

Mr. Sanjeev Talwar

606 Dental Practice

Inspection Report

606 Dental Practice
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Overall summary

We carried out this announced inspection on 29 May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

606 Dental Practice is in Solihull, West Midlands and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available near the practice.

Summary of findings

The dental team includes six dentists, six dental nurses (including one head nurse), two dental hygienists, one dental hygiene therapist, a part time practice manager and five receptionists. The practice has six treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we received comments from 26 patients.

During the inspection we spoke with five dentists (including the principal dentist), four dental nurses, two dental hygienists and two receptionists. The practice manager was not available on the day of this inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 9am to 5.30pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures. Staff were not routinely following guidance and improvements were required to infection prevention and control practices.
- Staff knew how to deal with emergencies. Not all appropriate medicines and life-saving equipment were available but we were told that these were ordered following this inspection.
- The practice had systems to help them manage risk although significant improvements were required. One risk assessment seen had not been completed correctly. We requested but were not provided with a health and safety risk assessment.
- Staff knew their responsibilities for safeguarding adults and children. There was no evidence to demonstrate that safeguarding information had been reviewed recently and that contact details for local safeguarding authorities were checked to ensure they were up to date.
- The practice's staff recruitment procedures required some improvement. Following this inspection, we were told that appropriate action had been taken to address issues identified during this inspection.

- Clinical staff provided patients' care and treatment in line with current guidelines. Patient dental care records did not demonstrate that options, risks, benefits or consent were recorded on each occasion.
- Staff treated patients with dignity and respect. The door to one treatment room was left open whilst the dentist was with a patient. This did not protect their privacy. Following this inspection, we were sent a copy of a memorandum sent to all staff reminding them of the importance of respecting privacy.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients for feedback about the services they provided, patients were encouraged to complete the NHS Friends and Family Test.
- Not all information was available to demonstrate that the practice dealt with complaints in a timely manner.

We identified regulations the provider was not meeting. They must:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Review the practice's complaint handling procedures and establish an accessible system for identifying, receiving, recording, handling and responding to complaints by service users.

Summary of findings

- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's infection control procedures and protocols taking into account the guidelines issued by

the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'

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 received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. There was no evidence to demonstrate that contact details for the reporting of safeguarding issues had been checked and were up to date.

Staff were qualified for their roles and the practice completed some essential recruitment checks. Disclosure and barring service (DBS) checks had not been completed for some staff and others were available from the staff member's previous employer, although they were undertaking a different job role. Following this inspection, the practice manager confirmed that they would ensure that relevant staff applied for a new DBS check. There was no evidence for one staff member that a DBS check had been completed or was in the process of completion.

Premises and equipment were clean and properly maintained. The practice did not always follow national guidance for cleaning, sterilising and storing dental instruments. We discussed issues identified during the inspection and following this inspection received confirmation from the practice manager that staff would receive training and appropriate action would be taken to address issues identified.

The practice had suitable arrangements for dealing with medical and other emergencies. We noted that two sizes of oropharyngeal airways were missing. Staff were checking emergency medicines and equipment monthly. The Resuscitation Council Guidelines suggest that checks should be completed on at least a weekly basis. After this inspection we were told that missing equipment had been ordered and that staff would now complete daily checks of emergency medicines and equipment. We were not sent evidence to demonstrate this.

No action



Are services effective?

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

The dentists assessed patients' needs and we were told that they provided care and treatment in line with recognised guidance. Patients described the treatment they received as first rate, efficient and professional. The dentists told us that they discussed treatment with patients so they could give informed consent. Patient dental records that we saw did not demonstrate that options, risks and benefits were discussed on each occasion and neither written or verbal consent was recorded in their records on each occasion.

No action



Summary of findings

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

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

We received feedback about the practice from 26 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and compassionate.

They said that they were given detailed, helpful, explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

Staff were aware of the importance of confidentiality and patients said staff treated them with dignity and respect. We saw that the door to one treatment room was left open when the dentist was treating a patient. A memorandum was sent to all staff after this inspection to remind them of the importance of maintaining privacy.

No action 

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to face to face interpreter services and had arrangements to help patients with sight loss. The practice did not have a hearing loop although we were told that this was to be installed when the reception area was refurbished. We were told that the interpreter service could provide sign language interpreters to assist patients if required.

No action 

Are services well-led?

