

Aziz Dent Ltd

Bridgford Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 29 June 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Bridgford Dental Practice is a dental practice providing mostly private dental treatment. The practice is located in premises close to the centre of West Bridgeford on the outskirts of Nottingham. There is a small car park available to the front of the practice; otherwise there is pay and display or roadside parking in the area. The practice has three treatment rooms, all three of which are on the ground floor.

The practice was first registered with the Care Quality Commission (CQC) in March 2013. The practice provides regulated dental services to both adults and children. The practice provides mostly private dental treatment (70%). Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice is a training practice for foundation dentists. These are newly qualified dentists who spend a year working in a practice under supervision to gain hands on experience.

The practice's opening hours are – Monday to Friday: 9 am to 5 pm. The practice is closed for one hour for lunch.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message. Nottingham Emergency Dental Services offered an out-of-hours service.

Summary of findings

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

The practice has three dentists; one dental hygienist; three qualified dental nurses; one trainee dental nurse and a receptionist.

We received positive feedback from 51 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by speaking with patients in the practice.

Our key findings were:

- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.
- The practice was visibly clean and tidy.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Dentists identified the different treatment options, and discussed these with patients.
- Patients' confidentiality was maintained.
- Patients said they had no difficulty getting an appointment that suited their needs.
- Patients we spoke with at the practice, and through CQC comment cards provided positive feedback about their experiences at the practice. Patients said they were treated with dignity and respect.
- The practice was well equipped and provided a relaxed atmosphere for patients.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns.
- Patients were able to express their views and comments, and the practice listened to those views and acted upon them.

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

- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure the practice's infection control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

You can see full details of the regulations not being met at the end of this report.

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.

All staff had received up-to-date training in safeguarding vulnerable adults and children. There were clear guidelines for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary.

The practice had emergency medicines and oxygen available, and an automated external defibrillator (AED). Regular checks were being completed to ensure the emergency equipment was in good working order.

Recruitment checks were completed on all new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role.

The practice was visibly clean and tidy and there were infection control procedures to ensure that patients were protected from potential risks.

However, some improvements were needed in the infection control procedures which we brought to the provider's attention.

X-ray equipment was regularly serviced to make sure it was safe for use.

No action



Are services effective?

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

All patients were clinically assessed by a dentist before any treatment began. The practice used a recognised assessment process to identify any potential areas of concern in a patient's mouth including their soft tissues (gums, cheeks and tongue).

Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.

The practice was following the relevant National Institute for Health and Care Excellence (NICE) guidelines for the care and treatment of dental patients, particularly in respect of patient recalls, wisdom tooth removal and the non-prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart).

The practice made referrals to other dental professionals when it was appropriate to do so. There were clear procedures for making referrals in a timely manner.

No action



Summary of findings

Are services caring?

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

Patient confidentiality was maintained and electronic dental care records were password protected.

Patients said staff were friendly, polite and professional. Feedback identified that the practice treated patients with dignity and respect.

Patients said they received good dental treatment and they were involved in discussions about their dental care.

Patients said they were able to express their views and opinions.

No action



Are services responsive to people's needs?

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

Patients said they were easily able to get an appointment. Patients who were in pain or in need of urgent treatment would be seen the same day.

The practice had good access for patients with restricted mobility. All patient areas were located on the ground floor. The practice had completed a disabled access audit to consider the needs of patients with restricted mobility.

There were arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays which were clearly displayed in the practice.

There were systems and processes to support patients to make formal complaints. Where complaints had been made these were acted upon, and apologies given when necessary.

No action



Are services well-led?

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

We identified concerns with regard to the auditing of the infection control processes which demonstrated the system for infection control audit was not working effectively.

There was a clear management structure at the practice. Staff were aware of their roles and responsibilities within the dental team, and knew who to speak with if they had any concerns.

The practice was carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

Patients were able to express their views and comments, and the practice listened to those views and acted upon them.

