

Dr. Zeenat Ishak

Collingham Dental Practice

Inspection Report

**Cedar House,
60 High Street,
Collingham.**

NG23 7LB

Tel: 01636 893477

Website: No website

Date of inspection visit: 3 November 2016

Date of publication: 20/01/2017

Overall summary

We carried out an announced comprehensive inspection on 3 November 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 not providing well-led care in accordance with the relevant regulations.

Background

Collingham Dental Practice is a dental practice providing both NHS and private care for adults and children. Where private treatment is provided some is provided under a fee per item basis and some under a dental insurance plan. The practice is situated in a purpose built property with all facilities on the first floor but with the benefit of lift access from the ground floor.

The practice has four dental treatment rooms, There is a separate decontamination area where cleaning, sterilising and packing dental instruments takes place. There is also a reception and waiting area and other rooms used by the practice for office facilities and storage. The practice is open from 9.00am to 6.30pm on Monday and Wednesdays, 9.00am to 5.00pm on Tuesdays and Thursdays and 9am to 2pm on Fridays. The practice closes from Monday to Thursday for lunch from 1.00pm to 2.00pm.

The practice has two dentists who are able to provide general dental services including endodontic (root canal) treatment. They are supported by a dental nurse, a trainee dental nurse, two part time dental hygienists and a practice manager/receptionist.

The practice owner 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.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience. We also spoke with patients on the day of our inspection. We received feedback from 37 patients. These provided a very positive view of the services the practice provides. Patients commented on the quality of care, the polite and friendly nature of staff and the cleanliness of the practice.

Our key findings were:

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Routine dental appointments were readily available, as were urgent on the day appointments and patients told us it was easy to get an appointment with the practice.
- The practice was visibly clean and well maintained.
- Patients commented that they were highly satisfied with the care they received and commented on the helpfulness of the staff. They told us treatment options were explained to them and they were involved in decisions about their treatment.
- The practice had a system to identify, investigate and learn from significant events.
- The practice had available medicines and equipment for use in a medical emergency which were in accordance with national guidelines.
- There was a system to manage safety alerts but this was not always effective.
- Appropriate training was available to staff and they were supported in their continued professional development (CPD).
- Risks had been assessed but not all control measures or identified actions had been implemented.
- National guidance was not always followed as we found that information relating to X-rays was not consistently recorded in patient notes and NHS patients did not receive a copy of their treatment plans.

We identified regulations that were not being met and the provider must:

Ensure systems and processes are operated effectively to assess and monitor the service and risks in accordance with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, this includes the management of patient safety alerts; the management of substances hazardous to health and environmental cleaning; taking action to mitigate identified risks and ensuring dental care records are maintained appropriately giving due regard to guidance provided by the Faculty of General Dental Practice regarding X-rays.

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

- Review the practice's recruitment policy, procedures and the recruitment arrangements to ensure they are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Review the security of prescription pads in the practice and ensure there are systems to monitor and track their use with reference to the NHS guidance on security of prescription forms August 2013.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had a system to identify, investigate and learn from significant events.

There was not an effective system to manage safety alerts.

There were sufficient numbers of suitably qualified staff working at the practice. However not all staff had received a Disclosure and Barring Service check.

Risks had been assessed but not all control measures or identified actions had been implemented.

Staff had received safeguarding training to the appropriate level and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Use of X-rays on the premises was in line with the regulations.

No action



Are services effective?

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

Staff demonstrated a commitment to oral health promotion.

The staff received on-going professional training and development appropriate to their roles and learning needs and had received appraisals.

Clinical staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

The practice had a process to make referrals to other dental professionals when appropriate to do so.

Staff had a good understanding of the Mental Capacity Act 2005, and its relevance in obtaining valid consent for a patient who lacked the capacity to make decisions for themselves.

National guidance was not always followed as we found that information relating to X-rays was not consistently recorded in patient notes and NHS patients did not receive a copy of their treatment plans.

No action



Are services caring?

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

No action



Summary of findings

We received feedback from 37 patients and these provided a positive view of the service the practice provided. Comments reflected that patients were highly satisfied with the care they received and commented on the helpfulness of the staff. Patients told us treatment options were explained to them and they were involved in decisions about their treatment.

We observed that patients were treated with dignity and respect and the confidentiality of patients' private information was maintained.

