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# Brimington Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 12 May 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**

The practice is located in a single storey building close to the centre of Brimington on the outskirts of Chesterfield. There is car parking available to the front of the practice and this includes disabled parking. There are three ground floor treatment rooms.

The practice was first registered with the Care Quality Commission (CQC) in July 2011. The practice provides regulated dental services to both adults and children. The practice provides mostly NHS dental treatment (98%). Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are: Monday to Thursday: 8:30am to 5pm and Friday 8:30am to 2pm. The practice is closed at weekends.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message or by telephoning the NHS 111 emergency telephone number.

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

# Summary of findings

The practice has two dentists; one dental hygienist (also a qualified dentist); two qualified dental nurses; two trainee dental nurses; two receptionists and a practice manager.

We received positive feedback from 33 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by speaking with patients in the practice.

## Our key findings were:

- Patients provided positive feedback about their experiences at the practice. Patients said they were treated with dignity and respect.
  - Dentists identified the different treatment options, and discussed these with patients.
  - Patients' confidentiality was maintained.
  - There were systems in place to record accidents, significant events and complaints, and where learning points were identified these were shared with staff.
  - The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments.
  - There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns.
  - Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
  - 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, oxygen and emergency medicines.
- There were areas where the provider could make improvements and should:
- Review its responsibilities with regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all substances have a manufacturer's data sheet so that staff understand how to minimise risks associated with the use of and handling of these substances.
  - Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Sharps bins should not be stored on the floor, and ideally should be wall mounted.
  - Review the practice's audit protocols of various aspects of the service, such as radiography at regular intervals to help improve the quality of service. The practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.
  - Review the documentation to establish whether the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.

# 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.

Arrangements were made after the inspection for the practice to receive Medicines and Healthcare products Regulatory Agency (MHRA) alerts.

There were clear guidelines for reporting safeguarding 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.

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

Recruitment checks were completed on all new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role.

The practice 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.

Information in the COSHH file (Control of Substance Hazardous to Health) needed to be updated.

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

### **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).

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, wisdom tooth removal and the non-prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart).

The practice made referrals to other dental professionals when the needs of the patient identified they should.

### **Are services caring?**

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

Patient confidentiality was maintained and dental care records were stored securely.

Patients said staff were friendly, polite and professional. Feedback identified that the practice treated patients with dignity and respect.

Patients said they received good dental treatment and they were involved in discussions about their dental care.

Patients said they were able to express their views and opinions.

### **Are services responsive to people's needs?**

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

# Summary of findings

Patients said they were able to get an appointment that suited them, although some patients said they experienced delays in being seen in the practice. Patients who were in pain or in need of urgent treatment could usually get an appointment the same day.

The practice had good access for patients with restricted mobility, including ground floor treatment rooms and level access. The practice had completed a disabled access audit to consider the needs of patients with restricted mobility.

There were arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays which were on display.

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.

## **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.

The system of audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services needed further development.

Patients were able to express their views and comments, and the practice listened to those views and acted upon them. Regular feedback was given to patients following surveys to gather patients' views.

Staff said the practice was a friendly place to work, and they could speak with the dentists if they had any concerns.

# Brimington 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 12 May 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the 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 spoke with seven members of staff during the inspection.

We also reviewed the information we held about the practice and found there were no areas of concern.

We reviewed policies, procedures and other documents. We received feedback from 33 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 recorded and investigated accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed the last recorded accident had occurred in October 2014 this being when a patient became unwell in the waiting room. The records showed the staff had taken appropriate action. Accident records went back over several years to demonstrate the practice had recorded and addressed issues relating to safety at the practice.

The practice was aware of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). Staff said there had been no RIDDOR notifications made although they were aware how to make these on-line.

Records at the practice showed there had been four significant events in the 12 months up to the inspection visit. The last recorded significant event had occurred in March 2016 this related to a claim for exemption from NHS charges. The record showed this had been well managed and was discussed at a staff meeting on 13 April 2016.