Requirements notice



Summary of findings

Staff said the practice was a friendly place to work, and they could speak with the dentists if they had any concerns.	
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Bridgford Dental Practice

Detailed findings

Background to this inspection

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

We carried out an announced, comprehensive inspection on 29 June 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the practice to send information to CQC. This included the complaints the practice had received in the previous 12 months; their latest statement of purpose; and the details of the staff members, their qualifications and proof of registration with their professional bodies. We spoke with four members of staff during the inspection.

CQC also received information of concern relating to infection control in February 2016 from NHS England.

We reviewed policies, procedures and other documents. We received feedback from 51 patients about the dental service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice recorded and investigated accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed the last recorded accident had occurred in January 2015 involving a minor injury to a member of staff. There had been a delay in the staff member reporting this accident and the main learning point was for staff to report accidents immediately. Accident records went back over several years to demonstrate the practice had recorded and addressed issues relating to safety at the practice.

The practice was aware of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). RIDDOR is managed by the Health and Safety Executive. Staff said there had been no RIDDOR notifications made although the practice was aware of how to make these on-line.

Records at the practice showed there had been two significant events in the 12 months up to the inspection visit. Both significant events related to positive activities within the practice. One being the health promotion initiative at the supermarket and one being support offered to children from Chernobyl.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. (These are sent out centrally by a government agency ((MHRA)) to inform health care establishments of any problems with medicines or healthcare equipment). These were received electronically by the principal dentist who shared them with staff where appropriate.

Reliable safety systems and processes (including safeguarding)

The practice had policies for safeguarding vulnerable adults and children. Both policies had been reviewed during 2016. The policies directed staff in how to respond to and escalate any safeguarding concerns. We spoke with staff who were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary. Copies of the

policies were available for patients in the information folder in the waiting room. This included the relevant contact telephone numbers. Those contact telephone numbers were also displayed in staff areas of the practice.

The principal dentist was the identified lead for safeguarding in the practice. They had received enhanced training to level two in child protection to support them in fulfilling that role. We saw evidence that all staff had attended a range of safeguarding training over the previous two years.

The practice had a policy to guide staff in the use and handling of chemicals in the practice. This policy had been reviewed in May 2016. The policy identified the risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The principal dentist was the identified lead person for COSHH in the practice. The risk assessments identified the steps to take to reduce the risks included the use of personal protective equipment (gloves, aprons and masks) for staff, and the safe and secure storage of hazardous materials. The manufacturers' product data sheets were available to staff in the COSHH file.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 27 March 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a sharps policy which informed staff how to handle sharps (particularly needles and sharp dental instruments) safely. The policy had been reviewed in February 2016. We saw the practice used a recognised system for handling sharps safely in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy. Staff said that only dentists handled sharp instruments such as needles.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) We saw were located out of reach of small children in accordance with the guidance which states sharps bins should not be located on the floor, and should be out of reach of small children.

Copies of the practice's sharps policy and how to deal with sharps injuries were displayed in the clinical areas of the practice.

Are services safe?

Discussion with the principal dentist and a review of patients' dental care records identified the dentists were using rubber dams when carrying out root canal treatments. Guidelines from the British Endodontic Society recommend that dentists should be using rubber dams. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.)

We saw the practice had a supply of rubber dam kits in the practice to enable rubber dams to be used. We saw that rubber dam clamps were not packaged after being autoclaved. We discussed this with the principal dentist who said this issue would be addressed.

Medical emergencies

The dental practice was equipped to deal with any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the emergency medicines and found they were all in date and stored appropriately. We saw the practice had a system for checking and recording expiry dates of medicines, and replacing when necessary.

There was a first aid box in the practice and we saw evidence the contents were being checked regularly. Five members of staff had completed a first aid at work course within the two years before this inspection.

There was an automated external defibrillator (AED) at the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Records showed the AED was being checked regularly to ensure it was working correctly. This complied with the Resuscitation Council UK guidelines.

