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Rookery Road Dental Surgery

Inspection Report

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Date of inspection visit: 26 April 2016
Date of publication: 07/07/2016

Overall summary

We carried out an announced comprehensive inspection on 26 April 2016 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

Rookery Road Dental Surgery is a mixed dental practice providing NHS and private dental treatment for both adults and children. The service is provided by two dentists. They are supported by a practice manager (who works part-time at this practice) and two dental nurses. The dental nurses also carry out reception duties.

The practice can accommodate patients with restricted mobility. The premises consist of a reception area, waiting room, toilet facilities, one treatment room and a staff room on the ground floor. The first floor comprises of two treatment rooms, a decontamination room and toilet facilities for staff. There is also an office on the second floor. There is free parking near the practice. Opening hours are from 9:30am to 4pm from Monday to Friday.

The provider is registered with the Care Quality Commission (CQC) as an individual. 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.

Two patients provided feedback about the practice. Although we sent comment cards to the practice ahead of our inspection none had been completed. We spoke with patients on the day of the inspection. Overall the information from patients was complimentary. Patients were positive about their experience and they commented that staff were polite and good with children.

Our key findings were:

Summary of findings

- Equipment for dealing with medical emergencies mainly followed published guidance. We highlighted areas of improvement and these were dealt with promptly.
- The practice was visibly clean on the day of our visit.
- Patients were able to make routine and emergency appointments when needed.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Staff demonstrated knowledge of whistleblowing and safeguarding and were confident they would raise concern if necessary.
- Patients told us they found the staff polite.
- Staff received training appropriate to their roles.
- The practice had a complaints system in place.
- Staff told us they felt well supported and comfortable to raise concerns or make suggestions.
- The practice demonstrated that they regularly undertook audits in infection control and radiography. No learning points had been documented.
- An infection control policy was in place and procedures followed mainly reflected published guidance. We highlighted areas requiring improvement.
- Review stocks of medicines and equipment and the system for identifying and disposing of out-of-date stock.
- 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.
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice's protocols of various aspects of the service at regular intervals to help improve the quality of service. A robust system should be used to monitor and mitigate risks arising from undertaking of the regulated activities. The practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.
- Review the practice's recruitment policy and procedures to ensure recruitment checks for new staff are suitably obtained and recorded.

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

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.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There were systems in place for staff to record accidents and incidents.

The practice had systems to assess and manage risks to patients. These included whistleblowing, complaints, infection control, safeguarding, health and safety and staff recruitment. However, some of these required improvement.

Patients' medical histories were obtained before any treatment took place. The dentist was aware of any health or medicines issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. Emergency equipment and medicines were in date and mostly in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. One emergency medicine and two items of emergency equipment were missing, however these were ordered promptly during our inspection.

Are services effective?

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

The practice monitored any changes to the patients' oral health and made referrals for specialist treatment or investigations where indicated. Record keeping was in line with guidance issued by the Faculty of General Dental Practice (FGDP).

The dentists followed national guidelines when delivering dental care. These included FGDP and National Institute for Health and Care Excellence (NICE). We found that preventative advice was given to patients in line with the guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Are services caring?

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

On the day of the inspection we observed privacy and confidentiality were maintained for patients using the service. Patient feedback was positive about the care they received from the practice.

Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. They were usually able to see patients requiring urgent treatment within 24 hours. There were clear instructions for patients requiring urgent care when the practice was closed.

No written complaints had been received by the practice in the last 12 months.

The practice offered access for patients with disabilities – this included a stairlift and toilet facilities for patients in wheelchairs.

Summary of findings

Are services well-led?

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

Staff felt supported and comfortable to raise concerns with any of the management team.

We identified some shortfalls in the practice's governance and leadership but most of these were promptly resolved. For example, some safety related matters including some aspects of infection control and equipment for medical emergencies. Some clinical audits had been completed but they lacked detail and action plans.

Rookery Road Dental Surgery

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 inspected Rookery Road Dental Surgery on 26 April 2016. The inspection team consisted of one CQC inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider from various sources. We informed NHS England that we were inspecting this practice. We also requested details from the provider in advance of the inspection. This included their latest statement of purpose describing their values and objectives and a record of patient complaints received in the previous 12 months.