Are services responsive to people's needs?

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

The practice had good facilities and was well equipped to treat patients and meet their needs.

Routine dental appointments were readily available, as were urgent on the day appointments and patients told us it was easy to get an appointment with the practice. Information was available for patients in the practice's leaflet. The practice did not have a website.

The premises were purpose built and although all services were on the first floor of the building, this was fully wheelchair accessible by means of a lift.

Information about how to complain was available to patients and complaints were responded to appropriately.

The practice had access to telephone interpreter services should they be required.

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

There was an open culture within the practice and staff were well supported, happy in their work and felt able to raise any concerns. They received regular appraisals and staff meetings took place monthly.

Feedback was obtained from patients and we saw evidence that this was discussed and acted upon to make changes to the service if appropriate.

We found that not all systems and processes within the practice were operated effectively. Governance arrangements were in place but some areas identified during our inspection indicated a lack of oversight. Recruitment processes and the system for acting upon national patient safety alerts was not effective, some infection control processes required improvements and although risk assessments had been undertaken there was limited evidence that identified actions had been implemented. Dental care records relating to X-rays were not in accordance with recommendations of the Faculty of General Dental Practice in respect of private patients.

Requirements notice



Summary of findings

The provider assured us following our visit that they would address these issues and put procedures in place to manage the risks. We have since been sent evidence to show that some improvements are being made.

However, as various documents were not available for inspection we were not able to comment on their completeness and accuracy. We have though noted the information and it will be reflected once we carry out a follow up inspection at the practice.

Collingham Dental Practice

Detailed findings

Background to this inspection

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

We carried out an announced, comprehensive inspection on 3 November 2016. The inspection was led by a CQC inspector who was supported by a specialist dental adviser and a second CQC inspector.

We reviewed information we held about the practice prior to our inspection.

During the inspection we spoke with the registered provider, the practice manager/receptionist, two dentists, the dental nurse and the trainee dental nurse.

To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the 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

Staff we spoke with understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and guidance was provided for staff within the practice's health and safety policy. Accident forms were available which aided staff to consider when a report was necessary.

The practice manager told us they would refer any RIDDOR or significant events to the registered manager and that they would be discussed at staff meetings. We saw there were two different significant event forms available and an adverse incident policy and a significant incident reporting and management policy. There were no reported significant events and the practice manager told us they could not recall any in the last six years.

The registered manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. The practice manager told us that relevant alerts were emailed to the practice and they responded by email to advise what action had been taken. We saw evidence of one alert that had been received but there was no log within the practice of alerts that had been received and what actions had been taken. We saw that an alert published on 30 June 2016 had not been acted upon. Therefore there was not an effective system to respond to safety alerts.

Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. Staff we spoke with showed an awareness of this and told us they were encouraged to be open and honest if anything was to go wrong. This was demonstrated in the response to some complaints we reviewed.

Reliable safety systems and processes (including safeguarding)

The practice had policies for safeguarding children and vulnerable adults which were reviewed annually in April and next due to be reviewed in April 2017. The practice manager was named as the safeguarding lead for the

practice. There was also a flow chart displayed in the staff room detailing the actions a staff member should take if concerned and contact numbers for the relevant agency for raising a concern.

We saw evidence that all staff had received safeguarding training to the appropriate level for their role.

The practice had an up to date employers' liability insurance certificate which was displayed in the reception area. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969. This was due for renewal in September 2017.

We spoke with dentists who told us they were using rubber dams when providing root canal treatment to patients. This was in line with guidance from the British Endodontic Society. A rubber dam is a thin, square sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment (treatment involving the root canal of the tooth) is being provided. The records we reviewed of patients who had received root canal treatment did not record that a rubber dam had been used. We saw that the practice had a supply of rubber dam kits in the practice.

We spoke with staff about the procedures to reduce the risk of sharps injury in the practice. The practice had a risk assessment relating to sharps and was using 'safer sharps' in line with the requirements of the Health and Safety (Sharp Instruments in Healthcare) 2013 regulation.

Medical emergencies

The dental practice had medicines and equipment to manage medical emergencies. These were stored together securely and staff we spoke with were aware how to access them. Emergency medicines were available in line with the recommendations of the British National Formulary.

Equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, and included an automated external defibrillator (AED). 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.

