Care Quality Commission

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Highview Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 15 February 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

High View Dental Practice has a principal dentist who works full time, two qualified dental nurses who are registered with the General Dental Council (GDC) and a practice manager who also works on the reception. The practice's opening hours are 9am to 6pm on Monday, Wednesday and Thursday, 9am to 7.30pm on Tuesday and 8am to 1pm on Friday. The practice is closed for one hour each day at lunchtime.

Highview Dental Practice provides NHS and private dental treatment for adults and children. The practice has two dental treatment rooms on the ground floor. There is a separate decontamination room for cleaning, sterilising and packing dental instruments. There is also a reception, waiting area and three patient toilets on the ground floor.

Before the inspection we sent Care Quality Commission 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 feedback from nine patients who provided a positive view of the services the practice provides. All of the patients commented that the practice was always clean, staff were efficient and friendly and the quality of care was good.

Our key findings were

Summary of findings

- Systems were in place for recording significant events, accidents and safety alerts although there was no documentary evidence to demonstrate that learning outcomes had been discussed with staff.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients were treated with dignity and respect.
- The practice was visibly clean and well maintained.
- Infection control procedures in place were not robust, staff were re-using some single use items, the practice's infection prevention and control audits were not being completed on a six monthly basis and there was no evidence to demonstrate action had been taken to address issues identified. There was no evidence that one piece of equipment used in the decontamination process had been serviced and maintained.
- Emergency equipment for dealing with medical emergencies reflected published guidelines. Staff had completed annual update training regarding dealing with medical emergencies.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- Governance arrangements in place for the smooth running of the practice were not robust; the practice did not have a structured plan in place to continuously audit quality and safety including infection control and radiographs.

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. This includes: implementing an effective audit system; meeting the requirements of the Control of Substances Hazardous to Health (COSHH) Regulations 2002; working in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013; meeting the Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections; the management of medicines and equipment; servicing, maintenance and ongoing checks of equipment; ensuring staff remain up to date with their continuing professional development requirements; the management of effective fire safety training including the provision of fire drills; the on-going assessment and supervision of all staff employed and ensuring dental care records are maintained appropriately.

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

- Review the practice's responsibilities to the needs of people with a disability and the requirements of the Equality Act 2010 and ensure an Equality Act audit is undertaken for the premises.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

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.

Systems were in place for recording significant events and accidents and staff were aware of the procedure to follow for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Medicines for use in an emergency and emergency medical equipment were available. Documentation seen demonstrated that checks were being made to ensure equipment was in good working order and medicines were within their expiry date. Staff had completed update training in responding to a medical emergency.

Documentary evidence did not demonstrate that rubber dam was used by dentists and there were no rubber dam kits available at the practice. We were not provided with information to demonstrate that any other safety mechanisms were in place.

A number of dental materials stored in the treatment rooms were out of date as they had passed their expiry dates. The principal dentist confirmed that systems would be put in place to ensure that this did not re-occur.

There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Some infection control issues were identified. For example, infection control audits were not being completed on a six monthly basis. There was no documentary evidence available to demonstrate action taken following issues identified during the September 2014 audit completed. Staff were using the incorrect sink to manually clean instruments during the decontamination process. Equipment used during the decontamination process was not being regularly tested and there was no evidence to demonstrate that one autoclave had been serviced recently. Instruments were pouched and dated with the date of processing and not the date of expiry and equipment was transported back to the treatment room by hand and not in a designated container..

Are services effective?

No action

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

Documentation seen did not always demonstrate that the practice used oral screening tools to identify oral disease. Patients and staff told us that explanations about treatment options and oral health were given to patients in a way they understood and risks, benefits, options and costs were explained.

Summary of findings

Staff received professional training and development appropriate to their roles and learning needs. However we were not provided with information to demonstrate that the principal dentist had completed the required amount of CPD regarding radiology and radiation protection.

Are services caring?

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

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Staff treated patients with kindness and respect and were aware of the importance of confidentiality. Feedback from patients was positive. Patients praised the staff and the service and treatment received. Patients commented that staff were professional, friendly and helpful.

Are services responsive to people's needs?