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

We noted there were areas of improvement required in governance arrangements. These included ensuring that all risks were identified and addressed promptly, with appropriate action taken to manage and reduce any risks from recurring. For example, the practice had not acted upon issues identified in their legionella risk

Requirements notice 

Summary of findings

assessment. The health and safety executive had not been notified about the use of X-ray machinery. Policies and procedures had not been reviewed on a regular basis. Staff were not working in accordance with infection prevention and control standards. We noted a rip in the material of the hygienist's chair, the edges of the work surface were not sealed in one room. Following this inspection, we were told about the action taken or proposed to address these issues. We were not sent evidence of action taken.

Systems for the practice team to discuss the quality and safety of the care and treatment provided were not effective. The practice was not conducting infection prevention and control audits on a six-monthly basis. The audit seen required review as it had not been completed correctly. There were clear records of the results of these audits but no resulting action plans and improvements. We were told that staff appraisal took place on an annual basis with the last appraisal meetings being held in 2017. We did not see evidence of this in staff recruitment files and staff we spoke with said that appraisals were overdue. We asked for but were not provided with the dates of the last appraisal meetings held.

There was a clearly defined management structure and staff felt supported and appreciated.

Some of the dental care records which we saw did not contain information regarding options, risks or benefits of treatment and consent to treatment. Information regarding written or verbal consent was not recorded on each occasion.



Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. There was no evidence to demonstrate that staff had reviewed contact details for the local safeguarding teams to ensure they were up to date. Documentation on file was dated 2015. Other documentation on file such as the Child Protection guidance and policy recorded a date for review of April 2015. We saw evidence that staff received safeguarding training.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy, a copy was available in the staff handbook. Staff told us they felt confident they could raise concerns without fear of recrimination.

One dentist was not using rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment and no alternative methods were used to protect the airway. We could not see that this was suitably documented in the dental care records we looked at and risk assessments had not been completed. Following this inspection, we were told that a meeting would be held with dentists to discuss the appropriate use and recording of rubber dam.

The head dental nurse was not aware of any staff recruitment policy and was not able to find any documentation regarding this. This staff member described the recruitment procedure which required the practice to obtain pre-employment information in accordance with Schedule three of the Health and Social Care Act. We

looked at four staff recruitment records. These did not demonstrate that the practice followed the recruitment procedure as discussed during this inspection. There was no evidence that Disclosure and Barring Service Checks (DBS) had been completed for all staff. We found that some were available from a previous employer although they were completing a different job role at that time. Prior to this inspection we requested information such as expiry dates for indemnity insurance. Information was not recorded for three staff and two recorded that the indemnity insurance had expired in 2017 or 2018. Following this inspection, we were told that all staff that did not have a DBS check had been requested to complete an application for this immediately. We saw that there was no evidence for one member of staff that the practice had applied for a DBS check and we were not provided with details of any previous checks completed.

The practice used agency staff on a regular basis and there were two agency dental nurses working at the practice on the day of our inspection. We were told that the practice relied on the checks completed by the agency to ensure that these staff were appropriately qualified and trained. Following this inspection, the practice manager sent a copy of written confirmation provided by the dental agency that the nurses were qualified to the required level.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC).

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. There was no evidence available to demonstrate that a five-year fixed wiring test had been completed within the correct timescale. Following this inspection, we were told that the principal dentist was to arrange for an electrician to complete the check but we were not sent evidence that this had been completed.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

The practice had some arrangements to ensure the safety of the X-ray equipment. We saw that rectangular collimators were only available in one treatment room. We were told that rectangular collimation was available for all X-ray equipment but the dentists preferred not to use this. We were also told that the practice was moving to digital



Are services safe?

X-rays within the very near future. The practice had not registered with the Health and Safety Executive regarding the use of X-rays at the practice. Following this inspection evidence was sent to demonstrate that this had been actioned.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety although improvements were required. Evidence was not available to demonstrate that the practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. Following this inspection, the practice manager told us that all policies and procedures would be reviewed and amended as required.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. Staff were not always following relevant safety regulation when using needles and other sharp dental items. Staff were not using safer sharps and one dentist did not have any alternative means of safely disposing of sharps. A sharps risk assessment had been undertaken and was updated annually but this was ineffective as staff were not working in accordance with this document. Following this inspection, we were told that 'aim safe devices' had been ordered and two of these devices would be available in each surgery.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were available as described in recognised guidance except for size two oropharyngeal airways which we were told would be ordered immediately. Following this inspection, we were