During the inspection we toured the premises, spoke with the practice manager, one dentist and two dental nurses.

We also spoke with patients. We reviewed a range of practice policies and practice protocols and other records relating to the management of the service. We announced this inspection two weeks prior to our visit and we were told the provider would be present during our visit. However, the practice manager contacted us a few days later and informed us that the provider had to attend urgent business elsewhere and would not be available on the day of our visit.

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 arrangements for staff to report incidents and accidents. We saw an accident record book and a separate incident log. The accident book was empty – an entry had been made but this had been filed somewhere secure for purposes of confidentiality. The practice manager was unable to locate it on the day of our visit so we could not see whether appropriate details were documented.

Staff members we spoke with all understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any RIDDOR reportable incidents in the last 12 months.

The practice responded to national patient safety and medicines alerts that affected the dental profession. We were told that the practice had registered with the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager received all relevant alerts and forwarded these to the provider. The provider subsequently disseminated all relevant information to relevant staff members for shared learning. The practice manager was not aware of any arrangements for staff to report any adverse drug reactions.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The provider was the safeguarding lead in the practice. Staff members we spoke with were knowledgeable about safeguarding and we saw evidence that some staff members had carried out staff training in March 2016. There had not been any safeguarding referrals to the local safeguarding team; however staff members were confident about when to do so.

The British Endodontic Society recommends the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a rectangular sheet of latex used by dentists for effective isolation of the root canal, operating field and

airway. We were told that rubber dam kits were available at the practice and that both dentists used them when carrying out root canal treatment whenever practically possible. Staff told us that patients often declined the rubber dam as they could not tolerate it. If they were unable to place the rubber dam in certain situations, the dentist risk assessed and used alternative measures to protect the patient's airway.

The practice had a policy for raising concerns. All staff members we spoke with were aware of the whistleblowing process within the practice. All dental professionals have a professional responsibility to speak up if they witness treatment or behaviour which poses a risk to patients or colleagues.

Not all staff members were aware of the duty of candour regulation. However, staff told us they were working in accordance with this regulation. The intention of this duty is to ensure that staff members are open and transparent with patients in relation to their care and treatment.

Medical emergencies

Within the practice, some of the arrangements for dealing with medical emergencies were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). However, improvements were required.

The practice had access to emergency resuscitation kits, oxygen and emergency medicines. There was an Automated External defibrillator (AED) present. An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice did not have a paediatric face mask for the self-inflating bag. The practice carried a self-inflating bag but it did not have an expiry date and it was not clear whether it was fit for purpose. Following the inspection we received information that these had been replaced.

Staff received annual training in the management of medical emergencies.

We were told that staff undertook monthly checks of the emergency medicines to ensure they were within their expiry date and we saw logs from March and April 2016 which demonstrated this. We were told they always checked the medicines on a monthly basis but had only

Are services safe?

started documenting these checks since March 2016. Not all of the essential medical emergency medicines were listed on this log sheet. Glucagon (one type of medicine used in diabetic emergencies) was not available. This was brought to the attention of the practice manager and glucagon was immediately purchased from a local pharmacy. The practice also carried another medicine which is no longer recommended – this was not on the log sheet but was within its expiry date. The emergency medicines were all in date and stored securely in a purposely designed container.

We were told that the staff regularly checked the AED and emergency oxygen but this was not documented. We discussed this with the practice manager and were told they would begin to do this immediately.

Staff recruitment

The practice had a policy for the safe recruitment of staff but we were told that the practice was in the process of adapting their recruitment process. The practice had not recruited any new staff for over three years and the practice manager told us that they would adopt more robust procedures when recruiting new staff in future. We looked at the recruitment records for three members of the practice team.

