

Clover Dental Care Limited

# Clover Dental Care Limited - Sleaford

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 14 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 providing well-led care in accordance with the relevant regulations.

### **Background**

Clover Dental Care Limited is a dental practice providing private care for adults and children. Some treatment is provided under a fee per item basis and some under a dental insurance plan. The practice is situated in a converted property with all patient facilities on the ground floor.

The practice has three dental treatment rooms, There is a separate decontamination room 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 8.30am to 5.00pm on Monday to Thursday and 9.00am to 3.00pm on Fridays.

The practice has one dentist who is able to provide general dental services including endodontic (root canal) treatment and orthodontic treatment. They are supported by a lead dental nurse, four dental nurses who also carry out reception duties, a part time dental hygienist and a part time dental therapist.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

# Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

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 an overwhelmingly positive view of the services the practice provides. Patients commented on the high quality of care, the kind and caring nature of all staff, the cleanliness of the practice and the efficiency of all staff.

## Our key findings were:

- Patients commented that they received excellent care, staff went out of their way to help, were professional and that appointments were flexible.
- The practice was visibly clean and well maintained.
- Infection control standards were in line with national guidance.
- The practice had available medicines and equipment for use in a medical emergency which were in accordance with national guidelines.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- The practice had suitable facilities and was well equipped to treat patients and meet their needs. However the practice did not have access to a translation service or have a hearing loop to support patients with a hearing aid.
- There was a system to identify, investigate and learn from significant events. However a lack of understanding regarding significant events had resulted in events not being reported.
- Governance arrangements were in place for the smooth running of the service. However the practice did not have a system in place for receiving and acting on safety alerts but this was put in place on the day of our inspection.

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 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Review the system for significant events to increase staff understanding in order to encourage reporting of significant events with a view to identifying opportunities for improvement.
- Review the availability of a hearing loop for patients with hearing difficulties and translation services for patients whose first language is not English.

# 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, although there was a lack of understanding regarding significant events which had resulted in events not being reported. Training was planned to address this.

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.

Use of X-rays on the premises was in line with national guidance and relevant regulations.

Infection control procedures were in line with the requirements of the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health. Infection control procedures were audited to ensure they remained effective.

Improvements were required in the processes associated with recruitment of staff and receiving and acting upon patient safety alerts from external organisations.

No action



### Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The clinicians used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

The staff received ongoing professional training and development appropriate to their roles and learning needs. Dental nurses had received training to enable them to carry out extended duties such as fluoride varnish application and taking X rays.

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

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

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 an overwhelmingly positive view of the service the practice provided. Comments reflected that patients were highly satisfied with the care they received and commented on the kind, caring and gentle nature 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 readily available for patients in the practice and on their website.

The premises were adapted and all patient services were on the ground floor. Treatment rooms were fully wheelchair accessible and there was a disabled toilet.

Information about how to complain was available to patients. The practice had not received any complaints in the last three years.

The practice did not have access to a translation service or have a hearing loop to support patients with a hearing aid.

**No action**



## **Are services well-led?**

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

Staff told us that they felt well supported and enjoyed their work.

Staff received regular appraisal of their performance and there were regular practice meetings.

The practice had policies and protocols in place to assist in the smooth running of the practice.

There was an open culture within the practice and staff were well supported and able to raise any concerns within the practice.

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

**No action**



# Clover Dental Care Limited – Sleaford

## 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 14 November 2016. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

During the inspection we spoke with the practice owner who was also the dentist, the lead nurse, two dental nurses and the hygienist.

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. Accident forms were available which aided staff to consider when a report was necessary. The last accident reported was in October 2016.

We saw there were a significant event policy dated March 2016 and a reporting form available to give staff guidance on how to report significant events. There had been no reported incidents.

From our discussions with staff it was apparent that there was a lack of understanding regarding what constituted a significant event as we were given an example of an incident which should have been recorded as a significant event. We were told that training for staff was planned for December 2016 to address this as well and significant events would be added to the staff meeting agenda.

We found that there was no system to receive and act on national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. During our inspection the lead nurse signed up to receive alerts by email and following our inspection provided evidence that alerts had been received and acted upon.

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.

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

The practice had a policy available for safeguarding children and vulnerable adults which was dated March 2016. The dentist and the lead nurse were named as safeguarding leads for the practice and both had received safeguarding training to level 3 to enable them to fulfil this

role. Other staff had been trained to level 2. The policy contained contact numbers for the relevant agency for raising a concern and this information was readily available to all staff.

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 April 2017.

We spoke with the dentist who told us they used 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. We saw that the practice had a supply of rubber dam kits in the practice and that one was used during our inspection.

