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# Warwick Road Dental Surgery

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 5 November 2015 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**

Warwick Road Dental Surgery provides general dental services on a NHS basis. The service is provided by the practice owner (provider), two associate dentists and one dental therapist. (A dental therapist works under the prescription of a dentist and can carry out preventative and routine restorative treatment). They are supported by a practice manager and three dental nurses (two of whom are trainees). The dental nurses also carry out reception duties. The practice is located on a main road in a residential area. The premises consist of a reception area and waiting room on the ground floor and one treatment room, office and decontamination room on the first floor. The practice is not accessible to people using wheelchairs. Opening hours are Monday, Wednesday, Thursday and Friday 9am to 5:30pm. The practice is closed on Tuesdays.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

22 patients provided feedback about the practice. We looked at CQC comment cards patients had completed prior to the inspection and we also spoke with three

# Summary of findings

patients on the day of our visit. Patients were positive about their experience and they commented that they were treated with compassion and respect. They said that staff listened to them and were helpful.

## **Our key findings were:**

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained. They had access to an automated external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.
- The practice had systems to assess and manage risks to patients, including infection prevention and control, health and safety, safeguarding and the management of medical emergencies.
- Staff received training appropriate to their roles.
- Patients told us they were treated with respect and dignity by staff. Staff ensured there was sufficient time

to explain fully the care and treatment they were providing in a way patients understood. Patients commented they felt involved in their treatment and that it was fully explained to them.

- Patients were able to make routine and emergency appointments when needed.
- The practice had an effective complaints system in place and there was an openness and transparency in how these were dealt with.
- Staff told us they felt well supported and comfortable to raise concerns or make suggestions.
- There were limited audits undertaken by the practice.

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

- Review the practice's protocols and procedures for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.
- Carry out audits of various aspects of the service, such as dental care records at regular intervals to help improve the quality of service.

# 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.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any incidents in the last 12 months but there was a system in place to act upon any incidents which may occur in the future.

The practice had systems to assess and manage risks to patients, whistleblowing, complaints, safeguarding, health and safety and the management of medical emergencies. They had a robust recruitment process to help ensure the safe recruitment of staff.

Patients' medical histories were obtained before any treatment took place. The dentist was aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

### **Are services effective?**

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

The practice monitored any changes to the patients' oral health and made referrals for specialist treatment or investigations where indicated. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained. Patients' dental care records provided information about their medical history, dental treatment and oral health advice. Record keeping was in line with guidance issued by the Faculty of General Dental Practice (FGDP).

Staff had an excellent awareness about the importance of gaining patients' consent to care and treatment and this was documented. Staff members were familiar with the requirements of the Mental Capacity Act 2005.

The dentists mostly followed national guidelines when delivering dental care. These included FGDP and National Institute for Health and Care Excellence (NICE). We found that a lot of preventative advice was given to patients but the dentists needed to work more closely to follow the guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

### **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. Patient feedback was very positive about the care they received from the practice. They commented they were treated with kindness while they received treatment. Patients commented they felt involved in their treatment, it was fully explained to them and they were listened to.

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

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

# Summary of findings

The practice had an efficient appointment system in place to respond to patients' needs. They were usually able to see patients requiring urgent treatment within 24 hours. Patients commented they could access treatment for emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was an effective procedure in place for acknowledging, recording, investigating and responding to complaints made by patients. This system was used to improve the quality of care.

The practice was unable to accommodate patients with a disability or limited mobility but new patients were always informed of this prior to booking any appointments.

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

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

There was a clearly defined management structure in place and staff all felt supported in their own particular roles.

There were several systems in place to monitor the quality of the service including various audits. The practice used various methods to successfully gain feedback from patients and staff.

Monthly practice meetings were held and minuted. These provided staff the opportunity to discuss concerns and any suggestions

# Warwick Road Dental Surgery

## Detailed findings

### Background to this inspection

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

We inspected Warwick Road Dental Surgery on 5 November 2015. The inspection team consisted of one CQC inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider from various sources. We informed NHS England and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them. We also requested details from the provider in advance of the inspection. This included their latest statement of purpose describing their values and objectives and a record of patient complaints received in the last 12 months.