There was a system to ensure that all medicines and equipment were checked on a regular basis to confirm they were in date and serviceable should they be required.

Are services safe?

Records we saw showed that the emergency medicines were checked weekly and the oxygen and AED were checked on a daily basis. These checks ensured the oxygen cylinder was sufficiently full, the AED was fully charged and the emergency medicines were in date. We saw that the oxygen cylinder was serviced on an annual basis.

One recommended medicine which the practice kept was not listed on the checklist, although it was in date at the time of the inspection. The practice manager told us they would add this to the checklist.

Staff had completed practical training in emergency resuscitation and basic life support in January 2014 and online training within the last 12 months.

Staff recruitment

The practice had a recruitment policy and there was a cover sheet which stated that the policy had been reviewed annually in April of each year and was next due for review in April 2017. We reviewed five staff recruitment files and saw evidence that some of the appropriate recruitment checks were present, such as qualifications, photographic proof of identification and registration with the appropriate professional body.

The practice manager and the dental nurse had not had a check through the Disclosure and Barring Service (DBS) checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. They were long standing employees and a risk assessment had been completed in July 2016 which indicated that the assessment had been undertaken until a DBS certificate could be obtained. However the DBS checks had still not been applied for. We were unable to see evidence of references as we were told they were held at the head office.

Monitoring health & safety and responding to risks

The practice had some systems to identify and mitigate risks to staff, patients and visitors to the practice.

The practice had a health and safety policy which was updated in April 2016 and was accessible for all staff to reference in a folder. A health and safety risk assessment had been carried out and last reviewed in April 2016 and included risk assessments for blood and saliva, sharps, clinical waste disposal, the autoclave, radiation and slips trips and falls.

A fire risk assessment had been carried out in December 2012 but had not been reviewed since then. Actions had been identified as a result of the fire risk assessment in the areas of procedures, training, fire doors and electrical installation but there was no evidence available to show that these had all been implemented. For example it was identified that written fire procedures should be introduced relating to the evacuation of the premises in the event of a fire and staff trained in these procedures. We saw that there was a fire precautions policy available which referred to fire procedures but there were no documented fire procedures available and the practice manager was not aware of a written evacuation plan.

Staff had received online fire safety training in July 2016 and there was an appointed fire marshal. We saw that a fire drill had last been undertaken in June 2016. Checks of equipment such as emergency lighting had been carried out on a weekly basis.

There were some arrangements to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information pertaining to some of the hazardous substances used in the practice with a risk assessment and safety data sheet for each product which detailed actions required to minimise risk to patients, staff and visitors. However there was no COSHH information available relating to the cleaning products used by the cleaners contracted to carry out the environmental cleaning of the practice. Additionally on the day of our inspection we found that the cleaning products were not stored securely as they were in an unlocked room next to the waiting room.

There was a business continuity plan available for major incidents such as fire, loss of telephone services, power failure or flood.

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We discussed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

Are services safe?

The practice had an infection control policy which was reviewed in April 2016. This gave guidance on areas which included the decontamination of instruments and equipment, hand hygiene and waste disposal and environmental cleaning of the premises.

The decontamination process was performed in a dedicated decontamination area. This was two rooms divided by a corridor, the first where decontamination and sterilisation took place before being transferred to the second room for pouching and storage of sterilised instruments. We discussed the process with the dental nurse.

The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a defined system of zoning from dirty through to clean. The process included the instruments being cleaned in an ultrasonic bath (this is designed to clean dental instruments by passing ultrasonic waves through a liquid) and then transferred to a washer disinfectant, (a machine for cleaning dental instruments similar to a domestic dish washer). Instruments were then inspected under an illuminated magnifier before being sterilised in an autoclave (a device used to sterilise medical and dental instruments). After this the instruments were transferred to the separate clean area and placed in sealed pouches and dated with a use by date. The dental nurse demonstrated that there were systems to ensure that the autoclave and ultrasonic bath used in the decontamination process were working effectively.

We saw that the required personal protective equipment was available and worn by staff throughout the decontamination process.

The segregation and storage of clinical waste was generally in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and general waste were used and stored in accordance with current guidelines, with the exception that the clinical waste bin at the rear of the premises was not stored securely. The practice manager told us they would arrange for this to be secured. The practice used an appropriate contractor to remove clinical waste from the practice. We saw waste consignment notices to this effect.