The records we saw contained evidence of staff's immunisation status, employment contracts and copies of their GDC registration certificates. Some of the files also contained evidence of staff's dental indemnity. However, none of the files we viewed contained curricula vitae, references, induction plans or staff identity verification. There was one Disclosure and Barring Service (DBS) check present for one staff member (from 2012) and we were told that all other staff members were in the process of having new DBS checks. The DBS carries out checks to 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 vulnerable adults. We were told that there were no identity checks in the files as these were recently sent to the DBS as part of the application process for new checks. We were told that verbal references were taken for all staff members but none of these were documented. The GDC requires all of its registrants to have appropriate indemnity arrangements in place so that patients can claim any compensation to which they may be entitled. This was discussed with the practice manager and

were told that one staff member had joined an appropriate indemnity organisation the day before our visit. The other staff member was on annual leave and we were assured that this would be resolved promptly.

The practice had a system in place to monitor professional registration of its clinical staff members. We reviewed a selection of staff files and found that certificates were present and had been updated to reflect the current year's membership.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety. We reviewed several risk management policies. We saw evidence that a fire risk assessment had taken place in March 2016 but the report was not yet available. The practice manager stated that they were told the practice was compliant in all areas and no actions were required. Fire extinguishers had been serviced in April 2016 and were not due another service until April 2017. Fire safety information was clearly displayed in the waiting room for patients and staff. We were told that alarms were tested weekly and fire drills took place on a monthly basis. The practice manager told us they regularly carried these out but had only started documenting this since April 2016. She assured us this that all future fire alarms tests and fire drills would be documented.

Comprehensive information on COSHH (Control of Substances Hazardous to Health 2002) was not available. There was a file of materials but the contents were generic. This was discussed with the practice manager and we were told that this would be updated to reflect current materials that were used at the practice.

Infection control

There was an infection control policy and procedures to keep patients and staff safe. The practice mostly followed the guidance about decontamination and infection control issued by the Department of Health, namely the 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05)'. However, improvements were required.

The practice had a nominated infection control lead that was responsible for ensuring infection prevention and control measures were followed. However, this lead person was not directly involved in decontamination activities on a day to day basis and did not have in-depth knowledge

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about all decontamination procedures. This was discussed with staff and they told us they would consider re-assigning this role to one of the permanent dental nurses there. Staff files we reviewed contained evidence that they had carried out training in infection control. We were told that all staff involved in decontamination were given CDs with information about infection control.

We reviewed a selection of staff files and saw evidence that clinical staff were immunised against Hepatitis B to ensure the safety of patients and staff.

There were handwashing facilities in the decontamination and treatment room. Staff had access to supplies of personal protective equipment for themselves and for patients.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system was in place to ensure the safe movement of instruments between the treatment rooms and the decontamination room.

Sharps bins were appropriately located and out of the reach of children. We observed waste was stored securely in a locked room at the practice where members of the public could not access it. The practice manager told us that they had ordered a dedicated clinical waste bin for the storage of clinical waste bin and that it was due to arrive shortly. We were told this bin would be lockable and placed in a secure location. We saw evidence of regular disposal by a registered waste carrier and appropriate documentation retained.

We spoke with clinical staff about the procedures involved in cleaning, rinsing, inspecting and sterilising dirty instruments. Clean instruments were packaged, date stamped and stored in accordance with current HTM 01-05 guidelines. However, the X-ray holders were not packaged but they were stored in the drawer. This was discussed with staff and we were told they would begin packaging these.

There appeared to be sufficient instruments available and staff confirmed this with us. All instruments we inspected were visually clean and rust-free. Discussions with staff members confirmed they were aware of items that were single use and that they were being disposed of in accordance with the manufacturer's instructions. Patients we spoke with confirmed that the dentist and nurse always wore gloves during clinical procedures.

Staff used manual scrubbing techniques to clean the used instruments; they were subsequently examined visually with an illuminated magnifying glass and then sterilised in an autoclave. At the time of our inspection, the ultrasonic cleaning bath was out of use. This is a dedicated piece of dental equipment which cleans instruments by passing ultrasonic waves through a liquid in which the instruments are immersed. In its absence, staff were manually scrubbing the instruments before sterilisation in an autoclave.

The decontamination room had clearly defined clean and dirty zones to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

The practice had systems in place for quality testing the decontamination equipment daily. We saw records which confirmed these had taken place. However, there were no records available at all for the ultrasonic cleaning bath (which had been out of use for three weeks preceding our visit).