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

Patients had good access to treatment and urgent care when required. The practice had level access to the building, ground floor treatment rooms and a toilet which had been adapted to meet the needs of patients with a disability. However, there was no hearing loop to support patients with a hearing impairment.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

There was a clearly defined management structure in place. The principal dentist was responsible for the day to day running of the practice.

Governance arrangements were not fully embedded within the practice. The practice did not hold formal staff meetings and there were no formally documented systems for the sharing of information.

There was insufficient evidence to demonstrate that the practice adequately audited infection prevention and control and radiography. We were told that radiography audits did not take place. Infection control audits were not completed on a six monthly basis and there was no evidence to demonstrate that issues identified had been acted upon.

The practice website enabled patients to complete satisfaction surveys and the friends and family test.

Some dental materials in the treatment room had passed their expiry date and required disposal. The principal dentist confirmed that a system would be put in place to ensure that this did not happen again.

Summary of findings

We were told that formal appraisal meetings did not take place. The practice manager felt that as they were such a small team discussions were held on an ongoing basis. Staff spoken with said that they could speak with the practice manager or principal dentist at any time to discuss issues, concerns or to request training.

Staff told us the provider was approachable and supportive and the culture within the practice was open and transparent.

Care Quality Commission

Highview Dental Practice

Detailed findings

Background to this inspection

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

This inspection took place on 15 February 2017 and was led by a CQC inspector and supported by a specialist dental advisor. Prior to the inspection, we reviewed information we held about the provider. We asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During our inspection we toured the premises; we reviewed policy documents and staff records and spoke with three members of staff, including the registered provider. We looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the computer system that supported the dental care records.

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.

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems in place to enable staff to report accidents, incidents and near misses. A near miss reporting folder and accident book were available. We looked at the accident reporting book and saw that there had been no accidents since 28 July 2014. Sufficient information was recorded regarding this accident and any action taken.

An adverse incident and near miss reporting and management policy had been implemented in December 2012. This policy also covered the Reporting of Injuries, Diseases and Dangerous Occurrences regulations (RIDDOR). The practice manager told us that there had been no events at the practice that required reporting under RIDDOR.

We discussed significant events with the practice manager and were told that there had been none to report. However, whilst reviewing the practice's information governance folder we saw that there had been a burglary at the practice in 2015. The practice's CCTV monitor and camera had been taken. The practice's incident management policy stated that 'attempted or actual theft of equipment and/or access by unauthorised persons' should be reported as an incident. The practice had completed a patient information incident report form regarding this.

The principal dentist had been appointed as the significant events lead and staff spoken with were aware who held this role. Incident reporting forms were available. We saw that a near miss had been reported in 2012 which related to a potential breach of personal data. Information regarding notification of a security breach, privacy and electronic communication regulations had been made available to staff following this and sufficient action had been taken to try and reduce the risk of this type of incident re-occurring.

Systems were in place to receive national patient safety and medicines alerts. The practice manager told us that these were received by email, checked and appropriate action taken if necessary. Any relevant to the practice would be kept on file. The practice manager was able to recall some of the recent alerts received but confirmed that copies of information had not been kept as they did not relate to equipment at the practice.

Reliable safety systems and processes (including safeguarding)

The practice had a policy in place regarding child protection and safeguarding vulnerable adult's which had been reviewed on an annual basis with the date of last review being January 2017.

The practice manager had been identified as the safeguarding lead and the staff spoken with were aware that they should speak to this person for advice or to report suspicions of abuse. Details of how to report suspected abuse to the local organisations responsible for investigation were available. For example Dudley multi-agency safeguarding team, Dudley children's safeguarding board and childline. We were told that there had been no safeguarding issues to report.

The practice manager provided in-house training for staff regarding 'the dental team and protection of children and vulnerable adults'. This gave staff information regarding the types of abuse, injuries and signs to look for. Staff had also completed safeguarding training as part of their core continuous professional development training (CPD).

Accident records demonstrated that there had been no sharps injuries since 2014. We discussed the sharps risk assessment with the principal dentist who provided a copy of a recent risk assessment dated December 2016. A blank audit tool for self-assessment of compliance with sharps injury policy and a blank sharps injuries checklist were on file. A sharps injury policy and procedure for dealing with inoculation injuries was available. Sharps bins were stored in appropriate locations which were out of the reach of children.