Practice staff told us how the dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings) they

described the method they used which was in line with current HTM 01 05 guidelines. We saw a Legionella risk assessment which had been carried out at the practice by an external company in May 2015. There were a number of recommended procedures identified in the risk assessment. There was no evidence available that these had been implemented. These included the implementation of control measures such as monthly water temperature monitoring checks and staff training. Following our inspection the practice sent us evidence that legionella training had now been carried out and that they would review the other actions.

We saw evidence that some clinical staff had been vaccinated against Hepatitis B (a virus that is carried in the blood and may be passed from person to person by blood on blood contact). However this was not evident for all clinical staff on the day of our inspection.

We saw that the four dental treatment rooms, waiting area, reception and toilets were clean, tidy and clutter free. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms, the decontamination room and toilet. Hand washing protocols were also displayed appropriately in various areas of the practice.

Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

The practice contracted a cleaning company to carry out environmental cleaning tasks. This was carried out twice a week which was not in line with the practice's own cleaning schedule or the National Patient Safety Agency (NPSA) guidance relating to 'The national specifications for cleanliness in the NHS' which stated that areas such as toilets and floors should be cleaned on a daily basis. We raised this with the provider who told us that going forward practice staff would carry out additional environmental cleaning tasks.

The practice followed the nationally recognised colour coding system for cleaning equipment.

Equipment and medicines

Staff told us they had enough equipment to carry out their job and there were adequate numbers of instruments available for each clinical session to take account of decontamination procedures.

Are services safe?

We saw evidence that equipment checks had been regularly carried out in line with the manufacturer's recommendations. The practices' X-ray machines had been serviced and calibrated as specified under current national regulations in October 2015. Portable appliance testing (PAT) had been carried out in October 2016. The washer disinfectant and the ultrasonic bath had been serviced in September 2016. The autoclave was new but there was no validation certificate available for inspection on the day of our visit.

Dentists used the British National Formulary but were not aware of the yellow card scheme to report any patient adverse reactions to medicines through the MHRA. The batch numbers and expiry dates for local anaesthetics were recorded in patients' clinical notes. There was not a secure system to track prescriptions through the practice although prescription numbers were recorded in patients' clinical notes. Following our inspection the provider sent evidence that they had introduced a prescription logging system.

We found that the glucagon which the practice held for emergencies was being stored in the refrigerator. However the temperature of the refrigerator was not being monitored to ensure a temperature of 2-8°C was being maintained. Glucagon can be stored outside of a refrigerator but with a shortened expiry date of 18 months. We spoke with the provider who told us they would order new stock and shorten the expiry date rather than keep it in the fridge.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

The practice had an intra-oral X-ray machine in each of the four treatment rooms; these can take an image of one or a few teeth at a time. The practice displayed the 'local rules' of the X-ray machine in the room where each X-ray machine was located.

The practice used exclusively digital X-rays, which were available to view almost instantaneously, as well as delivering a lower effective dose of radiation to the patient.

The practice kept a radiation protection file which contained the names of the Radiation

Protection Advisor and the Radiation Protection Supervisor and demonstrated that the X-ray machines had undergone testing and servicing in line with current regulation.

On the day of our inspection we found that one of the dentists was not up to date with radiation training as specified by the General Dental Council as evidence of training was not available for one of the dentists. Following our inspection the practice sent us evidence that the required five hours of training had been completed online on the day of our inspection.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with both dentists who demonstrated their awareness of National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines in relation to wisdom tooth removal, dental recall intervals and antibiotic prophylaxis for patients at risk of infective endocarditis (a serious complication that may arise after invasive dental treatments in patients who are susceptible to it).

The dentists we spoke with carried out consultations, assessments and treatment in line with recognised general professional guidelines. The dentists described to us and showed us records which confirmed how they carried out their assessment of patients for routine care. The assessment began with the patient completing a medical history questionnaire and we noted that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer.

Following the clinical assessment the diagnosis was then discussed with the patient and different treatment options explained.

Dental care records that were shown demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores. (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums).

Our discussions with the dentists suggested that the decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners directive. The justification for taking an X-ray as well as the quality grade, and a report on the findings of that X-ray were documented in the dental care record for NHS patients in accordance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. However records we looked at showed that radiographs had been recorded but their grading was not recorded for private patients. The provider told us they would look in to this.