During the inspection we toured the premises, spoke with the practice manager, one dentist and two nurses/receptionists. We also spoke with patients and reviewed CQC comment cards which patients had completed. We reviewed a range of practice policies and practice protocols and other records relating to the management of the service.

100% of dental care and treatment provided at this practice is NHS.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. We saw evidence they were documented, investigated and reviewed by the practice. The last entry in the Incident book was in August 2015. Staff had access to a policy which outlined the recording of incidents and adverse events. We were told that incidents were always discussed with all staff members; however, this was not always documented. The practice had also registered with the National Reporting and Learning System (NRLS). The NRLS is a central database of patient safety incident reports. All information submitted to them is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care. No accidents had occurred within the last three years.

Staff members we spoke with all understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). No RIDDOR reports had been made in the last 12 months.

The practice responded to national patient safety and medicines alerts that affected the dental profession. We were told that the practice had registered with the MHRA (Medicines and Healthcare products Regulatory Agency). The practice manager was responsible for obtaining information from relevant emails and disseminating the information to all staff members at staff meetings. For urgent alerts, the practice manager told us they would arrange urgent staff meetings so that staff members were made aware at the earliest opportunity.

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

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams – these were displayed clearly in the office. The practice manager was the safeguarding lead in the practice and had completed enhanced training in safeguarding. All dentists and nurses

had undertaken safeguarding training to an appropriate level. There had not been any safeguarding referrals to the local safeguarding team; however staff members were confident about when to do so.

The British Endodontic Society recommends the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field and airway. A rubber dam kit was available in the treatment room and we were told that all dentists were routinely using a rubber dam for all stages of the root canal treatment.

Never Events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. Each Never Event has the potential to cause serious patient harm or death and the practice had a policy in place for staff to follow to prevent the occurrence of these events (such as extracting the wrong tooth).

All staff members we spoke with were aware of the whistleblowing process within the practice. All dental professionals have a professional responsibility to speak up if they witness treatment or behaviour which poses a risk to patients or colleagues.

### Medical emergencies

Within the practice, the arrangements for dealing with medical emergencies were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice had access to emergency resuscitation kits, oxygen and emergency medicines. There was an Automated External defibrillator (AED) present. An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The AED had defibrillator pads present that were in good condition and within their expiry date. However, the practice manager was not certain if these pads were suitable for children in the event of a paediatric emergency requiring the AED. We contacted the practice manager after the inspection and they provided evidence that they had recently ordered paediatric pads. Medical emergency equipment should also contain a set of oropharyngeal airways - these were ordered on the day of the inspection.

# Are services safe?

Staff received annual training in the management of medical emergencies. Medical emergencies were also discussed at practice meetings and we were told that simulated training scenarios took place every 3-6 months. Staff members we spoke with were all aware of the location of the emergency equipment and drugs. They were stored in a secure area.

Records showed regular checks were carried out to ensure the equipment and emergency medicines were safe to use (daily checks of the AED and weekly checks of all other equipment and medicines). The emergency medicines were all in date and stored securely. There was a poster displayed in the decontamination room with details of how to proceed in different medical emergency situations.

## **Staff recruitment**

The practice had a policy for the safe recruitment of staff. This included Disclosure and Barring Service (DBS checks), professional registration, employment contracts, identity checks, references and the immunisation status for staff. We viewed three staff files and they all contained the information stated in their own policy apart from one reference for one staff member. We were told this reference had been provided but they were unable to provide evidence of this on the day of the inspection. We contacted the practice manager after our visit and they had located this reference and forwarded it to us. All other required information was present in the three staff files we viewed on the day of inspection.

The practice had a robust system in place to monitor professional registration and medical indemnity of the clinical staff members. We saw certificates were present and all had been updated to reflect the current year's membership for dentists and dental nurses.

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

We saw evidence of a comprehensive business continuity plan which described situations which might interfere with the day to day running of the practice. This included extreme situations such as loss of the premises due to fire. The plan was specific to the practice and had all relevant contact details in the event of an emergency. All staff members we spoke with were aware of its location.