told that that these had been ordered but we did not receive any evidence to support this. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. These checks were being completed monthly and not at the frequency suggested in the Resuscitation Council Guidance. Following this inspection, we received confirmation that daily checks would be completed on emergency medicines and equipment.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. We were told that dental hygienists occasionally worked without a dental nurse. There was no risk assessment in place regarding this.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice used locum and/or agency staff. We were told that the practice manager had recently developed induction training for agency staff to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention and control policy and procedure. We noted that this policy did not reference safer sharps and did not include specific information regarding the cleaning fluids used at the practice. Some improvements were required to ensure that they followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. For example, improvements were required to the practice's arrangements for cleaning, checking, sterilising and storing instruments. Decontamination of used dental instruments was completed in the treatment room. We were told that the window was left open to maintain air flow. We saw that the worksurface in one surgery had come away from the wall leaving a gap making it difficult to maintain infection prevention and control standards. Staff were scrubbing instruments under running water which increases the risk of spread of infection. Staff were also seen transporting wet instruments across the room on perforated trays. Water was seen dripping on the floor which increases the risk of accident. We saw that the practice used a magnifier during the decontamination process but this was not illuminated. The head dental nurse told us that the heavy-duty gloves worn by staff were changed on a weekly basis but there was no evidence



Are services safe?

available to confirm this. The principal dentist told us of their plans to introduce a dedicated decontamination room in the near future. Following this inspection, we were told that full training regarding decontamination of used dental instruments would be completed by all staff week commencing 11 June. We were told that illuminated magnifiers had been either repaired or replaced. A contractor had been booked to re-seal the worksurface edges, and that this treatment room was to be refitted completely as part of the practice's refurbishment plan.

Records were available to show that equipment used by staff for cleaning and sterilising instruments was validated. Data loggers were used, the information was not downloaded on a weekly basis. Following this inspection, we were sent a copy of a meeting agenda for 11 June 2018. Data loggers were an item for discussion and we were told that staff would now download the information on a weekly basis.

We noted a rip in the material of the chair in the dental hygienist room. This would not allow effective cleaning and presented an infection prevention and control risk. Following this inspection, the practice manager told us that a quotation was being provided to repair the chair week commencing 11 June 2018.

Staff completed infection prevention and control training and received updates as required.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which was completed on 10 July 2017. We saw that the risk assessment identified the practice as high risk. The head nurse confirmed that they had been assured that this was because they were a dental practice and there was no further action for them to take. We noted that the hot water did not reach the maximum temperature required. The principal dentist confirmed that they would address this immediately. Following this inspection, we were told that the head nurse would arrange for the plumber to visit the practice and adjust the boiler temperature accordingly. Records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice did carry out infection prevention and control audits but not on a six-monthly basis. The last audit completed was dated 7 September 2017, and showed the practice was meeting the required standards although some of the information recorded in the audit was incorrect. Following this inspection, the practice manager confirmed that infection prevention and control audits would be completed on a six-monthly basis in the future.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored NHS prescriptions as described in current guidance. There was no system in place to log or monitor prescriptions. Following this inspection, we were informed that once issued, prescription numbers were logged against patient identification numbers. This would not be sufficient to provide an audit trail.

The dentists were aware of current guidance with regards to prescribing medicines. The practice dispensed



Are services safe?

antibiotics; we found that the name and practice address of the supplying dentist were not marked on the label. Following this inspection, we were informed that contact had been made with their pharmacist regarding having correct labels printed.

Track record on safety

The practice had a good safety record.

There were risk assessments in relation to safety issues although some information recorded in these risk assessments was incorrect and therefore assessments were ineffective. For example, the violence at work risk assessment stated that CCTV was in place, we were told that there was no CCTV at the practice. We were unable to find a health and safety risk assessment. Staff were not working in accordance with the sharps risk assessment. Following this inspection, the practice manager sent us a copy of the amended violence at work risk assessment.

The practice did not record, monitor or review incidents. Systems were not in place to help the practice understand risks and give them a clear, accurate and current picture to

help with safety improvements. Staff spoken with were not aware of any incident reporting process or of any documentation to use. Whilst reviewing policy documentation we saw that incident reporting forms were available. An accident book was available to record any staff or patient accidents. We saw that accident audits were also completed on a three-monthly basis. Following this inspection, we received confirmation from the practice manager that files would be updated to include details of any incidents that occurred at the practice.