The practice did not receive 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. Following the inspection the practice made arrangements to receive regular MHRA alerts.

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

The practice had a policy for safeguarding vulnerable adults and children. The policy had been reviewed in August 2015. The policy identified how to respond to and escalate any safeguarding concerns. This included information showing common sites for non-accidental injury to children. 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 relevant contact telephone numbers were on display in the staff room.

The principal dentist was the identified lead for safeguarding in the practice. They had received enhanced training in child protection to support them in fulfilling that role.

There were risk assessments to assess the risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The risk assessments identified the steps to take to reduce the risks included the use of personal protective equipment (gloves, aprons and masks) for staff, and the safe and secure storage of hazardous materials. However, there were no data sheets from the manufacturers to inform staff what action to take if an accident occurred for example in the event of any spillage.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 28 June 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a sharps policy which informed staff how to handle sharps (particularly needles and sharp dental instruments) safely. The policy had been reviewed in August 2015. We saw the practice used a recognised system for handling sharps safely in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy. Practice policy was that only dentists handled sharp instruments.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) We saw the sharps bins were located on the floor in the treatment rooms. The guidance indicated sharps bins should not be located on the floor, and should be out of reach of small children.

Copies of the practice's sharps policy and how to deal with sharps injuries were displayed in the clinical areas of the practice.

Discussions with dentists and a review of patients' dental care records identified the dentists were not always using rubber dams when carrying out root canal treatments. Guidelines from the British Endodontic Society say that dentists should be using rubber dams. A rubber dam is a thin rubber sheet that isolates selected teeth and protects

# Are services safe?

the rest of the patient's mouth and airway during treatment. We saw the practice had a supply of rubber dam kits in the practice. Dentists said sometimes patients did not like the rubber dam and alternatives were used.

## Medical emergencies

The dental practice had equipment in preparation for any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the medicines and found they were all in date. We saw there was a system in place for checking and recording expiry dates of medicines, and replacing when necessary.

There was a first aid box in the practice and we saw evidence the contents were being checked regularly. One staff member had completed an emergency first aid at work course and they were the designated first aiders for the dental practice.

There was an automated external defibrillator (AED) held in 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.

Staff at the practice had completed basic life support and resuscitation training on 3 December 2015.

Additional emergency equipment available at the practice included: airways to support breathing and portable suction.

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies.

## Staff recruitment

We looked at the staff recruitment files for ten staff members of different grades 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. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS)

check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We found that all members of staff had received a DBS check. We discussed the records that should be held in the recruitment files with the practice manager and saw the practice recruitment policy and the regulations had been followed.

## Monitoring health & safety and responding to risks

The practice had both a health and safety policy and environmental risk assessments. Risks to staff and patients had been identified and assessed. For example there were risk assessments for: mercury handling, radiation (X-rays), and waste disposal.

Records showed that fire extinguishers had been serviced in January 2016. Records showed the last recorded fire drill had been in November 2015.

The practice had a health and safety law poster on display in the staff room. 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.

## 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 practice had an infection control policy which had been reviewed in June 2015. The policy was available to staff working in the practice. 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.

Records showed that regular infection control audits had been completed which was as recommended in the guidance HTM 01-05.



# Are services safe?

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 however this was not dated. The principal dentist said they would replace the spillage kit.

There was a decontamination room where dental instruments were cleaned and sterilised. There was a clear flow to reduce the risk of cross contamination and infection. 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.

We saw that instruments were being cleaned and sterilised at the practice. 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 (a machine for cleaning dental instruments similar to a domestic dish washer). Each treatment room also had an ultrasonic bath. An ultrasonic bath is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound and a liquid. After the ultrasonic bath Instruments were cleaned in the washer disinfectant, rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in one of the practice's two autoclaves (devices for sterilising dental and medical instruments). The practice had two vacuum autoclaves, which were designed to sterilise wrapped 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' 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.