The practice had a rolling programme of audits and we were shown evidence of audits having been undertaken to

assess standards in radiography and the quality of clinical notes. We were shown two undated X ray audits. We were told one had been carried out by the dental nurse that week and the previous one by the trainee dental nurse. The most recent audit demonstrated that both dentists were not meeting the recommended quality standards set by the National Radiological Protection Board (NRPB). We discussed the audits with the provider who advised us that in future the dentists would audit each other's X rays and following our inspection we were sent the cover page of audits carried out by the dentists but not the results. We looked at the most recent record keeping audit from September 2016 and found that both dentists had scored well which was evidenced in the patient care records we looked at.

Health promotion & prevention

Staff were aware of guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. This is an evidence-based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The practice sold a range of dental hygiene products to maintain healthy teeth and gums such as toothbrushes and mouthwashes. These were available in the reception area. A wide range of health promotion leaflets and information was available in the waiting area which included an oral health display.

Dentists told us they regularly provided smoking and alcohol cessation advice to patients. Staff were aware of local smoking cessation services and there was information and leaflets available for patients wanting to give up smoking. We reviewed a sample of dental care records which demonstrated dentists had discussed oral health advice with patients.

Appointments were available with a hygienist in the practice two days per week to support the dentists in delivering preventative dental care. A dentist we spoke with told us they provided fluoride varnish applications for children (Fluoride varnish is a material that is painted on teeth to prevent cavities or help stop cavities that have already started).

The practice manager told us that in the last 12 months the dental nurse had carried out oral health promotion sessions at two local schools and the local library.

Are services effective?

(for example, treatment is effective)

Staffing

The practice was staffed by two full time dentists. They were supported by two dental hygienists (who each worked in the practice one day per week), a qualified dental nurse, a trainee dental nurse and a practice manager/receptionist. Prior to our visit we checked the registrations of the dental care professionals and found that they all had up to date registration with the General Dental Council (GDC). We asked to see evidence of indemnity cover for relevant staff (insurance professionals are required to have to cover their working practice) and saw that cover was in place for both dentists but was not available for the dental nurse. Following our inspection the practice confirmed that this had not been in place but provided evidence that indemnity insurance had now been acquired.

The majority of staff were longstanding and patients commented on how polite and efficient staff were and appreciated the continuity of staffing. We found that staff had good access to ongoing training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, orthodontic therapists and dental technicians. The provider told us they monitored the training needs of staff by means of a training matrix and we found that clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control and safeguarding. However we found that one of the dentists did not have up to date training in radiography although this was undertaken on the day of our inspection.

Records at the practice showed that relevant staff had last received an annual appraisal in August 2016. This was conducted by the area manager. We also saw evidence of an induction programme. We discussed this with the newest member of staff and they told us it had been very effective and supportive.

Working with other services

The practice manager explained how they worked with other services. The dentists referred patients to a range of specialists in primary and secondary services when the treatment required was not available in the practice.

The practice used an electronic referral management system and one of the dentists we spoke with told us how they checked the system for messages to ensure referrals were followed up and patients were seen in a timely manner.

Consent to care and treatment

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff we spoke with had undertaken training in and demonstrated a sound knowledge of the act and its relevance when dealing with patients who might not have capacity to make decisions for themselves and a best interest decision may be required. They also demonstrated their understanding regarding Gillick competence which relates to children under the age of 16 being able to consent to treatment if they are deemed competent.

We spoke with one of the dentists and found they had a clear understanding of consent issues and that they described how they explained different treatment options and gave the patient the opportunity to ask questions before gaining consent. Leaflets were also available relating to certain treatments which patients could take away to aid their decision making.

We viewed a small sample of patients' dental care records which recorded that verbal consent had been given. We saw treatment plans which outlined the proposed treatment, any alternative

treatments available and their estimated costs. Patients opting for private treatment were given a printed form to sign which detailed their options, the treatment agreed and the cost.

