Eyre Street Dental

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 16 January 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

Eyre Street Dental is located on two floors of premises situated in the centre of Clay Cross in north Derbyshire. There are seven treatment rooms, two of which are on the ground floor. The practice provides mostly NHS dental treatments (98%). There is a free car park close to 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: 9 am to 6 pm; Tuesday: 8:30 am to 7:30pm; Wednesday: 8:30 am to 5:30 pm; Thursday: 8:30 am to 7 pm and Friday: 8:45 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. There is an out-of-hours dental service based in Chesterfield which patients could also access for urgent dental treatment.

The principal dentist 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'.

Summary of findings

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 is registered with the Care Quality Commission (CQC) as a partnership.

The practice has six dentists; three hygiene therapists; eight qualified dental nurses; three trainee dental nurses; three receptionists; and one practice manager.

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 11 patients through both comment cards and by speaking with them during the inspection. Those patients provided positive feedback about the services the practice provides.

Our key findings were:

- The premises were visibly clean and there were systems and processes in place to maintain the cleanliness.
- There were systems to record accidents, significant events and complaints.
- 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 Substance Hazardous to Health (COSHH) Regulations 2002.
- The consent policy made reference to the Mental Capacity Act 2005.
- Patients were able to access emergency treatment when they were in pain.
- Patients provided positive feedback about their experiences at the practice. They told us they were treated with dignity and respect and had no problem getting an appointment to suit their needs.
- Dental care records did not always demonstrate that the dentists had completed a risk assessment in relation to caries (tooth decay) and periodontal disease (gum disease).
- Patients' confidentiality was protected within the practice.
- The records showed that apologies had been given for any concerns or upset that patients had experienced at the practice.
- 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 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, oxygen and emergency medicines.
- The practice did not have an induction hearing loop.

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

- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice protocols and adopt an individual risk based approach to patient recalls giving due regard to National Institute for Health and Care Excellence (NICE) guidelines.

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?

No action

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

The systems for recording accidents, incidents and complaints were robust.

All staff had received up-to-date training in safeguarding vulnerable adults and children. There were clear guidelines 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 Substance Hazardous to Health (COSHH) Regulations 2002.

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 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.

Are services effective?

No action

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 not always recorded in dental care records.

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).

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

Are services caring?

No action

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

Summary of findings

Patient confidentiality was maintained and electronic dental care records were password protected.

Feedback from patients identified staff were friendly, and treated patients with care and concern. Patients also said they were treated with dignity and respect.

There were systems for patients to be able to express their views and opinions.

Are services responsive to people's needs?

No action ✓

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

Patient areas including two treatment rooms were located on the ground floor which allowed easy access for patients with restricted mobility. A disabled access audit in line with the Equality Act (2010) had been completed to consider the needs of 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 whose first language was not English. There were clear instructions for staff in how to book interpreters and ensure patients' needs were met.

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?

No action ✓

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 and there were systems for peer review and clinical discussion.

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. However, action plans from audits where improvements were needed were not always produced.

Policies and procedures had been kept under review.

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

Eyre Street Dental

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 16 January 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 11patients 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. The practice did not keep a log of accidents which made tracking them difficult. Discussions with the practice manager identified that a log would be kept going forward to enable accidents to be tracked and any trends identified.

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 four significant events in the twelve months leading up to this inspection. There were forms in the practice for recording any significant events and to record any learning points. The most recent significant event occurred in November 2016 and related to issues with clinical waste bags. The minutes of a staff meeting dated 21 November 2016 showed this had been discussed with staff and the issue had been analysed.

The practice received 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 received these by e mail and were analysed by the practice manager. The most recent related to an issue with a particular type of defibrillator. However, that make of defibrillator was not used in the practice.

The practice had a Duty of Candour policy which had been reviewed in March 2016. 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. The practice manager knew when and how to notify CQC of incidents which caused harm.