We spoke with staff about the procedures to reduce the risk of sharps injury in the practice. The practice had carried out a risk assessment relating to sharps and were 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 in place 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 also a community AED situated outside the practice.

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. Records we saw showed that the emergency medicines and oxygen were checked on a monthly basis and the AED on a weekly basis. This was not in line with national

# Are services safe?

guidance from the Resuscitation Council UK which states medicines should be checked at least weekly. 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 having last been serviced in July 2016. On the day of our inspection we found that the adrenaline was out of date. The lead nurse told us they had replaced it the week before and the new stock must have been accidentally disposed of instead of the out of date medicine. Replacement stock was ordered during our inspection.

Staff had completed practical training in emergency resuscitation and basic life support in January 2016 with the exception of the newest member of staff.

## **Staff recruitment**

We reviewed four staff recruitment files which were well organised and saw evidence that appropriate recruitment checks were present, such as qualifications, photographic proof of identification and registration with the appropriate professional body. There was evidence of checks through the Disclosure and Barring Service (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 however did not have a formal recruitment policy document and we also noted that the DBS checks for three members of staff had been carried out by previous employers and were undertaken in 2011 and 2012.

Following our inspection the practice sent us the recruitment policy they had introduced and evidence that appropriate DBS checks had been applied for.

## **Monitoring health & safety and responding to risks**

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

The practice had a health and safety policy dated March 2016 and was accessible to all staff on the practice computer. A health and safety risk assessment had been carried out and last reviewed in October 2016. We saw that this had been reviewed at quarterly intervals and included risk assessments relating to blood and saliva, clinical waste disposal, the autoclave, radiation, gas cylinders and the general premises.

A fire risk assessment had been carried out in December 2014 by an external company. All recommended actions had been implemented and the risk assessment had last been reviewed in February 2016. We saw that there was a fire procedures policy dated March 2016 which gave guidance for staff on actions in the event of a fire. Staff had undertaken a training session in the practice relating to fire evacuation in April 2016.

Staff had received online fire safety training in July 2016 and there was an appointed fire marshal. We saw evidence that fire drills had been undertaken at six monthly intervals, the last one being in June 2016. Checks of equipment such as emergency lighting, fire extinguishers and the fire alarm had been carried out on a weekly basis.

There were some arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a risk assessment place dated January 2016 pertaining to the hazardous substances used in the practice. However there were no specific safety data sheets for each product available which would have given details of actions required to minimise risk to patients, staff and visitors. Following our inspection the practice sent us evidence that these were now available.

There was a business continuity policy dated April 2016 in place for major incidents such as fire, power failure or flood or equipment problems. This gave details of alternative premises to be used if necessary. However the plan did not contain details of contractors who may be required in these instances or staff contact details in order to inform them in an emergency. Following our inspection the practice sent us an updated version which included these details.

## **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.

The practice had an infection control policy which was dated March 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.



# Are services safe?

The decontamination process was performed in a dedicated decontamination room and we discussed the process with one of the dental nurses.

The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a defined system of zoning from dirty through to clean. Instruments were cleaned manually in a dedicated sink before being further cleaned in a washer disinfectant. 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 a sterile area for packaging and date stamped. The dental nurse demonstrated that systems were in place to ensure that the autoclave and washer disinfectant used in the decontamination process were working effectively.

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

The segregation and storage of clinical waste was 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. The practice used an appropriate contractor to remove clinical waste from the practice. We saw the relevant waste consignment notices. (When hazardous waste is moved it must be accompanied by correctly completed paperwork called a consignment note.)

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 August 2016. Control measures had been implemented to reduce the risk of legionella in line with the risk assessment.

We saw evidence 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).

We saw that the three 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 some 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 cleaner to carry out 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. 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 August 2016. Portable appliance testing (PAT) had been carried out in February 2016. The pressure vessel checks on the compressor which produced the compressed air for the dental drills had been completed in April 2016. This was in accordance with the Pressure Systems Safety Regulations (2000). Records showed one of the autoclaves had been serviced in September 2016 and the other in October 2016.

The dentist used the British National Formulary and told us they would report any adverse reactions to medicines to them. The batch numbers and expiry dates for local anaesthetics were recorded in patients' clinical notes.

## Radiography (X-rays)

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

The practice had an intra-oral X-ray machine in each of the three 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.



## Are services safe?

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.

The dentist and dental nurses were trained in radiography and we found that they were all up to date with their radiation training as specified by the General Dental Council.

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 patients as recommended by the Faculty of General Dental Practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We spoke with the dentist and hygienist and found they were following guidelines from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines in relation to lower 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 dentist carried out consultations, assessments and treatment in line with recognised general professional guidelines. The dentist described to us and we looked at 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 we were shown demonstrated that a risk assessment for caries (dental decay) and periodontal (gum) disease was not always formally recorded in patient notes. We discussed this with the dentist and following our inspection they sent us an amended proforma to be used, which included these areas.