The practice had arrangements in place to monitor health and safety. Risk management policies were in place. For example, we viewed a fire safety risk assessment

undertaken in September 2015. This was reviewed on an annual basis. We also saw a policy on fire safety in the practice which stated that the escape routes were checked every day. We saw evidence that the fire extinguishers were maintained regularly by an external agency. We saw records that fire alarms were tested weekly and fire drills occurred monthly. Emergency evacuation procedures were also reviewed on a monthly basis. We were told that fire safety training had taken place (which demonstrated the use of fire extinguishers) but the practice did not hold any certificates of this.

Information on COSHH (Control of Substances Hazardous to Health 2002) was available for all staff to access. The practice identified how they managed hazardous substances in their health and safety and infection control policies, for example in their blood spillage procedure. This folder was reviewed annually. The practice had an arrangement with their suppliers so that they produce data sheets for all new materials which can be used to complete the relevant entry in the COSHH folder.

The practice had CCTV installed for the safety of its staff and patients. The main camera was located in the waiting room area. A monitor was present in the treatment room upstairs – this provided live coverage of the waiting room area. This was also visible to patients undergoing treatment in the treatment room. There was a sign present in the waiting area downstairs informing patients and visitors that CCTV was operating in the premises.

## **Infection control**

There was a comprehensive infection control policy and procedures to keep patients and staff safe. This policy was reviewed and updated regularly. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05)'. The practice had a nominated infection control lead who was responsible for ensuring infection prevention and control measures were followed.

We saw evidence that clinical staff were immunised against blood borne viruses (such as Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment room and the decontamination room to be visually clean and hygienic. Several patients commented that the practice was clean and hygienic. Work



## Are services safe?

surfaces and drawers were clean and free from clutter. In the treatment room, there was a small area where the flooring had been repaired. This was brought to the attention of the practice manager and they informed us that they would be replacing the flooring in the treatment room in the new year. In the meantime, the practice manager told us that although the repair to the flooring was a different colour, it was not defective. They told us the repair was a powder and liquid mix that was applied to the flooring to ensure it was smooth and water resistant. They told us it measured exactly the same height as the rest of the flooring and did not evidence any Health and Safety issues.

There were handwashing facilities in the treatment room and staff had access to supplies of personal protective equipment (PPE) for themselves and for patients. We saw that the treatment room did not have clearly designated clean and dirty zones. The practice was computerised and the keyboard in the treatment room was not water-proof and was not covered either.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system was in place to ensure the safe movement of instruments between the treatment room and the decontamination room.

We observed waste was separated into safe and lockable containers for disposal by a registered waste carrier and appropriate documentation retained. Clinical waste storage was in an area where members of the public could not access it. The correct containers and bags were used for specific types of waste as recommended in HTM 01-05. We observed a NHS poster in the decontamination room with details of waste segregation for easy access.

We spoke with one of the nurses about the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments. Clean instruments were packaged, date stamped and stored in accordance with current HTM 01-05 guidelines.

The practice was using an ultrasonic cleaning bath and a washer disinfectant to clean the used instruments; they were subsequently examined visually with an illuminated magnifying glass and then sterilised in an autoclave. The decontamination room had clearly defined clean and dirty zones to reduce the risk of cross contamination. Staff wore

appropriate personal protective equipment during the process and these included heavy duty gloves, disposable gloves, aprons and protective eye wear. Household heavy duty gloves are recommended during the manual cleaning process and should be replaced on a weekly basis for the conventional ones. However, the practice had invested in gloves that could be sterilised in the autoclave. These were sterilised weekly or sooner, if necessary.

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. There appeared to be sufficient instruments available to ensure the services provided to patients were uninterrupted. Staff also confirmed this with us.

The practice manager informed us that all general cleaning (such as the treatment room floor and other rooms in the building) was carried out daily by an external cleaner. Colour coded cleaning equipment and cleaning products were supplied by the practice. The colour coded mops were not stored in an upside down position and appeared to be damp as they were stored in a locked cupboard outdoors. HTM 01-05 recommends that mop heads are stored in an inverted position so that they remain dry. On the day of the inspection, the treatment rooms were visibly clean.