Reliable safety systems and processes (including safeguarding)

The practice had a policy for safeguarding vulnerable adults and children which had been reviewed in March 2016. The policy 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 both within the policy and in each treatment room. 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. A short version of the safeguarding vulnerable adults and children policy was displayed in both waiting rooms.

The practice manager was the identified lead for safeguarding in the practice. They had received training in child protection and safeguarding vulnerable adults to level two during January 2017. We saw evidence that all staff had completed safeguarding training to level two within the two years prior to this inspection.

The practice had guidance for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The COSHH policy formed part of the overall health and safety approach at the practice. There were risk assessments for all products and there were copies of manufacturers' product data sheets. Data sheets provided information on how to deal will 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 18 December 2017. The certificate was on display behind reception. 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 the decontamination room. It was practice policy that only dentists' handled needles and needles were not re-sheathed. There were devices to allow this to be completed safely. This was in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

Are services safe?

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 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. Sharps bins were not always signed and dated, the National Institute for Healthcare Excellence (NICE) guidelines: 'Healthcare-associated infections: prevention and control in primary and community care' advise – sharps boxes should be replaced every three months even if not full. Signing and dating sharps boxes would allow staff to identify when the three month expiry date had been reached.

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 free 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. On the rare occasions when it is not possible to use rubber dams, the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured. We saw the practice had a supply of latex free rubber dam kits available.

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. There were systems in place to check expiry dates and monitor that equipment was safe and working correctly. The practice had a second set of emergency medicines and equipment which acted as a back-up.

There was a first aid box which was located in a staff area behind the decontamination room. We saw evidence the contents were being checked regularly. 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 a poster in reception to inform patients and staff of the first aid arrangements.

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 and there were records to demonstrate this. This complied with the Resuscitation Council UK guidelines.

All staff at the practice had completed basic life support and resuscitation training in March 2016. We saw certificates that had been issued to staff following this training.

Additional emergency equipment available at the practice included: airways to support breathing, a bag valve mask for manual resuscitation and oxygen masks for adults and children.

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies. A file in the practice identified that staff had discussed a range of in depth medical emergency scenarios. We discussed this with the practice manager who acknowledged the discussions were due to be updated as it was more than two years since the last discussion.

Staff recruitment

We looked at the staff recruitment files for five 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. This includes: 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 saw that every member of staff had received a DBS check. Company policy was that DBS checks were renewed every three years. We discussed the records that should be held in the recruitment files with the practice manager.

Are services safe?

Monitoring health & safety and responding to risks

The practice had a health and safety policy. The policy had been reviewed in December 2016 and identified the practice owners as the people who had responsibility within the practice for different areas of health and safety. As part of this policy areas 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 August 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 November 2016. We saw there was an automatic fire alarm system installed with break glass points; emergency lighting and hard wired 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 8 December 2016.

The practice had a health and safety law poster on display in the reception area. 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 March 2016. A copy was available to staff in the decontamination room. 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. A dental nurse was the lead for infection control at the practice.

Records showed that regular six monthly infection control audits had been completed. This was as recommended in the guidance HTM 01-05. The last three audits were completed in January 2015, April 2016 and November 2015. The audits did not have action plans to address issues highlighted in the audits.

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 which was in date.

The practice had a waste management system. This identified how waste should be separated, stored whilst awaiting collection and labelled to enable identification of its source. We saw that each bag of clinical waste had an identification code and signature attached.

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 was latex free 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 used manual cleaning techniques to initially clean the dental instruments. The practice had the necessary equipment to complete manual cleaning including a long handled brush and heavy duty gloves. Following the manual cleaning dental instruments were cleaned in one of two ultrasonic cleaners. An ultrasonic cleaner is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound and a liquid. 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 three autoclaves 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' 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.