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).

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners directive. A justification, grade of quality and report of the X-ray taken was documented in the dental care record.

### Health promotion & prevention

The practice had one waiting room for patients. A range of health promotion leaflets and information was available in the waiting area which included oral health displays; one was aimed at children and relating to gum disease. This

used pouches of sugar as a visual message to make children and parents aware of how much sugar was in different drinks. The other display related to the dental symptoms to be aware of in pregnancy.

The practice sold a range of dental hygiene products to maintain healthy teeth and gums such as toothbrushes, dental floss and mouthwashes. These were available in the reception area.

Children seen at the practice were offered fluoride varnish application and fluoride toothpaste if they were identified as being at risk. This was in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' This has been produced to support dental teams in improving patients' oral and general health. Discussions with the dentist showed they had a good knowledge and understanding of 'delivering better oral health' toolkit. Leaflets in the waiting room explained the importance of fluoride and the benefits for patients' teeth.

The dentist, hygienist, dental therapist and the lead dental nurse were trained as Oral Health Educators and told us they regularly provided smoking and alcohol cessation advice to patients. Staff were aware of local smoking cessation services in order to refer patients. We reviewed a sample of dental care records which demonstrated oral health advice had been discussed with patients.

Appointments were available with a hygienist in the practice at least four days per week to support the dentist 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). We saw that all the dental nurses were also trained to carry this out.

### Staffing

The practice was staffed by the full time principal dentist. They were supported by a dental hygienist, a dental therapist, a lead dental nurse/practice manager, and four dental nurses who also carried out reception duties. 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

# Are services effective?

(for example, treatment is effective)

asked to see evidence of indemnity cover for relevant staff (insurance professionals are required to have in place to cover their working practice) and saw that all staff were covered.

There was a low staff turnover and patients commented that all staff were fantastic and provided a warm and friendly service. They also commented on the consistency of staff and the continuity it provided. 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 dental professionals. We found clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control and safeguarding.

Dental nurses were encouraged and supported to undertake extended duties. For example they had all been trained in fluoride application, impression taking and the lead nurse in oral health education.

Records at the practice showed that relevant staff had last received an annual appraisal in May or June 2016. These included a development plan. We also looked at the records relating to the newest member of staff and found that staff received a comprehensive induction.

## **Working with other services**

The principal dentist 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. We saw that patients were asked to sign a consent form to show they agree to being referred out of the practice for treatment.

The practice also had a system to track and follow up urgent referrals to ensure 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. All staff had undertaken training in MCA and those we spoke with demonstrated 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 the dentist and found they were able to give examples which demonstrated their understanding of consent issues. They told us how they explained different treatment options and gave the patient the opportunity to ask questions before gaining consent. Three of the dental nurses were also treatment co-ordinators. They discussed treatments and options with patients following diagnosis by the dentist and this gave patients the opportunity to fully consider their choices and ask questions before giving informed consent by signing their treatment plan. 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 valid consent had been given.

# 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 an overwhelmingly 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 thoughtful, considerate, calm and gentle. This was reflected during the course of our inspection in the interactions between staff and patients we observed. We saw that staff were welcoming and professional, quickly putting patients at their ease.

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

Confidentiality was maintained during consultations as 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.

A price list for treatments was displayed in the waiting rooms. Information on the cost of monthly payment plans was available on the practice website.

Patients commented that they felt listened to, that time was taken to get to know them and their needs regarding treatment and options were explained to them in order for the decisions to be their own.

# 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.

In the reception area and waiting room we saw there was a range of information available to patients. This included the practice patient information leaflet, leaflets about the services offered by the practice, health promotion, complaints information and the cost of treatments. The patient information leaflet included opening hours and emergency arrangements for both when the practice was open and when it was closed. The practice website also included a guide for patients about services provided for adults and children, information about the team and emergency arrangements.

Patients commented that they were able to get appointments easily and never felt rushed as they were given sufficient time for their appointments. There were also treatment coordinators to go through information and options with patients to make sure they had enough time and the answers to their questions to make treatment choices.

Staff said that when patients were in pain or where treatment was urgent the practice saw patients on the same day. To facilitate this, the practice made a specific appointment slots available for patients who were in pain or alternatively patients could sit and wait to be seen. Comments from patients confirmed how accommodating the practice were when their needs were considered more urgent.

We reviewed the appointment system and found that patients were allocated plenty of time for their treatment and to have discussions with the dentist. The system also identified where patients were being seen in an emergency.