We discussed the practice's systems for disposal of sharps. We were told that the dental nurse removed needles following administration of a local anaesthetic to a patient. The practice was not using safer sharps. We saw that local anaesthetic syringes were unpouched and loose in a drawer in a treatment room. This increased the risk of a sharps injury to staff.

We asked about the instruments which were used during root canal treatment. We could not find evidence to demonstrate that root canal treatment was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root

canal work). The practice had not completed a risk assessment to demonstrate the level of risk involved when not using rubber dam. We were not provided with any information regarding the rubber dam alternatives in use.

Medical emergencies

Some systems were in place to manage medical emergencies at the practice. Staff had received annual training in basic life support in August 2016. Emergency equipment including oxygen and an automated external defibrillator (AED) (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm), was available.

Emergency medicines were available in line with those recommended in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. Records were available to demonstrate that emergency medical equipment and medicines were checked at appropriate intervals by staff. However we noted that one medicine to be used in a medical emergency had passed its expiry date.

We saw that a first aid kit was available which contained equipment for use in treating minor injuries.

Staff recruitment

We discussed recruitment of staff with the practice manager. We were told that there were no formally documented staff recruitment files as all staff had been employed at the practice for over 8 years. The newest member of staff was employed prior to regulation by the Care Quality Commission (CQC). (Dental practices were required to register with the CQC under the Health and Social Care Act in 2011).

We were shown a copy of the practice's recruitment policy which had been implemented in 2013 and which had been reviewed on an annual basis thereafter. This policy recorded information included in Schedule three of the Health and Social Care Act regarding Information Required in Respect of Persons Employed. We were told that if any staff were to be employed they would ensure that all information as per Schedule Three was available. A standardised recruitment pack was available for future use including pre-employment medical information, application forms, reference request forms and NHS employment checks.

Guidance information provided by Denplan regarding Disclosure and Barring Service (DBS) checks was available. We were told that DBS checks had been completed for all staff and in the recruitment files that we reviewed we saw documentation to demonstrate that these had been completed in 2013. 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.

The practice planned for staff absences to ensure the service was uninterrupted. We were told that there were enough dental nurses to provide cover during times of annual leave or unexpected sick leave. Staff said that they were part time and would all work to help each other if necessary. There were enough staff to support dentists during patient treatment and these clinicians always worked with a dental nurse.

Monitoring health & safety and responding to risks

The practice had some arrangements in place to monitor health and safety and deal with foreseeable emergencies. We saw that the practice had developed a health and safety policy. This recorded the principal dentist as the health and safety lead and also the first aider at the practice. Other lead roles identified such as accidents and equipment had been allocated to the practice manager.

Risk assessments available included fire, sharps and a general practice risk assessment. The general practice risk assessment was implemented in February 2016 with a review date of February 2017. Information was available for staff regarding 'risk assessment in dentistry' and guidance regarding how to develop a risk assessment. Health and Safety Executive information was available regarding manual handling and display screen equipment. The practice manager confirmed that risk assessments would be developed as necessary.

Information regarding the practice's fire alarm system, location of fire extinguishers and a plan of the building were available for staff to review if needed.

We discussed fire safety with the practice manager and looked at the practice's fire safety file. The practice manager stated that as they were a ground floor practice with a fire safety system in place they were not required to complete fire drills. Staff spoken with were aware of the

muster point for staff and visitors but could not remember completing a fire drill. We saw that a fire and safety maintenance log book was available but this had not been completed.

The practice manager had completed a brief fire safety risk assessment which considered electrical dental equipment as a source of fire. The brief fire risk assessment was dated 12 November 2014 and had not been dated or signed to demonstrate review. During the inspection the practice manager printed off further copies of the risk assessment dated November 2015/16 and November 2016/17. No issues for action were identified on the risk assessment.

Records seen confirmed that fire safety equipment such as fire extinguishers were last serviced in November 2016. The up to date certificate of maintenance provided by an external company was on display in the reception area. We saw that emergency lighting, smoke alarms and fire alarms were last serviced in September 2016.