The Department of Health's guidance on decontamination (HTM 01-05) recommends self-assessment audits every six months. It is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. We saw evidence of an audit from September 2015 and two from 2013 but none from 2014. The practice manager told us that they were undertaken every six months but were not always printed because they were submitted online to the local area team. Results of the audits showed that the practice was 99-100% compliant in meeting the standards set by HTM 01-05.

A risk assessment process for Legionella was carried out in July 2015 by an external agency. The results from this assessment placed the practice in a low risk category. An action plan was formulated as a result and advised quarterly checks of the water quality. We saw evidence that the practice was undertaking regular quarterly tests to assess the water quality to check that Legionella was not developing. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). They were also recording water temperature on a monthly basis



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to check that the temperature remained within the recommended range. We viewed a written management scheme and its implementation. Staff members were also following the guidelines on running the water lines in the treatment rooms to prevent Legionella.

## Equipment and medicines

The practice had maintenance contracts for essential equipment such as the X-ray set, autoclaves and the washer disinfectant. We saw evidence that the temperature was being maintained appropriately. We saw a certificate to state that Portable Appliance Testing (PAT) was completed in April 2015. (PAT confirms that electrical appliances are routinely checked for safety).

The batch numbers for local anaesthetics were recorded in patient dental care records. Prescriptions were stamped at the point of issue and stored securely. Prescription numbers were always recorded. The practice had not carried out any prescription audits so they could not be sure the prescriptions were safely given and in line with

current guidelines. Stock rotation of all dental materials was carried out on a weekly basis by the senior dental nurse and all materials we viewed were within their expiry date.

## Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. Local rules were available in the treatment room for all staff to reference if needed.

The results of the X-ray audit in March 2015 demonstrated that the quality of the X-rays needed to be improved to meet guidelines issued by the FGDP for radiographic standards. A subsequent audit in September 2015 showed that improvements had been made and the practice was now meeting the recommended guidelines.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE (National Institute for Health and Care Excellence – this is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment) guidance to determine a suitable recall interval for their NHS patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented and also discussed with the patient.

We talked to the dentist about the oral health assessments, treatment and advice given to patients and corroborated what they told us by looking at patient care records. Clinical records were comprehensive and included details of the condition of the teeth, soft tissues lining the mouth, gums and any signs of mouth cancer. Medical history checks were updated by each patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The Basic Periodontal Examination (BPE) is a screening tool which is used to quickly obtain an overall picture of the gum condition and treatment needs of an individual. We saw that the practice was following the recommended guidance in adults and children. The dentists were not always carrying out a full assessment of the gums where the BPE indicated that the patient had gum disease. However, we saw that patients were otherwise managed appropriately and many were referred to the dental therapist for further gum treatment. The dentists were also recording the patient's individual risk to dental disease. The practice used other guidelines and research to improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they

were required and necessary. Justification for the taking of an X-ray was recorded as well as a report on the X-ray findings. Records showed that treatment options and costs (where applicable) were discussed with the patient.

### Health promotion & prevention

The medical history form patients completed included questions about smoking and alcohol consumption. The dentists we spoke with and the patient records showed that patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. There were posters and oral health promotion leaflets available in the practice to support patients look after their health. Examples included information about tooth decay, oral cancer and children's teeth.

One of the dentists was involved in promoting oral health in the local community. They would often visit local schools and has featured on a local radio station to promote good oral health.

The practice carried out preventative care and supported patients to ensure better oral health by advising them on several factors that affect oral health. Examples included advice on smoking cessation, alcohol reduction and diet. However, the practice needed to refer more to the specific guidance in The Delivering Better Oral Health Toolkit (DBOH). This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. The toolkit is comprehensive and the practice was following many of the guidelines within it. For example, the practice recalled patients appropriately and they were given advice regarding the maintenance of good oral health. Where required, toothpastes containing high fluoride were prescribed. However, the dentists were not routinely carrying out fissure sealants or applying fluoride varnish when recalling children. These two measures are important in further reducing the incidence of decay.

### Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. Staff we spoke with confirmed they had been fully supported during their induction programme.

Staff told us they had good access to ongoing training to support their skill level and they were encouraged to

# Are services effective?

(for example, treatment is effective)

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 and dental technicians. All clinical staff members were registered with the GDC (apart from the trainee nurses as only qualified staff can register) and all certificates were available in the practice. CPD was provided to staff free of charge.