We examined a sample of dental instruments that had been cleaned and sterilised, using the illuminated magnifying glass. We found the instruments to be clean and undamaged.

The practice had a policy for dealing with blood borne viruses. There were records to demonstrate that staff had received inoculations against Hepatitis B and had received blood tests to check the effectiveness of that inoculation. 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 practice had a policy for dealing with the risks posed by Legionella. This had been updated in June 2015. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice was aware of the risks associated with Legionella and had taken steps to reduce them with regular flushing of dental water lines as identified in the relevant guidance. There was no stored water at the practice, which significantly reduced the risk posed by Legionella.

## 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 (PAT) had been completed on electrical equipment at the practice and was valid until 4 January 2017. Fire extinguishers were checked and serviced by an external company and staff had been trained in the use of equipment and evacuation procedures.

The practice had all of the medicines needed for an emergency situation, as identified in the current guidance. Medicines were stored securely and there were sufficient stocks available for use. Medicines used at the practice were stored and disposed of in line with published guidance.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

## Radiography (X-rays)

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



## Are services safe?

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 radiation protection supervisors (RPS) this being the principal dentist. The arrangements for an external radiation protection advisor (RPA) were unclear. The RPA would be 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. Following the inspection the provider identified who the RPA would be, but was awaiting documented confirmation. The provider said they would inform the Care Quality Commission once the paperwork was completed.

Records showed the X-ray equipment had last been inspected in April 2016. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years.

The practice used non-digital X-ray images. We saw the practice had the equipment and chemicals necessary to develop the X-ray images and there were safety protocols in place to protect staff and patients.

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. There were risk assessments in place for pregnant and nursing mothers.

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. We saw that the Faculty of General Dental Practice (FGDP UK) guidelines: 'selection criteria for dental radiography' (2013) were being followed.

However, there were not systems in place to regularly check the quality of the radiograph (X-ray image). This could lead to additional X-rays being taken and therefore patients being exposed to additional levels of radiation.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice held paper dental care records for each patient. They contained information about the assessment, diagnosis, and treatment and also recorded the discussion and advice given to patients by dental healthcare professionals. The care records showed a thorough examination had been completed, and identified with risk factors such as smoking and diet for each patient.

The practice had a policy for taking patients' medical histories. Patients at the practice completed a medical history form, or updated their details. The dentist then checked the medical history with the patient before treatment began. The patients' medical histories included any health conditions, medicines being taken and whether the patient 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.

We saw dentists used national guidelines on which to base treatments and develop treatment plans for managing patients' oral health. Discussions with 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 wisdom tooth removal. A review of the records identified that the dentists were following NICE guidelines in their treatment of patients.

### Health promotion & prevention

There was information for patients in the waiting room. This was in leaflet form and through posters. Services offered at the practice were identified and there was information for parents about caring for their children's teeth. The 11 year old daughter of a patient had produced a display which identified the amount of sugar present in individual food and drink. This was represented by bags containing measured amounts of sugar.

We saw a dentist and dental nurse giving positive oral hygiene advice to a mother about their child's teeth. This included brushing technique, choice of toothpaste and dietary advice.

Two dentists explained that children seen at the practice were assessed on an individual basis to check their risk of dental decay. This resulted in children being offered fluoride application varnish and fluoride toothpaste if they were identified as being at risk. This 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.

We saw examples in patients' dental care records that dentists had provided advice on the harmful effects of smoking, alcohol and diet and their effect on oral health. With regard to smoking, dentists had particularly highlighted the risk of dental disease and oral cancer.

### Staffing

The practice had two dentists; one dental hygienist (also a qualified dentist); two qualified dental nurses; two trainee dental nurses; two receptionists and a practice manager. Before the inspection we checked the 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.