Details of all substances used at the practice which may pose a risk to health were recorded in alphabetical order in two COSHH files. Safety data sheets were available for each COSHH substance used at the practice. Information provided by the Health and Safety Executive regarding COSHH was also available for staff to view. We saw that cleaning chemicals were kept in an unlocked cupboard which could be accessible to patients.

Infection control

On the day of inspection dental treatment rooms, waiting areas, reception and toilet were visibly clean, tidy and uncluttered. Patient feedback also reported that the practice was always clean and tidy.

A weekly cleaning schedule was available to demonstrate cleaning tasks to be completed on a daily and weekly basis. We saw that when tasks were completed they were signed to demonstrate this by the member of staff who completed the task. We saw that not all areas had been signed to demonstrate work undertaken. For example there was no signature to demonstrate that the reception, toilet or corridor area had been mopped. There was no documentary evidence to demonstrate that the floors were being cleaned on a regular basis.

The practice followed the national colour coding scheme for cleaning materials and equipment in dental premises.

We saw a copy of the infection prevention and control audit completed on 9 February 2017. The practice scored 88%. Prior to this the only other audit on file was dated 29 September 2014. Where issues for action were identified there was no documentary evidence to demonstrate that the required action had been taken. For example staff had answered no to the following questions; are single use plastic aprons disposed of as clinical waste, are opened bottles of sterile water disposed of at the end of each day. However there was no documentary evidence to demonstrate action taken, changes in working practice or training completed regarding this.

Records demonstrated that all staff had undertaken training regarding disinfection and decontamination of dental instruments and infection control in 2014.

We looked at the procedures in place for the decontamination of used dental instruments. A separate decontamination room was available for instrument processing. A dental nurse demonstrated the decontamination process. The dental nurse showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments. A visual inspection was undertaken using an illuminated magnifying glass before instruments were sterilised in an autoclave. Staff wore personal protective equipment during the process to protect themselves from injury which included gloves, aprons and protective eye wear. We identified some issues regarding decontamination processes which were discussed with staff during the inspection as follows:

Although the practice had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination staff were not aware of these. For example staff described the procedure for manual scrubbing of instruments in the ‘clean sink’ but were not cleaning instruments in the sink identified for dirty use.

Instruments were placed in an ultrasonic bath prior to sterilisation. At the end of each cycle a printout demonstrated whether the ultrasonic had passed or failed requirements. The print out for the cycle seen recorded ‘over temperature – cycle failed’. We checked all of the print outs for January and February 2017 and saw that on 31 January 2017 the cycle had also failed due to the ultrasonic bath being over temperature. We were not shown any evidence to demonstrate that the ultrasonic had been serviced or maintained to address issues identified. We

No action

Are services safe?

were shown a service level agreement dated 20 February 2013 which had been signed by the practice manager but not by the organisation who were to complete the servicing of this machine.

We saw that there was an ultrasonic bath daily log sheet with print outs attached but this was not always being completed.

We requested to see the foil tests and protein tests which should be completed to show the ultrasonic cleaner is in good working order. We were shown a foil test which was dated 16 January 2015. We found a new unopened pack of protein residue tests in a drawer. There were no logs completed since November 2014.

We looked at the packaging for some dental burs and saw that they were for single use. We were told that all dental burs that were used were disposed of . Any unused burs were autoclaved and returned to the bur stand. We identified that some burs in the bur stand were rusty.

Although systems were in place to ensure that instruments were safely transported between treatment rooms and the decontamination room. These systems were not robust for return of instruments to treatment rooms following decontamination. We were told, and saw that staff carried instruments by hand back to treatment rooms.

We saw that instruments were pouched and date stamped with the date of processing and not the date of expiry.

We discussed the sterilisation and storage of matrix bands. A matrix band is a thin metal strip that is positioned around the tooth during placement of certain fillings, they can be very sharp. We were told that the band holder was being sterilised and then a metal band was being placed onto the band holder. These were then placed un-pouched in a drawer within the range for bacterial aerosol contamination.