Lessons learned and improvements

The practice did not have effective systems in place to learn and make improvements when things went wrong. Not all staff we spoke with were aware of patient safety/clinical incidents. Staff were able to discuss some action taken following a patient accident to try and reduce the risk of recurrence.

System were in place for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice had an intra-oral camera to help with the delivery of care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. A diet diary sheet could be printed out for patients to help them identify the foods they consumed which gave a higher risk of tooth decay. The practice had a selection of dental products for sale to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dental hygienist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

We were told that the practice obtained consent to care and treatment in line with legislation and guidance. Not all the patient dental care records that we saw provided evidence that either written or verbal consent had been obtained on each occasion. From discussions with the practice team it was evident that they understood the importance of obtaining patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patient records that we saw did not demonstrate this on each occasion.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. Not all the staff had received training regarding the Mental Capacity Act or Gillick competence (by which a child under the age of 16 years of age can consent for themselves) and not all staff had an understanding of this. Following this inspection, we were told that all staff were required to complete training regarding this week commencing 11 June 2018.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

Not all the patient dental care records that we saw contained evidence of written or verbal consent, social history and risk factors were not always recorded. We were told that the dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff could complete online training. External training such as basic life support, oral cancer, legal and ethical issues and radiography was also completed.

We were told that staff new to the practice had a period of induction based on a structured induction programme. Staff recruitment files contained a one-page induction checklist but there was no evidence of any completed induction training records. Following this inspection, the



Are services effective?

(for example, treatment is effective)

practice manager told us that they had created an induction folder with full induction training to be completed by any new staff employed at the practice. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff could not remember having had an appraisal within the last 12 months and we did not see evidence of completed appraisal documentation in the staff recruitment files seen. Prior to this inspection, we asked for the dates of the last appraisal or performance review for each staff member but were not provided with this information. Staff said that they could speak with the practice manager, head dental nurse or principal dentist at any time. Staff said that they worked well as a team and provided support for each other. Following this inspection, the practice manager told us that appraisals had taken place during 2017 and were due for 2018. We were not sent any evidence to confirm this.

We asked to see the personal development plans (PDP) for dentists and dental nurses. We were told that one dentist had completed this. The head nurse told us that they

would ensure that personal development plans would be completed by all dentists as a matter of priority. Following this inspection, the practice manager confirmed that PDPs had been completed and annual PDP reviews had been arranged. We were not sent any documentary evidence to demonstrate this.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.



Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were first class, friendly and professional. We saw that staff treated patients in a kind and caring manner and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. We were told that staff were reassuring and calming.

Privacy and dignity

Staff we spoke with told us that they always respected and promoted patients' privacy and dignity.

Staff were mostly aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients and separate waiting rooms were available on the ground and first floor. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. During the inspection we noted that the door to the ground floor treatment room was left open whilst the dentist was with a patient. Conversations could be heard from the corridor outside of the treatment room. The principal dentist confirmed that this was not usual practice and stated that they would ensure that this did not happen again. Following this

inspection, we were sent a copy of a memorandum which had been sent to all staff reminding them of the importance of maintaining patient's privacy. Staff were reminded that any private and confidential conversations with staff or patients must be held behind closed doors. Staff were reminded that rooms were available to hold private conversations.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of requirements under the Equality Act:

- Interpretation services were available for patients who did not have English as a first language. We were told that some of the staff at the practice were multi-lingual and might be able to support patients if required.
- Staff communicated with patients in a way that they could understand, for example, information could be printed in large print upon request.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included models, videos, leaflets and X-ray images.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care. For example, staff took their time to speak with patients who were anxious. Patients who were dental phobic were given longer appointment slots and the dentist was notified that the patient was phobic by means of a pop up note on their records. Consideration was always given to booking appointments at quieter times for these patients. We were told that dentists would see dental phobic patients immediately to try and reduce their anxiety.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a ground floor reception, waiting area and treatment room for those patients who were unable to use stairs and an accessible toilet with hand rails. We discussed how the practice met the needs of patients with a hearing or visual impairment. We were told that there was a magnifying sheet to help patients read information but the practice did not provide a hearing loop. We were told about the planned refurbishment of the reception area which included the provision of a hearing loop.

A Disability Access audit had been completed and an action plan formulated to continually improve access for patients.