We looked at staff training records and these identified that staff 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. Examples of training completed included: oral cancer awareness, oral medicine and oral surgery and medical emergencies. We were informed the dentists had applied to attend an IRMER (radiography and X-rays) course as their CPD for this was due.

Records at the practice showed that staff appraisals had been completed. The cycle for 2016 was due and the practice manager said the process was about to start. We saw evidence that appraisals for staff had taken place. We spoke with two members of staff who said they had received an appraisal.

# Are services effective?

(for example, treatment is effective)

## **Working with other services**

The practice had a policy for making referrals to other services which had been reviewed on 11 March 2016. The practice made referrals to other dental professionals based on risks or if a service was required that was not offered at the practice. For example: sedation, minor oral surgery or orthodontics.

The practice had an oral cancer screening policy dated 11 June 2015. The policy raised awareness for the staff and identified the referral pathway for patients with suspected cancer. The practice tended to make referrals to local hospitals for example where patients had suspected oral cancer. These referrals were tracked and we saw evidence that referrals had been made promptly.

## **Consent to care and treatment**

The practice had a consent policy which had been reviewed in August 2015. The policy made reference to valid consent, informed consent and the ability to consent. The policy did not make reference to the Mental Capacity

Act 2005 (MCA) or best interest decisions. 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. A dentist gave an example of a patient who had a learning disability and how the practice had approached the question of consent with this patient.

Consent was recorded in the patients' dental care records. The dentists discussed the treatment plan, and explained the process, which allowed the patient to give their informed consent. Dentists used the standard FP17 NHS consent form to record at the practice. A copy was given to the patient and this included a copy of the treatment plan.

Discussions with dentists showed they were aware of and understood the use of Gillick to assess competency for young persons. 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.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Throughout the inspection we observed staff speaking with patients. We saw that staff were friendly, polite and professional. Our observations showed that patients were treated with dignity and respect.

The reception desk was located in the waiting room. We asked how patient confidentiality was maintained with reception staff. Staff said if it were necessary to discuss a confidential matter, there were areas of the practice where this could happen, such as the staff area beside the reception desk or an unused treatment room. Staff said that all details of patients' individual treatment were discussed in the privacy of the treatment room. Computer screens at reception were located where they could not be overlooked. Staff were aware of the need to maintain patients' confidentiality and were able to describe the steps they took to achieve this.

We observed staff speaking with several patients throughout the day. This was at the reception desk and when dental nurses brought patients to the treatment room. We saw that patient confidentiality was maintained at the practice. We asked two patients about confidentiality. Both said they had no concerns or issues. Computer screens could not be overlooked at the reception desk. We saw that patients' dental care records were password protected and held securely.

### **Involvement in decisions about care and treatment**

We received feedback from 33 patients on the day of the inspection. This was through Care Quality Commission (CQC) comment cards, and through talking to patients in the practice. Feedback from both sources was mostly positive with patients saying the staff were welcoming, and patients were treated with respect. Two patients commented that there were sometimes delays which meant they were late being seen for their appointment. Several patients said in the CQC comment cards that the dentists involved them in discussions and decisions about dental care and treatment.

The practice offered mostly NHS treatments and the costs were clearly displayed in the practice.

We spoke with two dentists about how each patient had their diagnosis and dental treatment discussed with them. We saw evidence in the patient care records of how the treatment options and costs were explained and recorded before treatment started. Patients were given a written copy of the NHS treatment plan which included the costs.

Where necessary dentists gave patients information about preventing dental decay and gum disease. We saw several examples of this in patients' dental care records. Dentists had highlighted the particular risks associated with smoking and diet, and this was 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 practice was located in a single storey building close to the centre of Brimington on the outskirts of Chesterfield. There was car parking available to the front of the practice and this included disabled parking. There were three ground floor treatment rooms.

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.