The practice had paperwork regarding management of distilled water. This recorded that distilled water from the purifier should not be kept for more than three days in the stainless steel flasks provided. Records we saw demonstrated that water was often being kept in the flasks for over three days.

We saw evidence to demonstrate that one of the autoclaves used in the decontamination process had been serviced and maintained. However we saw that the make and serial number on the other autoclave in use did not match the service records available. We were not provided with any evidence to demonstrate that this autoclave had been serviced

We asked to see the time, steam, temperature (TST) test strips in use to demonstrate that the autoclaves were in good working order. We were told that these were not completed. We saw a box of TST strips in a drawer but these had expired in February 2016.

The autoclave process log sheet which had been completed by staff until 25 August 2016. We noted that these records were not fully completed. These records had not been completed between 26 August 2016 and 13 February 2017.

We were not shown evidence of start-up, close down or cleaning logs for the decontamination room.

A risk assessment regarding legionella had been carried out by an external agency in March 2015. A further assessment was to be completed in March 2017. Some issues for action identified were outstanding. For example the principal dentist and practice manager were to complete legionella training and we were not shown evidence to demonstrate that this had taken place. We saw that other issues had been addressed; staff were recording the temperature of water from basins where thermostatic mixing valves were located on a weekly basis as required. Other records seen included weekly flushing of infrequently used outlets and monthly cold water temperatures. Following this inspection we were sent a copy of a certificate to demonstrate that the practice manager had completed legionella training during 2015 but we were not provided with information to demonstrate that the principal dentist had completed this training.

Equipment and medicines

We saw that maintenance contracts were in place for essential equipment such as fire safety and X-ray equipment. Records seen demonstrated the dates on which the equipment had recently been serviced.

All portable electrical appliances had received a portable appliance test by an external company in October 2016 and a certificate of testing was available. An inventory of equipment with details of whether the equipment had passed or failed the test was available.

No action

Are services safe?

We looked at the storage of dental materials in treatment rooms and saw that two in use items had passed their expiry date and were no longer fit for use. We were told that these would be disposed of immediately.

We saw that one of the emergency medicines (Glucagon) was being stored in the emergency medical kit. Glucagon is an emergency medicine used to treat people with diabetes who have low blood sugar. This medicine can be either stored in a refrigerator or at room temperature. If stored at room temperature the use by date should be reduced. The practice Glucagon was stored at room temperature but had not had its expiry date shortened and this was therefore out of date. Following this inspection we were provided evidence to demonstrate that a new supply of Glucagon had been ordered and was awaiting delivery.

Radiography (X-rays)

The practice had a radiation protection file. We saw records to confirm that a Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure equipment was operated safely and by qualified staff only.

Copies of the critical examination packs for each of the X-ray sets along with the maintenance logs were available for review. The maintenance logs were within the current recommended interval of three years with the date of last maintenance recorded as 10 February 2017.

During the inspection we were unable to evidence whether the dentist was up to date with the required continuing professional development (CPD) on radiation safety. Following this inspection we were sent a copy of a training certificate which recorded that the dentist had completed core CPD training on 8 March 2014. Amongst other things this recorded that the dentist had completed one hour of radiography and radiation protection training. During or following this inspection we were not provided with sufficient information to demonstrate that the dentist was up to date with CPD regarding radiography and radiation protection.

We were shown an x-ray log which recorded the date, name of patient and reason for taking x-ray. We saw that all x-rays had been graded as one (excellent, no errors). We looked at a sample of patient care records to evidence our findings. We saw that the grade of x-rays was not always recorded in patient notes.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection wediscussed patient care with the principal dentist and checked dental care records to confirm the findings.

Patient records that we were shown were not robust. For example Medical history records had not been either completed or updated at each visit to the practice. One set of patient records shown to us demonstrated that the medical history was updated on 6 November 2014, this patient was a regular attender at the practice but there was no documentary evidence that the medical history had been reviewed or updated since that date. We noted that the dentist was not always recording details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth at each routine appointment. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).

Records seen did not clearly demonstrate that patients had been given full information about cost of treatment.