The practice manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. We were told that dental nurses were often transferred from the provider's other local practice and staff were happy to travel between the two locations if required. We were told that this arrangement worked well because the other practice was much larger and employed more staff so there was a lot of flexibility.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager (or senior nurse in their absence). Staff told us the practice manager was readily available to speak to at all times for support and advice. We saw evidence that the staff were receiving annual appraisals and reviews of their professional development.

Some of the dental nurses were interested in additional training which would allow them to undertake extended duties such as taking dental X-rays. The practice encouraged this and staff felt fully supported.

## **Working with other services**

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or

specialist treatment. We viewed two separate referral letters and noted they were both comprehensive to ensure the specialist service had all the relevant information required.

The practice understood the procedure for urgent referrals, for example, patients with a suspected oral malignancy.

Patients were not routinely offered a copy of their referral letter except for orthodontic referrals as there was a carbon copy present in the referral pad.

## **Consent to care and treatment**

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff ensured patients gave their consent before treatment began.

Staff members were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent (in accordance with the Mental Capacity Act 2005). The 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 members we spoke with were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. They were familiar with the concept of Gillick competence regarding the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they preferred. We saw evidence of signed treatment plans and NHS consent forms.

# Are services caring?

## Our findings

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

22 patients provided feedback about the practice. We looked at comment cards patients had completed prior to the inspection and we also spoke with three patients on the day of the inspection. Overall the information from patients was very positive. Patients were positive about their experience and they commented that they were treated with compassion and respect. They said that staff listened to them and were helpful. Staff told us that they always interacted with patients in a respectful and kind manner.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. For example, the door to the treatment room was closed during appointments. We observed staff members were helpful, discreet and respectful to patients. Staff members we spoke with were aware of the importance of providing patients with privacy. Staff said if a patient wished to speak in private an empty room would be found to speak with them. One example of this was when a patient could not read English and needed assistance filling out details of their medical history – this took place in a private area where confidentiality was maintained. We

were told that all staff had individual passwords for the computers where confidential patient information was stored. Staff told us they all logged out of the system whenever the computers were unattended.

We were told that the practice appropriately supported anxious patients using various methods. They would try to book appointments at the beginning of a session so there was less chance of the patient having to wait beyond their given appointment time. For children (especially anxious patients), the dentists used child appropriate language and the tell-show-do technique. The tell-show-do technique is an effective way of establishing rapport as it is very much an interactive and communicative approach.

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

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients were also informed of the range of treatments available.

Examination and treatment fees were displayed on the wall in the waiting area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the premises and facilities were appropriate for the services that were planned and delivered. Patients with mobility difficulties were unable to access the practice as the treatment room was situated on the first floor and there was no lift or escalator. The practice told us they always informed prospective patients that they are located on the first floor and access is via stairs only. This gave patients the opportunity to re-locate to another practice if they had mobility difficulties. However, the provider had another practice located approximately 20 minutes away. Patients with mobility difficulties were given the option of being treated at this sister practice as some of the same dentists were available there.

We found the practice had an efficient appointment system in place to respond to patients' needs. Patient feedback confirmed they had sufficient time during their appointment and didn't feel rushed. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting. If the dentist was running late, the receptionist would inform the patient so that they had the opportunity to rebook the appointment if this was more convenient for them.

Staff told us the practice asked the patients to "sit and wait" for an emergency appointment. Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours.

Patient feedback confirmed that the practice was providing a service that met their needs. The practice offered patients a choice of treatment options to enable them to receive care and treatment to suit them. Many of the patients' first language was not English so the practice responded by the provision of leaflets in another language (Urdu). These leaflets were available upon request. Practice newsletters were available to all patients on a monthly basis. Telephone reminders were carried out for all patients 24 hours before their appointment.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients. The practice appeared to recognise the needs of different

groups in the planning of its services. The practice did not have audio loop systems or signs in Braille for patients who may have hearing or visual impairments respectively. However, the provider's sister practice had both of these available so patients requiring these were often transferred there as it was reasonably local.

Patients told us that they received information on treatment options to help them understand and make an informed decision of their preference of treatment.