The practice had a protocol which provided assistance for staff in the event they injured themselves with a contaminated sharp instrument. This was readily available for all staff to access. However, the contact details required updating.

We observed the treatment rooms and the decontamination room to be visibly clean. Patients commented that the practice was clean. Work surfaces were free from clutter. The floors were adequately sealed in all clinical areas. However, some of the drawers in the treatment rooms required the removal of some clutter. Some of the drawers contained expired materials and we were told that these were no longer used; however, some of these were stored amongst routinely used materials. One drawer had approximately 50 burs stored in a plastic pot and this appeared to be a lid to an aerosol can. A dental bur is a type of bur (cutter) used in a dental handpiece (drill). They are used during dental procedures, usually to remove decay and shape tooth structure prior to the insertion of a filling or crown. The burs did not appear new or clean as several of these had dry debris on them. One drawer contained a pot of extracted teeth and this was not sealed. The same drawer contained unpackaged dental instruments. The extracted teeth and expired materials were all disposed of during our visit.

Are services safe?

The practice manager informed us that environmental cleaning of all clinical and non-clinical areas was carried out daily by staff. We reviewed cleaning logs which helped to ensure that all areas were effectively cleaned. These were commenced three weeks ago.

The Department of Health's guidance on decontamination (HTM 01-05) recommends self-assessment audits of infection control procedures every six months. It is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. We saw audits from January 2016, March 2014, November 2013 and February 2013. The practice manager told us that the practice carried these out every six months but not all of the completed audits were kept on site. The practice manager was also aware that the audits did not have documented action plans. Without action plans, the practice could not subsequently assure themselves that they had made improvements as a direct result of the audit findings. The practice told us they did make changes as a result of the audits and the date of action was recorded. The practice manager told us that the practice were planning to carry out audits every three months with immediate effect.

Staff members were following the guidelines on managing the water lines in the treatment rooms to prevent Legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. We saw evidence that a Legionella risk assessment was carried out by an external contractor. We were told that the practice checked the water temperature on a monthly basis to check that the temperature remained within the recommended range. However, we only saw logs from April 2016 to demonstrate this. The practice also performed tests to check the water quality- we saw evidence that this was carried out in April 2016 but no previous records were available.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray equipment, pressure vessels and autoclaves.

Regular portable appliance testing is required to confirm that portable electric items used at the practice are safe to use. We saw stickers on all relevant electrical items to

confirm they had been tested on 15 April 2016. The practice manager had contacted the electrician for a certificate of this. Unfortunately, the electrician was unable to provide this at the time of inspection due to a sudden illness.

The practice kept a log of prescriptions given so they could ensure that all prescriptions were tracked and safely given. Prescriptions were stored securely but were pre-stamped. Staff assured us that all future prescriptions would be stamped only at the point of issue for additional security.

We were told that the batch numbers and expiry dates for local anaesthetics were always recorded in patients' dental care records and this was corroborated when we viewed a selection of care records. We were told that stock rotation of all dental materials was carried out on a regular basis. However, we found several different dental materials that had expired. We were told that the dentist did not use the items that had expired as they were stored in separate drawers in the treatment room. However, some items were stored together with materials that were within their expiry material. The practice manager disposed of these immediately and assured us they would adopt a more robust process to prevent a recurrence of this.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. Local rules were available in the practice for all staff to reference if needed.

Employers planning to carry out work with ionising radiation are required to notify the Health and Safety Executive (HSE) and retain documentation of this. We were told that the HSE was notified in 2009 but there was no official notification from them. The practice manager contacted the HSE during our visit for confirmation but this was not available at the time of writing this report.

We saw evidence that an X-ray audit was completed in 2011. Audits are central to effective quality assurance, ensuring that best practice is being followed and highlighting improvements needed to address shortfalls in the delivery of care. We saw that the results were analysed and reported on with subsequent action plans. The date on

Are services safe?

this audit had been changed from 2011 to 2015 – the practice manager did not know when or who had changed this date. We saw evidence that both dentists were grading the quality of all their own X-rays. This is good practice for identifying any areas that require improvement. However, there were no action plans so they could not demonstrate that any resulting improvements were a direct result of the audit process.