Health promotion & prevention

The practice was aware of the high importance of preventative care. The practice's website also stresses the importance of preventative care and invites patients to contact the practice for more information. Child oral Health promotion leaflets were available in the waiting room to support patients to look after their teeth. Free samples of toothpaste and interdental brushes were available in the treatment rooms.

We were told that high concentration fluoride toothpaste was prescribed if required.

Staff told us that patients were given advice appropriate to their individual needs such as dietary, smoking cessation and alcohol consumption advice when needed. We were told that patients were encouraged to reduce or to stop smoking and were advised to speak to their GP regarding smoking cessation. Medical history forms completed by patients included questions about smoking.

During appointments with the dentist tooth brushing and interdental cleaning techniques would be discussed using a model of the mouth which visually aided patients understanding. Patients we spoke with said that the practice placed a high emphasis on oral hygiene and always gave lots of helpful advice and information. One patient we spoke with confirmed that the dentist provided a very thorough demonstration of cleaning techniques using interdental brushes and a model of the mouth.

Staffing

Practice staff included a principal dentist who worked full time, two part-time qualified dental nurses registered with the General Dental Council (GDC) and a practice manager who also worked on the reception. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

We discussed training with staff and were shown certificates of training. Staff told us they had access to training 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, dental technicians, and orthodontic therapists. The training certificates that we were shown demonstrated that staff had completed core CPD training on 8 March 2014 and other on-line training on a regular basis thereafter. For example we saw that staff had completed mental capacity act, information governance and secure handling of confidential information training.

An external company provided basic life support training on an annual basis and all other training was completed via on-line, lunch and learn or in house training, review of policies and updates provided by the dentist and practice manager.

We discussed appraisal with the practice manager who told us that appraisal meetings were not being held as they were a very small staff team who held ongoing open discussions regarding training, issues or concerns.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves. For example referrals were made for patients

No action

Are services effective?

(for example, treatment is effective)

who required sedation or oral surgery. Systems were in place to ensure referrals were received in a timely manner. The practice did not have a formal system in place to ensure that patient's had received a referral appointment.

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 did not demonstrate a full understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. We were told that if capacity could not be ascertained and the patient was in dental pain, the minimum amount of treatment would be completed to alleviate the pain. Further assistance would then be sought to ascertain capacity and obtain consent.

We were told that patients were given verbal and written information to support them to make decisions about treatment. Verbal consent was obtained prior to commencing any examination and a written treatment plan with estimated costs was produced for patients to consider before starting treatment. Patients provided their consent to treatment by signing these treatment plans.

No action

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We were told that privacy and confidentiality were maintained at all times for patients who used the service. Patients' clinical records were stored electronically. Computers were backed up daily to secure storage. The computer screens at the reception desks were not overlooked which helped to maintain confidential information at reception. If computers were ever left unattended computer screens would be locked to ensure confidential details remained secure.

At the time of our inspection music was being played in the treatment rooms and in the waiting area. This helped to distract anxious patients and also aided confidentiality as people in the reception area would be less likely to be able to hear conversations held at the reception desk. We were told that music was turned off at the request of patients.

We observed staff were friendly, helpful, discreet and respectful to patients when interacting with them on the telephone and in the reception area. Patients commented that staff were friendly and helpful and the nine comment cards which were completed prior to our inspection provided positive feedback about the practice.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Information was available to patients on the practice website and patients were given treatment plans whether patients were receiving NHS treatment or paying privately. Treatment plans recorded information regarding treatment and any costs involved. However records seen did not always match treatment plans available.

Patients we spoke with told us that they were given detailed explanations and information regarding costs before any agreement was reached to undertake treatment. Patients told us that they were given information leaflets and had the option to go away and think about treatments before any decision was made.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided NHS and private treatment and treatment costs were displayed in the waiting area.

The practice had a website which described the range of treatments offered to patients such as orthodontics, dentures, tooth whitening, root canal, implants, white fillings and veneers. Details of the fees for the private dental plan were available.

We discussed appointment times and scheduling of appointments. We found the practice had an efficient appointment system in place to respond to patients' needs. Patients were given adequate time slots for appointments of varying complexity of treatment. We were told that the patients usually received an appointment which fitted around their work requirements as the practice offered both early morning and late evening appointments.