The practice had a policy for dealing with blood borne viruses which formed part of the infection control policy. 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. 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 January 2016. 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 as identified in the relevant guidance. We saw documentary evidence to identify that quarterly dip slides had been completed. 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 July 2015. The pressure vessel checks on the compressor which produced the compressed air for the dental drills had been completed in June 2016. This was in accordance with the Pressure Systems Safety Regulations (2000). Records showed the autoclaves had also been serviced and validated in June 2016.

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. However, the practice did not keep a log of prescription numbers to monitor the security of the prescription pads and maintain an audit trail. The practice manager said this would be introduced following the inspection. Prescription pads were not pre-stamped which added to their security and the stamp was held securely.

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 seven intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth).

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 partners. 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 all of the X-ray equipment had been inspected within the three years before this inspection. 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. Following the inspection we were sent evidence to demonstrate the HSE had been suitably notified.

Only one X-ray machines was fitted with rectangular collimation therefore the Ionising Radiation Regulations (Medical Exposure) Regulations 2000 (Regulation 7) were not being followed. Rectangular collimation is a specialised metal barrier attached to the head of the X-ray machine.

Are services safe?

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 non-digital X-rays and X-ray images were manually developed on the premises. We saw the equipment for developing X-rays was serviced in December 2016 and regular checks were carried out to ensure the quality of the X-ray images. Discussions with the providers identified there were plans to change to digital X-rays when the new computer system is installed. This was scheduled to be completed during 2017. Digital X-rays would allow the image to be viewed almost immediately, and would rely on lower doses of radiation. This therefore reducing the risks to both the patients and staff.

All patients were required to complete a medical history form and the dentist reviewed this form with each patient 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 a mixture of electronic and paper 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 risk factors such as smoking and diet for each patient. However, the risk assessment for caries (tooth decay) was not being routinely recorded in some patients' dental care records.

New patients at the practice completed a medical history form which was updated at each visit. Medical histories were reviewed with the dentist in the treatment room and signed by both the patient and the dentist. The patients' medical histories included any health conditions, medicines being taken, whether the patient might be pregnant or had any allergies.

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. However, we noted that not all dentists were recording the risk assessments which led to the recall intervals. Following discussions it was agreed the template in the dental care records would be altered to ensure the risk assessment was recorded.

Health promotion & prevention

The practice had two waiting rooms for patients. There were leaflets and posters to demonstrate good oral hygiene techniques. There were free samples of toothpaste for patients available in the practice.

Children seen at the practice were offered fluoride varnish application and 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 staff showed they had a good knowledge and understanding of 'delivering better oral health' toolkit.

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.

Staffing

The practice had six dentists; three hygiene therapists; eight qualified dental nurses; three trainee dental nurses; three receptionists; and one 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.

Records within the practice showed there were sufficient numbers of staff to meet the needs of patients attending the practice for treatment.

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. Examples of training completed included: radiography (X-rays), medical emergencies, infection control, and safeguarding.

Records at the practice showed that all staff had received an appraisal every 6 to 12 months. This was completed with the practice manager and a dentist. The appraisal system included each staff member completing a self-appraisal to rate themselves in areas such as: knowledge, quality of work and teamwork. The appraisal system focussed on

Are services effective?

(for example, treatment is effective)

personal development and job satisfaction. We saw evidence of new members of staff having an in-depth induction programme covering all essential areas of the practice's operation. The induction included a period of shadowing more experienced staff within the practice.

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 and for minor oral surgery.

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

Referrals were made to the Maxillofacial department at the local hospital or a local practice with a contract for minor oral surgery for wisdom tooth removal. For patients with suspicious lesions (suspected cancer) referrals were sent through to the hospital in a timely manner.

Consent to care and treatment

The practice had a patient consent policy which had been reviewed in March 2016. 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.

The consent policy identified that the standard NHS FP17 form would be used to record patients' consent. This form recorded both consent and provided a treatment plan. The dentists discussed the treatment plan with the patients and explained the treatment process. This allowed the patient to give their informed consent. A hard copy of the consent form was retained by both the practice and the patient.