We did not see evidence that staff were up to date with required training in radiography as detailed by the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date, comprehensive dental care records. The practice was currently undergoing the transition from paperless to electronic records. The care records contained information about the patient's current dental needs and past treatment. The dentists carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP).

We spoke with one dentist about the oral health assessments, treatment and advice given to patients and corroborated what they told us by looking at patient dental care records. Dental care records included details of the condition of the teeth, soft tissues lining the mouth, gums and any signs of mouth cancer. Medical history checks were updated by each patient at each visit. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The Basic Periodontal Examination (BPE) is a screening tool which is used to quickly obtain an overall picture of the gum condition and treatment needs of an individual. We saw that the practice was recording the BPE for all patients (where applicable).

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to lower wisdom teeth removal and in deciding when to recall patients for examination and review. Following clinical assessment, the dentist told us they followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded and reports on the X-ray findings were available in the dental care records.

Staff told us that treatment options and costs (where applicable) were discussed with the patient and this was corroborated when we spoke with patients.

Health promotion & prevention

The medical history form patients completed included questions about smoking and alcohol consumption. The dentist we spoke with and the patient records showed that patients were given advice appropriate to their individual

needs such as smoking cessation, alcohol consumption or dietary advice. There were oral health promotion leaflets available in the practice to support patients look after their health. Examples included information on oral hygiene and caring for children's teeth.

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with 'The Delivering Better Oral Health Toolkit'. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the practice recalled patients, as appropriate, to receive fluoride applications to their teeth. Where required, toothpastes containing high fluoride were prescribed.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. There was a generic induction programme present.

Staff told us they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, orthodontic therapists, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC.

The provider monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. During staff shortages, dental nurse(s) from the provider's other local dental practice were transferred to assist at this location. We were told that staff were happy to travel between the two locations if required. In addition to this, the provider's spouse was registered with the GDC and could also assist.

Dental nurses were supervised and supported by the dentists and the practice manager. Staff told us the practice manager was readily available to speak to at all times for support and advice.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and

Are services effective?

(for example, treatment is effective)

specialist dental services for further investigations or specialist treatment. We viewed two referral letters and noted that all were comprehensive to ensure the specialist services had all the relevant information required.

The practice understood the procedure for urgent referrals, for example, patients with suspected oral cancer.

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff ensured patients gave their consent before treatment began.

Staff members were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent (in accordance with the Mental Capacity Act 2005). The 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.

Staff members we spoke with were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. They were familiar with the concept of Gillick competence regarding the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they preferred. We saw evidence of customised treatment plans when reviewing dental care records.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Two patients provided feedback about the practice. Patients were invited to complete comment cards prior to the inspection but none had been completed. We spoke with patients on the day of the inspection. These two patients were positive about their experience and they commented that staff were polite and good with children.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. For example, the doors to the treatment rooms were closed during appointments and confidential patient details were not visible to other patients. We observed staff members were helpful, discreet and respectful to patients. Staff members we spoke with were aware of the importance of providing patients with privacy. There was a notice available in the waiting room which informed patients that a room was available in the practice for private discussions.

We were told that the practice appropriately supported anxious patients using various methods. For children (especially anxious patients), the dentist told us they used child appropriate language and the tell-show-do technique. This technique is an effective way of establishing rapport as it is very much an **interactive** and communicative approach. They also had the choice of seeing different dentists.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about their treatment. Patients commented they felt involved in their treatment and it was fully explained to them. Patients were also informed of the range of treatments available. Patients commented that the cost of treatment was discussed with them and this information was also provided to them in the form of a customised written treatment plan.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We conducted a tour of the practice and we found the premises and facilities were appropriate for the services that were planned and delivered. Patients with mobility difficulties were able to access the practice as there was a treatment room on the ground floor. The front door entrance to the practice was power-assisted and patients could enter the practice using a ramp (instead of steps). Toilet facilities for wheelchair users were available on the ground floor. There was also a stairlift present for patients to access the first floor. This is a device for lifting people up and down the stairs.