Staff told us that patients were usually able to get a routine appointment within a day of their request. We were told that patients in dental pain were always seen within 24 hours of their initial contact with the practice.

Feedback confirmed that patients were not kept waiting beyond their appointment time.

Tackling inequity and promoting equality

This practice was suitable for wheelchair users, having ground floor treatment rooms with level access to the front of the building. The practice had separate male, female and an accessible toilet that had been adapted to meet the needs of patients with a disability.

The practice did not have a hearing loop for patients who were hard or hearing or contact details for an external company to provide assistance with communication via the use of British sign language. However staff confirmed that they had not required this service in the past. Other methods were used to communicate with patients who were hard of hearing and staff said that they knew their patients well as the large majority had been attending the practice for many years. We were told that contact details for British sign language interpreters would be obtained if necessary.

We asked about communication with patients who were not able to speak or understand English. We were told that there were no communication issues with patients and staff would be able to find a translation service when this was required.

Access to the service

The practice was open from 9am to 6pm on Monday, Wednesday and Thursday, 9am to 7.30pm on Tuesday and 8am to 1pm on Friday. The practice is closed for one hour each day at lunchtime.

This helped to ensure that those patients with work commitments during Monday to Friday were still able to receive either an early morning or late evening appointment with a dentist.

A telephone answering machine informed patients of the practice's opening hours and also gave emergency contact details for patients with dental pain when the practice was closed during the evening, weekends and bank holidays. Private patients were asked to leave a message to receive a call back from the dentist.

Patients were able to make appointments over the telephone or in person. We were told that patients could access appointments when they wanted them. Emergency appointments were set aside every morning and afternoon. Patients in dental pain would always be seen within 24 hours of calling the practice.

Patients who had seen the dentist in an emergency situation commented on CQC comment cards that they were seen within the hour of their initial phone call to the practice.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. The policy recorded detailed information including contact details such as the private dental complaints service and the health service ombudsman to enable patients to contact these bodies if they were not satisfied with the outcome of the investigation conducted by the practice. Other information was available to staff including information from the dental complaints service about making a complaint, British

No action

Are services responsive to people's needs?

(for example, to feedback?)

Dental Association and Parliamentary and Health Service Ombudsman information regarding handling complaints, standardised letters for responding to complaints and a complaint log form.

The practice manager who also worked on reception was the complaint lead. The practice manager was usually the first point of contact with patients and we were told that where patients wished to make a complaint they were given a copy of the practice's complaint leaflet and data protection leaflet. Information for patients about making a complaint including the complaints policy was also available for patients on the practice website

Staff spoken with were knowledgeable about how to handle a complaint. We were told that any complaints received would be sent to the practice manager and a meeting would be offered with the complainant.

We were told that one complaint had been received at the practice within the last 12 months.

We were told that one complaint had been received at the practice within the last 12 months.

Requirements notice ✖

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 and we identified that some systems for monitoring and improving the quality of services provided for patients were not robust. For example; control of substances hazardous to health items were not securely stored. The practice were not completing fire drills; fire drills would update staff regarding the action to take in the event of a fire. Patient dental care records did not demonstrate that the dentist was following National Institute for Health and Care Excellence guidelines in respect of dental recall. Medical history records had not been either completed or updated at each visit to the practice. The dentist was not always recording details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth at each routine appointment.

We identified some infection prevention and control issues. For example records were not always signed to demonstrate cleaning tasks undertaken. Infection prevention and control audits were not being completed on a six monthly basis and where issues were identified there was no evidence that action had been taken to address issues. During the decontamination of used dental instruments staff were manually scrubbing used instruments in the incorrect sink. The daily log sheet for the ultrasonic bath was not always being completed and on the day of inspection the ultrasonic bath failed its cycle as it was over temperature. Other issues identified included the transportation of dental instruments to treatment rooms, the re-use of single use items, and lack of foil and protein tests for the ultrasonic bath. Staff were not always completing the autoclave process log sheet and were not using time, steam temperature test strips to demonstrate that the autoclaves were in good working order.

Instruments were pouched as part of the decontamination process but had been date stamped with the date of processing and not the date of expiry which is in accordance with current HTM 01-05 guidelines.