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. Records showed that most staff had completed training in legal and ethical issues which included Gillick competency.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During the inspection we observed staff speaking with patients. We saw that staff were polite, and had a friendly and welcoming manner. We saw that staff spoke with patients with due regard to dignity and respect. This was both in person at the reception desk and when speaking on the telephone.

The reception desk was located within the waiting room. We asked reception staff how patient confidentiality was maintained at reception. Staff said that details of patients' individual treatment were never discussed 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 an unused treatment room.

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. Patients' dental care records were held securely either under lock and key or password protected.

Involvement in decisions about care and treatment

We received positive feedback from 11 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.

The practice offered mostly NHS treatments (98%) and the costs of NHS treatments were clearly displayed in the waiting rooms.

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. Patients were given a written copy of the treatment plan which included the costs.

Dentists 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 both the ground and first floor. There was parking including disabled parking close to the dental practice.

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.

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 a respecting and involving patients' policy which had been reviewed in March 2016. The policy did not make reference to the Equality Act (2010) although it did reference the Health and Social Care Act 2008. The practice also had a safety and suitability of premises policy which identified the arrangements for patients with limited mobility and wheelchair users.

There were two treatment rooms situated on the ground floor. One of which was easily accessible for wheelchair users. This allowed patients with restricted mobility access to treatment at the practice. The practice was accessible for patients in a wheelchair with level access from the street. However, we noted there was no call bell outside the practice and patients using a wheelchair who were unaccompanied might find it difficult to attract staff members' attention.

The practice had one adapted ground floor toilet for patients to use. This was compliant with the Equality Act (2010). The toilet had grab rales and support bars to aid patients and an emergency pull cord to summon assistance. Taps at the hand washing basin were lever operated

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 telephone interpreting services for patients whose first language was not English.

Access to the service

The practice's opening hours were – Monday: 9 am to 6 pm; Tuesday: 8:30 am to 7:30pm; Wednesday: 8:30 am to 5:30 pm; Thursday: 8:30 am to 7 pm and Friday: 8:45 am to 5:30 pm

The practice had a website: www.eyrestreetdental.co.uk. 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. Alternatively patients could telephone the NHS 111 telephone number. There was an out-of-hours dental service based in Chesterfield which patients could also access for urgent dental treatment.

Concerns & complaints

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 main patient waiting room.

From information reviewed in the practice we saw that there had been one formal complaint received in the 12 months prior to our inspection. The documentation showed the complaint had been handled appropriately and 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 these had mostly been reviewed in March 2016.

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 partners. We spoke with two 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

We saw that full staff meetings at this practice were scheduled for once a week throughout the year. Staff meetings were minuted and minutes were available to all staff. The minutes showed that when significant events had occurred these had been discussed in staff meetings.

Discussions with staff showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

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 March 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.

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. Examples of completed audits included: Regular six monthly infection control audits with the last three completed in January 2015, April 2016 and November 2016. There was no evidence that action plans had been produced to address issues highlighted during the audits. We saw that audits of dental care records had been completed but these were not dated and therefore we were unsure how current the information was. Radiography (X-rays) were completed by each dentist however we saw no action plans or evidence of improvements made to practice.

There were three trainee dental nurses at the practice. All three were enrolled on different training courses. The practice manager said that all three received support from their tutors and this included visits to the practice and formal clinical observations of them in the practice.

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.

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

The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box was being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS England. The practice sent information electronically to NHS Choices on a monthly basis. Information in the practice showed most patients provided positive feedback.

There were eight patient reviews recorded on the NHS Choices website, four within the 12 months before this inspection. Six were positive reviews. We noted the practice had not responded to the patient comments on the NHS Choices website.

There was a suggestion box in the main waiting room, although there were no responses within the box. Discussions with the practice manager identified that very little patient feedback was received via this route and there had been no analysis of information received.