We spoke with ten patients during the inspection. Patients said that getting an appointment had been easy, and staff had been responsive to the patients' needs. Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient within 24 hours, and usually the same day. Emergency treatment slots were available at the practice to see patients who were in pain. However, some patients had commented that there had been delays in being seen once they arrived at the practice.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist. The computerised system automatically allocated different time slots for different treatment.

### Tackling inequity and promoting equality

There was an equal opportunities policy which had been reviewed in June 2015.

The practice was situated on the ground floor. There were three ground floor treatment rooms, so patients in a wheelchair or with restricted mobility could access treatment at the practice. There was a side entrance to the practice which allowed level access for wheelchair users. One treatment room was larger than the rest and staff said they would arrange for patients in wheelchairs or with restricted mobility to be seen in this treatment room.

The practice had good access to all forms of public transport with a bus stop located close by.

The practice had a ground floor toilet for the use of patients.

The practice had completed an access audit in line with the Equality Act (2010) of the steps taken to improve access for all patients. Reading glasses were available for patients who required them. The practice did not have a portable hearing induction loop. The Equality Act requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices. The practice manager said this would be reviewed.

The practice had access to a recognised company to provide interpreters, and this included the use of sign language. Staff said that there were very few patients who could not speak English, and if language was a barrier the patient usually brought someone to interpret for them which avoided the need for the interpreting service.

### Access to the service

The practice's opening hours are: Monday to Thursday: 8:30am to 5pm and Friday 8:30am to 2pm. The practice is closed at weekends.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message or by telephoning the NHS 111 emergency telephone number.

### Concerns & complaints

The practice had a complaints procedure which had been reviewed in June 2015. The procedure explained how to complain and included other agencies to contact if the complaint was not resolved to the patients satisfaction.

Information about how to complain was contained in the practice waiting room.

From information received before the inspection we saw that there had been one formal complaint received in the 12 months prior to our inspection. We saw documentation which identified this complaint had been dealt with in a timely manner. Learning points from complaint had been identified and shared with staff. We also saw that an apology and an explanation had been given to the patient.

# Are services well-led?

## Our findings

### Governance arrangements

We saw a number of policies and procedures at the practice and saw they had been reviewed and where relevant updated on an annual basis. Front sheets identified when the policy had been reviewed and when the next review was due.

Staff said they understood their role and could speak with any of the principal dentist or practice manager if they had any concerns. Staff said they understood the management structure at the practice. We spoke with four members of staff who said they were happy working at the practice, and there was good communication within the staff team.

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

### Leadership, openness and transparency

We saw that staff meetings were scheduled for once a month throughout the year. The agenda covered areas such as: significant events, infection control, and health and safety. Staff meetings were minuted and minutes were available to all staff.

We spoke with several staff at the practice who told us the team worked well at the practice. Staff said they could voice their views, and raise concerns, and were encouraged to do so at team meetings. The principal dentist was available to discuss any concerns and they were approachable. Observations showed there was a friendly and welcoming attitude towards patients from staff throughout the practice. Discussions with different members of the team showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

The practice had a whistleblowing policy. This policy identified how staff could raise any concerns they had about colleagues' conduct or clinical practice. This was both internally and with identified external agencies. We discussed the whistleblowing policy with a dental nurse who was able to give a clear account of what the procedures were for, and when and how to use them. The policy was available on any computer in the practice.

### Learning and improvement

We saw the practice was aware of the need to complete audits throughout the year. This was for both clinical and non-clinical areas of the practice. However, we only saw that infection control had been audited in a thorough manner with action points identified.

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 need to complete 150 hours over the same period.

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

The practice had an NHS Friends and Family (FFT) comment box which was located in the reception area. The responses within the boxes were analysed on a monthly basis. Feedback from patients by means of the FFT box was good, with 55 responses recorded. All but a very small amount of the responses were positive with respondents saying they would recommend the practice to their family and friends.

The practice had its own patient satisfaction survey which patients could complete in the practice. But had stopped using their own survey when the NHS FFT had been introduced.