Systems were not in place to ensure dental materials in treatment rooms did not pass their expiry date. We saw that a number of items in the treatment room had passed their expiry date and were no longer fit for use.

The practice had policies and procedures in place to support the management of the service, and these were readily available for staff to reference. Policies included health and safety, complaints, safeguarding, and infection control.

The practice had clear lines of responsibility and accountability. The management team consisted of the principal dentist who was supported by the practice manager. Staff said that they could always speak with the practice manager or the principal dentist if they required any advice or support.

Leadership, openness and transparency

Staff we spoke with told us that the culture of the practice was open and supportive. There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff were aware of who held lead roles within the practice such as complaints management, safeguarding and infection control. We were told that the principal dentist and the practice manager held all lead roles. Staff confirmed that the principal dentist or practice manager were always available to provide advice and support. Staff told us that they worked well as a team and provided support for each other.

Staff told us that the principal dentist and practice manager were both approachable and helpful. They said that they were confident to raise issues or concerns and felt that they were listened to and issues were acted upon appropriately.

Learning and improvement

The practice did not have a structured plan in place to audit quality and safety. Audits were requested from the practice manager and we were provided with a copy of the February 2017 infection prevention and control audit. We were told that the practice did not complete any other audits. There was no evidence to demonstrate that infection prevention and control audits had been completed on a six monthly basis and no documentary evidence to demonstrate action taken where issues were identified.

Requirements notice ✖

Are services well-led?

The practice did not hold formally documented practice meetings. We were told that informal meetings were held as and when necessary and ongoing discussions were held regarding any changes at the practice.

Staff told us they had access to training which helped ensure mandatory training was completed; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council. However the CPD file of the principal dentist was not available on the day of inspection. We asked for evidence to demonstrate that the principal dentist was up to date with radiography and radiation protection training and following the inspection we were sent a copy of a training certificate dated March 2014 which recorded that the principal dentist had completed core CPD training including one hour of radiography and radiation protection. We were not shown evidence of any other training undertaken. Dental professionals are highly recommended to complete at least five hours of this training in every CPD cycle.

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

The practice had some systems in place to seek and act on feedback from patients including those who had cause to complain. For example patients were able to complete a satisfaction survey on the practice's website and complete the NHS Friends and Family Test (FFT) online. The FFT is a national programme to allow patients to provide feedback on the services provided.

Patients were able to contact the practice via their website to leave comments or ask questions.

Staff we spoke with told us that they felt supported and involved at the practice. We were told that the management team were open and approachable and always available to provide advice and guidance. Staff said that they could speak with the practice manager or principal dentist at any time if they had any concerns. Staff said that they were kept up to date with any information of note during the regular informal meetings that were held at the practice.

The practice manager confirmed that as they were such a small dental team that worked closely together, formal appraisal meetings in which they received feedback regarding their performance had not taken place.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met The registered person did not have effective systems in place to ensure that the regulated activities at Highview Dental Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included: Adherence to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' was inconsistent. This included. • Staff not utilising the clearly defined clean and dirty zones during the decontamination process. • Staff not routinely completing tests and checks on equipment used during the decontamination process. Where these checks were completed and identified that the equipment had failed the test, staff failed to take any action. • Not addressing issues for action identified in the practice's legionella risk assessment. • The storage of unpouched dental instruments in drawers. There were no audit protocols of various aspects of the service, such as radiography and infection prevention and control at regular intervals to help improve the quality of service and audits did not have documented learning points. The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 were not being followed.

This section is primarily information for the provider

Requirement notices

There was not an effective system in place to ensure the appropriate review of training, learning and development needs of staff members nor an effective process for the on-going assessment and supervision of all staff employed.

Dental care records were not maintained appropriately.

No effective system in place for the identification and disposal of out of date stock.

Fire safety systems including regular fire drills and the ongoing checking of fire safety No systems were in place for the regular testing and maintenance of equipment used in the decontamination process to ensure that they were in good working order.

The failure to review the practice's responsibility with regard to the Control of Substance Hazardous to Health (COSHH) Regulations to ensure that all COSHH items were safely and securely stored.

Regulation 17(1)