We were told that the need for an interpreting service was low at this practice. The dentists and dental nurses spoke several different languages and could converse confidently with most patients who were unable to speak English. Consequently, they informed us that they did not have access to an interpreting service but communicated with patients via the patient's relatives or carers. This process may not always be appropriate as the carer may not relay the information appropriately enough in order for the patient to consent.

### Access to the service

The practice displayed its opening hours in the premises. Patients could access care and treatment in a timely way and the appointment system met their needs.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service on the telephone answering machine.

### Concerns & complaints

The practice had received one complaint in the last five years and we found that it had been recorded, analysed, investigated and learning had been identified. We found that the complainant had been responded to in a timely manner. Any learning identified was cascaded personally to individual team members.

The practice had a complaints process which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Information for patients about how to make a complaint was available at the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

We also looked at entries made by patients on the NHS choices website and they were all excellent reviews (at the time of writing this report). No negative comments had been made.

# Are services well-led?

## Our findings

### Governance arrangements

The senior dental nurse was in charge of the day to day running of the service. We saw they had systems in place to monitor the quality of the service. These were used to make improvements to the service. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. One example was their risk assessment of injuries from sharp instruments. We were told that the dentists always re-sheathed and dismantled needles so that fewer members of the dental team were handling used sharp instruments. This reduced the risk of injury to other staff members posed by use sharp instruments.

The practice was a member of the BDA (British Dental Association) Good Practice scheme. This is a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities.

### Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff told us the practice had an open door policy where staff should always be approachable to patients.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant. All staff were aware of whom to raise any issue with and told us the senior staff were approachable, would listen to their concerns and act appropriately. There were designated staff members who acted as dedicated leads for different areas, such as a safeguarding lead and medical emergencies lead.

### Learning and improvement

Staff told us they had excellent access to training and the practice manager monitored staff training to ensure essential staff training was completed each year. This was free for all staff employed at the practice. This included emergency resuscitation and immediate life support and infection control.

Staff audited areas of their practice regularly as part of a system of continuous improvement and learning. These included audits of radiography (X-rays) and infection control. The results of the X-ray audit in March 2015 demonstrated that the quality of the X-rays needed to be improved to meet guidelines issued by the FGDP for radiographic standards. A subsequent audit in September 2015 showed that improvements had been made and the practice was now meeting the recommended guidelines.

We were told that infection control audits were carried out every six months as recommended by HTM 01-05. We saw evidence of an audit from September 2015 and two from 2013 but none from 2014. The practice manager told us that the audits were submitted online to the local area team and that the practice did not always print them off. Results of the audits showed that the practice was 99-100% compliant in meeting the standards set by HTM 01-05.

There were no recent audits around the practice's record keeping.

Regular meetings were held where learning was disseminated. 'Development meetings' were held on a monthly basis and this usually consisted of one dentist and one or two nurses/receptionists. Larger practice meetings were held every three months. These consisted of all staff members from this practice and also from the provider's other practice (approximately 25 staff members in total). Meetings were always minuted - this is an important exercise as they serve as useful review documents for staff to reference at a later date. Also, any staff members that were absent on the day can update themselves

All staff members were due to have appraisals in November 2015 where learning needs, concerns and aspirations could be discussed.

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

Patients and staff we spoke with told us that they felt engaged and involved at the practice. The practice had systems in place to involve, seek and act upon feedback from people using the service. This included a comments book for patients and intermittent patient satisfaction surveys. The practice also undertook the NHS Family and Friends Test (FFT). The FFT captures feedback from patients undergoing NHS dental care. Brief points from the previous FFT were summarised and displayed on the wall in the waiting area. Patient satisfaction surveys were carried out



## Are services well-led?

on an annual basis. The last surveys were carried out in July 2015 and we saw evidence that the results were analysed and actioned where possible. One example of this was when patients commented that the practice needed to be re-decorated. We saw evidence that the carpets in the waiting room were subsequently replaced with new wooden flooring.

Staff we spoke with told us their views were sought and listened to. We saw that the practice carried out staff satisfaction questionnaires in October 2015. New employees were encouraged to complete these every six months. The remaining staff members completed these as part of their annual staff appraisal.