However we found that written treatment plans and estimates of costs were no longer given to NHS patients as the practice used an electronic system for gaining patients' signatures on NHS dental treatment plans (FP17DC) and the system did not currently support issuing a copy of the plan for patients. This was not in line with The General Dental Council (GDC) Standards which state that patients must be given a written treatment plan, or plans, before their treatment starts and a copy retained in their notes. We raised this with the provider who told us they would review the system to enable all patients to receive a copy of their treatment plan.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before our inspection, Care Quality Commission (CQC) comment cards were left at the practice to enable patients to tell us about their experience of the practice. We also spoke with patients on the day of our inspection. We received feedback from 37 patients which provided a very positive view of the service the practice provided. Patients expressed satisfaction with the quality of care they had received and reflected that they were treated with dignity and respect. Staff were described as welcoming, considerate, kind, caring and reassuring. During the course of our inspection we observed staff interacting with patients and noted that they were friendly, knowledgeable and professional.

The confidentiality of patients' private information was maintained as patient care records were computerised and practice computer screens were not visible at reception which ensured patients' confidential information could not be seen.

Treatment room doors were closed when patients were with dentists and conversations between patients and dentists could not be overheard from outside the rooms.

Involvement in decisions about care and treatment

From our discussions with dentists, extracts of dental care records we were shown and feedback from patients it was apparent that private patients were given clear treatment plans which contained details of treatment options and the associated cost. However this was not available for NHS patients.

A price list for private and NHS treatment was displayed in the waiting rooms and was also available in leaflet form.

Patients commented that they felt listened to and time was taken to explain treatments to them fully.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we found that the practice had good facilities and was well equipped to treat patients and meet their needs.

We looked at the variety of information available to patients and saw that the practice waiting area displayed a wide range of information. This included the practice patient information leaflet and leaflets about the services offered by the practice, health promotion, complaints information and the cost of treatments. The patient information leaflet advised on opening hours, emergency arrangements for both when the practice was open and when it was closed and patient confidentiality. There was no practice website available.

Patients commented that they were able to get appointments easily and sufficient time was given for appointments to allow for assessment and discussion of their needs.

Tackling inequity and promoting equality

Practice staff told us that they treated all patients equally while accommodating their individual needs. One patient commented on how understanding the staff were when dealing with children with special needs. All services were on the first floor of the premises and facilities were accessible to all patients, including those patients with limited mobility, as well as parents and carers using prams and pushchairs as there was a lift installed. There was also a disabled friendly toilet.

The practice were able to access an interpreting service to support patients whose first language was not English if this was required and this facility was advertised on a poster in the reception area and in the practice leaflet. A number of staff in the practice also spoke a variety of languages. The practice had a hearing loop to assist hearing aid users.

Access to the service

The practice was open from 9.00am to 6.30pm on Monday and Wednesdays, 9.00am to 5.00pm on Tuesdays and Thursdays and 9am to 2pm on Fridays. The practice closed for lunch from 1.00pm to 2.00pm except on Fridays. There was ample car parking to the front of the practice.

The practice used the NHS 111 service to give advice in case of a dental emergency when the practice was closed. This information was publicised in the practice information leaflet and through the telephone answering service when the practice was closed.

The practice told us they would arrange to see a patient on the same day if they were in pain or it was considered urgent. Comments from patients confirmed this and described how accommodating the practice was in these circumstances.

The practice did not have a website. Patients were therefore not able to access information or check opening times or treatment options on-line via this means.

The practice operated an e mail and telephone reminder service for patients who had appointments with the dentists. Patients received an e mail a week before their appointment was due and a telephone call the day before their appointment was due.

Concerns & complaints

The practice had a complaints policy which had been reviewed in April 2016. The policy 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 policy.

Information about how to complain was displayed in the waiting room and in the practice leaflet for both private and NHS patients. The practice manager was the designated responsible person who received all complaints in the practice.

We were shown a summary of complaints and saw that there had been eight formal complaints received in the 12 months prior to our inspection. The documentation showed the complaints had been remedied appropriately.

We also saw evidence that complaints had been discussed in practice meetings.

Are services well-led?

Our findings

Governance arrangements

During our inspection we found that the systems and processes within the practice had not always been operated effectively. Governance arrangements were in place but some areas identified during our inspection indicated a lack of oversight. For example: Arrangements relating to staffing were not effective as two long standing employees did not have a DBS certificate. A risk assessment completed in July 2016 stated a DBS certificate would be obtained. However the DBS checks had still not been applied for at the time of our inspection. We were unable to see evidence of references for staff as we were told they were held at the head office.