Staff told us that text messages or letters were sent to remind patients of their appointments. Courtesy calls were made to patients after they had received any lengthy treatment, for example root canal treatment.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Dentists kept appointment slots available each day to be used by patients in dental pain. When these appointments were full, patients would be told to attend the practice for a "sit and wait" appointment. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with some other local practices and the 111 out of hour's service.

The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and had a complaints policy providing guidance to staff on how to handle a complaint. The practice website and information leaflet explained how to make a complaint. Staff told us that all complaints were recorded on a log sheet and given to the practice manager. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

We were told that they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the last 12 months. Documentary evidence was not always available to show that the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. For example, the practice had a



Are services responsive to people's needs? (for example, to feedback?)

complaint file which contained details of all complaints received with some accompanying documentation. Not all complaints received had accompanying documentation, for example response letters or emails and evidence of action taken to address issues raised.

The practice had not responded to recent comments or concerns made on the NHS Choices website.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist was supported by a part time practice manager and head dental nurse.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Staff told us that they were kept up to date with any planned changes at the practice. Practice meetings were held on a regular basis and staff were encouraged to speak out at these meetings.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice's mission statement was on display in the waiting room.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice. Staff told us that they worked well together as a team and enjoyed their job.

The practice focused on the needs of patients.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. Staff said that they could speak out at monthly practice meetings. We were told that the principal dentist or practice manager were approachable and helpful and the head dental nurse was always available to provide advice and support.

Governance and management

There were clear responsibilities, roles and systems of accountability to support governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. We were told that the head dental nurse held most lead roles, there was also a lead receptionist who held lead administration roles.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff, not all policies seen had been reviewed or updated on a regular basis. Following this inspection, the practice manager confirmed that all policies and procedures would be reviewed and updated as necessary, the date of review would be recorded on the documentation.

Improvements were required to governance arrangements as risks were not being effectively identified or addressed. For example, one dentist was not using rubber dam and was not completing a risk assessment regarding this. Staff had not acted on all the requirements of the legionella risk assessment, rectangular collimators were available but were not being used by all dentists. Disclosure and barring service checks were not available for one member of staff and others were from a previous employer whilst completing a different job role.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to

Are services well-led?

allow patients to provide feedback on NHS services they have used. We were shown the FFT results and noted that positive comments had been recorded. The practice had analysed the results and we saw that 101 FFT responses had been received with the majority, 61% of patients, being extremely likely to recommend the practice and 35% being likely, to recommend the practice.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice had some quality assurance processes to encourage learning and continuous improvement although improvements were required. Audits included dental care records, radiographs and infection prevention and control. The infection prevention and control audit had not been completed on a six-monthly basis. The last audit was completed in September 2017. They had clear records of the results of these audits but did not have the resulting action plans and improvements. Issues with the

decontamination process that had not been identified in the infection prevention and control audit. We were told that infection prevention and control audits would be completed on a six-monthly basis going forward.

The head dental nurse told us that staff appraisal had previously been carried out but these were overdue. We did not see evidence of completed appraisals in the staff folders. Staff we spoke with confirmed that they had received appraisals in the past but nothing within the last year. Following this inspection, the practice manager told us that appraisals had been completed during 2017. The information requested from the practice manager regarding dates of appraisals had not been completed.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <p>The provider was not using safe sharps in accordance with the Sharp Instruments in Healthcare Regulations 2013.</p> <p>There was no evidence of a five-year fixed wiring test being completed.</p> <p>There was no evidence that some policies and procedures were regularly reviewed or updated.</p> <p>One risk assessment seen did not all contain correct information; the sharps risk assessment was ineffective and there was no health and safety risk assessment.</p>

Requirement notices

Staff were not aware of any system for reporting incidents at the practice and recent incidents had not been recorded.

The practice was not completing infection prevention and control audits on a six-monthly basis. The infection prevention and control procedure was not sufficiently detailed. The legionella risk assessment identified issues which had not been actioned. The practice was not keeping a log of prescriptions .

Not all patient dental records that we saw documented that either verbal or written consent to treatment had been obtained. There was no evidence on each occasion that options, risks and benefits of treatment had been recorded in patient dental records.

There was additional evidence of poor governance. In particular:

Disclosure and barring service checks were not available for all staff and one was available but was from the staff member's previous employer whilst completing a different job role.

There was no evidence of up to date indemnity insurance for all members of clinical staff.

There was no evidence of a structured induction process.

Not all dentists and dental nurses had completed personal development plans to comply with clinical governance standards.