### Tackling inequity and promoting equality

Staff told us they treated all patients equally and had plans to carry out equality and diversity training. Patients commented on how their individual needs were accommodated.

The practice had completed a disability access audit in January 2016 in line with the Equality Act (2010). The practice could accommodate patients with restricted

mobility; with level access to the ground floor treatment rooms. All patient areas were on the ground floor, including a toilet for patients to use. This was compliant with the Equality Act (2010) in that it was a large room with support bars and an emergency pull cord to summon assistance.

The practice did not have access to an interpreting service to support patients whose first language was not English if this was required. They told us this facility had never been needed or requested to date. The practice did not have a hearing induction loop to assist patients who used a hearing aid. The Equality Act (2010) requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices.

### Access to the service

The practice was open from 8.30am to 5.00pm on Monday to Thursday and 9.00am to 3.00pm on Fridays.

There was car parking to the rear of the practice which included a disabled space.

In the case of an emergency when the practice was closed, patients were advised through the telephone answering service who to contact. From Monday to Thursday patients would be given contact details for the principal dentist and over the weekend, the practice participated in a rota system with other local dental practices to deal with emergencies. The contact details for the dentist on cover at that time would be again advised through a recorded message on the telephone answering service. The practice website gave details of what to do in an emergency.

The practice operated a reminder service for patients for their appointments. Patients received an e mail, phone call or text the day before their appointment depending on their identified preference. We saw that staff checked patient contact details to make sure they were up to date.

### Concerns & complaints

The practice had a complaints policy which was dated March 2016. The policy explained how to complain and identified time scales for complaints to be made and responded to. Other agencies to contact if the complaint was not resolved to the patients satisfaction were identified within the policy.

# Are services responsive to people's needs?

(for example, to feedback?)

Information about how to complain was displayed in the waiting room and a complaints procedure leaflet was available for patients. The principal dentist was the person designated as responsible for complaints about the practice.

There had been no complaints received.

# Are services well-led?

## Our findings

### Governance arrangements

There was a governance framework in place which provided a staffing structure whereby staff were clear about their own roles and responsibilities.

Practice specific policies which had been regularly updated were available to all staff. We reviewed policies which included those which covered infection control, health and safety, complaints and safeguarding children and vulnerable adults. We found there was no recruitment policy available on the day of our inspection but this was implemented the following day.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

The team within the practice was led by the principal dentist with governance support from the lead dental nurse. Staff told us they felt able to raise concerns and were listened to and supported if they did so. The staff worked closely together and they were able to express their views and raise points in team meetings. Staff said the dentist was approachable and available to discuss any concerns. Observations showed patients were welcomed with a friendly attitude from staff at the practice. Our discussions with different members of staff showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

The practice had a whistleblowing policy dated April 2016. This policy identified how staff could raise any concerns they had about colleagues' conduct or clinical practice. This was both internally and with identified external agencies. The staff we spoke with showed an awareness of the duty of candour.

We saw evidence of staff meetings being held every six weeks, which staff were encouraged to participate in fully. Additionally, dental nurse meetings were held every four weeks. The meetings were minuted and were available for staff unable to attend.

### Learning and improvement

In the last year, the practice had undertaken a number of audits, both clinical and non-clinical, in order to monitor quality and to make improvements. We saw that areas that

had been audited included infection control, X-rays, clinical record keeping, disability access, domestic cleaning and clinical waste. We found that there were no action plans documented as a result of the audits. We discussed this with the principal dentist and were told that going forward they would include an action plan or that no action was required.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals are required to complete 150 hours over the same period. We saw that key CPD topics such as IRMER (related to X-rays), medical emergencies and safeguarding training had been completed by all relevant staff.

The practice ensured that all staff underwent regular training in cardio pulmonary resuscitation (CPR), infection control, safeguarding of children and vulnerable adults and dental radiography (X-rays). Staff development was by means of internal training, staff meetings and attendance on external courses. Appraisals were used to identify staff learning and development needs.

The practice had achieved the British Dental Association (BDA) Good practice award. This is a quality assurance programme which allows its members to communicate to patients an on-going commitment to working to standards of good practice on professional and legal responsibilities.

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

Comments cards were available in the waiting area to enable patients to give feedback about the service provided. A record was kept of the comments and monitored to identify if any actions were required. There had been 83 cards completed between January and November 2016. All comments were positive, with some suggestions regarding having music in the waiting room. The lead nurse told us this idea had been discussed but not progressed. A patient survey had been carried out in February 2016, the results of which were all positive and had been discussed at a practice meeting.



## Are services well-led?

It was apparent from the minutes of practice meetings that staff were able to raise any issues for discussion which were acted upon. Staff were also confident to discuss suggestions informally.