The practice had an appointment system in place to respond to patients' needs. Patients we spoke with told us that they were always seen on time. Staff told us they would inform patients if the dentist was running late on the day of their appointment – this gave patients the opportunity to reschedule their appointment if more convenient. We were told it was easy to make an appointment.

Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours. We were told that staff were willing to work through their lunch hour to accommodate patients requiring urgent dental treatment. However, this was not usually necessary as the dentists usually had vacant slots to accommodate patients requiring emergency treatment.

All patients received courtesy calls 24 hours before their appointment to confirm the time and date.

Tackling inequity and promoting equality

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients. The practice recognised the needs of different groups in the planning of its services. The practice had an audio loop system for patients who might have hearing impairments.

The practice had access to an interpreting service for patients that were unable to speak fluent English. Both dentists also spoke additional languages such as Punjabi.

The practice manager told us they were in the process of providing information for patients in different languages as many patients did not speak fluent English. This information included medical history forms, practice information leaflets and patient satisfaction surveys.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met their needs.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service for advice on obtaining emergency dental treatment. This information was clearly displayed for patients at the practice and it was also available in the practice information leaflet.

Opening hours were from 9:30am to 4pm on Monday to Friday. This information was clearly displayed on the premises.

Concerns & complaints

The practice had a complaints' process which provided staff with clear guidance about how to handle a complaint. Information for patients about how to make a complaint was available at the practice and this included details of external organisations in the event that patients were dissatisfied with the practice's response.

No written complaints had been received at the practice within the past 12 months.

Patients had left three reviews on the NHS Choices website at the time of writing this report. All comments were positive.

Are services well-led?

Our findings

Governance arrangements

The provider was in charge of the day to day running of the service. The practice manager had worked at the practice intermittently for several years but had been appointed to a managerial role three months before our visit. The practice manager worked at the practice for two and a half days per week and was in the process of reorganising and overhauling the governance arrangements for the practice.

During the course of the inspection we identified some areas for improvement to which the practice responded swiftly. These included safety related matters including some aspects of infection control, equipment and medicines for medical emergencies and safe recruitment.

We saw they had some systems in place to monitor the quality of the service. These were used to make improvements to the service. These included audits in areas such as infection control and X-rays.

Leadership, openness and transparency

Staff told us there was an open culture within the practice. All staff we spoke with were aware of whom to raise any issue with and told us the senior staff were approachable, would listen to their concerns and act appropriately. Staff told us that the provider was considerate, flexible and accommodating.

Learning and improvement

The provider monitored staff training to ensure essential staff training was completed each year. This was free for all staff members and included emergency resuscitation and basic life support.

Staff audited some areas of their practice regularly as part of a system of continuous improvement and learning but not all had action plans. The practice manager told us that action had been taken as a direct result of the audit findings but details were not recorded. We were told

that the dates of any actions taken were documented. The practice manager recognised that the practice's audit processes required improvement. The audit file also needed to be updated as we found an audit in the file which did not belong to the practice.

Staff meetings took place on an ad hoc basis. We saw that there had been at least one meeting per month since February 2016. The practice manager told us that they were planning to carry out more frequent staff meetings in future. Initially, they would have weekly meetings and these would then eventually be on a monthly basis. The agenda was available for these meetings but detailed minutes were not. Minutes should be made available for all staff so that any staff members who were not present also have the information. Also, all staff could then update themselves at a later date.

One staff member had received a formal appraisal in March 2016. Regular staff appraisals present an opportunity where learning needs, concerns and aspirations can be discussed. The practice manager told us that a new process had recently been implemented and this would include appraisals for all staff every six months.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service. The practice undertook the NHS Family and Friends Test (FFT). The FFT captures feedback from patients undergoing NHS dental care. The practice also had a suggestions box and we saw that the practice had patient satisfaction surveys. We were told that the response rate was very low. The practice was in the process of providing this information in different languages to see if this would increase the response rate.

Staff we spoke with told us their views were sought and listened to but there were no dedicated staff satisfaction questionnaires. Staff felt supported by the provider and told us there was an open door policy.