patients who responded saying they would recommend the practice to family and friends.

There was one patient review recorded on the NHS Choices website. This was dated February 2013 and provided positive patient feedback.

The practice had a comments box and feedback slips in reception for patients. Feedback provided was reviewed by

Are services well-led?

the practice manager and the results analysed. The practice also undertook an annual patient survey in

October each year. One hundred patients were surveyed at random. The analysis of the results identified improvements in most areas with feedback being overwhelmingly positive.