Evidence was not available that all clinical staff had been vaccinated against Hepatitis B (a virus that is carried in the blood and may be passed from person to person by blood on blood contact).

The system for dealing with safety alerts was not effective. There was no log of safety alerts received or actioned by the practice. Published alerts had not always been acted upon.

Appropriate indemnity cover had not been sought for one member of staff. Dental care records relating to X-rays were not in accordance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000 in respect of private patients.

Risk assessments had been carried out but identified actions not addressed. A fire risk assessment had been carried out in December 2012 but had not been reviewed since then. There was no evidence that actions identified as a result of the risk assessment in the areas of procedures, training, fire doors and electrical installation had all been implemented. Similarly, a legionella risk assessment had been carried out at the practice in May 2015. Recommended procedures and control measures had not been implemented such as monthly water temperature monitoring.

There was a programme of clinical and non-clinical audits in place for the purpose of monitoring quality and to make improvements. We saw that areas that had been audited included infection control, X-rays, record keeping, referrals, medical histories, application of fluoride varnish for children, waiting times and disability access and consent.

However, the system the provider used for monitoring the quality of X-rays was not effective. The most recent audit demonstrated that both dentists were not meeting the recommended quality standards set by the National Radiological Protection Board (NRPB) but there was no evidence of actions to address this. Additionally it had not been identified that one of the dentists did not have up to date radiation training and the previous audit had been carried out by a member of staff who was not qualified to do so.

The practice had policies and procedures to provide guidance to staff. None of the policies were dated however; documentation indicated all policies would be reviewed in April each year. We reviewed policies which included those which covered infection control, health and safety, complaints and safeguarding children and vulnerable adults. We found that the practice were not always following their own policies and procedures, for example in respect of the frequency of cleaning and their fire policy.

Leadership, openness and transparency

The practice manager had responsibility for the day-to-day running of the practice. Overall accountability for the practice was held by the registered manager who was not based at the practice but was available for support remotely, as was the provider.

Staff told us they liked working in the practice and worked closely together as a team. We saw evidence of monthly staff meetings which staff were encouraged to participate in. The meetings had a set agenda, were minuted and were available for staff unable to attend.

The practice had a whistleblowing policy which 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. Staff told us they felt able to raise concerns and were listened to and supported if they did so. This was evidenced by minutes of a meeting which reflected a record of concerns raised by a member of staff. Staff we spoke with were aware of the duty of candour.

Learning and improvement

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We found that with the exception of

Are services well-led?

one member of staff not having current training in radiography and radiation protection (related to X-rays); clinical staff were up to date with the recommended CPD requirements of the GDC.

The practice had a trainee dental nurse who was supported in her learning by the other dental nurse as well as the dentists.

We were shown evidence that staff had undergone regular appraisal where appropriate, which were used to identify staff learning needs.

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

The practice participated in the NHS Friends and Family Test which was an indication of how well they were performing. Over the last three months 50% of patients had said they were extremely likely to recommend the practice. There was also a suggestion box in the waiting area for patients to leave any comments. We were told patients'

feedback was discussed and acted upon. For example, we were told patients had commented on a lack of information about treatment costs and as a result this information had been made more prominent.

There had been 14 patient reviews recorded on the NHS Choices website in the year up to this inspection. Reviews were mixed with ten positive and four negative reviews. We saw that the practice had responded to the negative patient comments on the NHS Choices website.

We also saw evidence that the practice had carried out a patient survey relating to each dentist in August 2016 to gauge patient satisfaction.

Staff told us that they felt listened to and able to make suggestions. We saw evidence of a practice meeting where a staff member had raised concerns which had been discussed. However there was no record of the outcome of this available.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not operate effective systems and processes to assess, monitor and mitigate the service and risks to the health and welfare of people who used the service.</p> <p>This included:</p> <ul style="list-style-type: none">• The risks associated with fire and legionella had not been reviewed and mitigating actions identified not implemented.• Policies and procedures were available but not always followed.• There was no log of safety alerts received or actioned by the practice. Published alerts had not always been acted upon.• The system for monitoring the quality of X-rays was not effective as they were not carried out by qualified staff, the findings were not acted upon and not all staff had current training.• Necessary employment checks had not been undertaken for all staff and the required specified information in respect of persons employed by the practice was not held there. <p>Regulation 17(1)</p>