Staff at the practice had completed basic life support and resuscitation training on 25 November 2015.

Additional emergency equipment available at the practice included: airways to support breathing and portable suction.

Discussions with staff and a review of staff training certificates identified staff had received medical emergencies training and understood what action to take in a medical emergency. Staff said they had received training in medical emergencies.

Staff recruitment

We looked at the staff recruitment files for four staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We found that all members of staff had received a DBS check. We discussed the records that should be held in the recruitment files with the practice manager and saw the practice recruitment policy and the regulations had been followed.

Monitoring health & safety and responding to risks

The practice had a health and safety policy which had been reviewed in August 2015. As part of this policy environmental risk assessments had been completed. For example there were risk assessments for: Fire safety, bodily fluids and blood borne infections, and radiation (X-rays).

The practice had a fire risk assessment which had been reviewed and updated in April 2016. Records showed that the fire extinguishers had last been serviced in January 2016. Records showed all staff had attended fire safety training in February 2016. The practice had completed a fire evacuation drill in 10 March 2016.

The practice had a health and safety law poster on display in the staff room. Employers are required by law (Health and Safety at Work Act 1974) to either display the Health and Safety Executive (HSE) poster or to provide each employee with the equivalent leaflet.

Infection control

Are services safe?

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

In February 2016 the Care Quality Commission (CQC) were made aware of general concerns relating to infection control by NHS England.

The practice had an infection control policy which had been reviewed in January 2016. The policy was readily available to all staff working in the practice and was on display in clinical areas of the practice. We saw that dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures and there were records and documentation to demonstrate this.

Records showed that regular six monthly infection control audits had been completed. The most recent audit being dated April 2016. This was as recommended in the guidance: HTM 01-05.

The practice had a clinical waste contract with a recognised company. We saw that clinical waste was collected on a regular basis. We saw waste consignment notices to evidence that waste had been collected regularly. The waste was stored securely away from patient areas while awaiting collection. The clinical waste contract also covered the collection of amalgam and teeth that had been removed. Amalgam is a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had a spillage kit for mercury which was dated to June 2016. The principal dentist said there were arrangements to replace the kit. There were also spillage kits for bodily fluids which were within their use by date.

There was a decontamination room where dental instruments were cleaned and sterilised. There was a clear flow from dirty to clean areas to reduce the risk of cross contamination and infection. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear.

We saw that instruments were being cleaned and sterilised at the practice. A dental nurse demonstrated the decontamination process.

The practice had one washer disinfectant (a machine for cleaning dental instruments similar to a domestic dish washer). Manual cleaning was also being used to clean dental instruments. We saw a nail brush was being used rather than the long handled brush identified in the guidance (HTM 01-05). In addition we saw the water temperature during the manual cleaning was not being routinely measured. The guidance HTM 01-05 identifies that the water temperature should not exceed 45 degrees centigrade during manual cleaning.

After cleaning the dental instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in an autoclave (a device for sterilising dental and medical instruments). The practice had two steam autoclaves, which were designed to sterilise unwrapped instruments. One was kept as a back-up although regular checks were made to ensure it was working correctly. At the completion of the sterilising process, all instruments were dried, and pouched in date stamped pouches.

We checked the records to demonstrate that equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers' instructions. The records demonstrated the equipment was in good working order and being effectively maintained.

During the inspection we found some examples where instruments had cement debris and in some cases rust which had not been identified during the decontamination process. This showed that the auditing processes for infection control and decontamination were not working efficiently. We brought this to the attention of the principal dentist who said the audit procedures would be reviewed.

We saw there were records to demonstrate that staff had received inoculations against Hepatitis B. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections such as Hepatitis B.

The practice had a risk assessment for dealing with the risks posed by Legionella. This had been completed by an

Are services safe?

external contractor. The risk assessment had been reviewed in September 2015. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice was aware of the risks associated with Legionella and had taken steps to reduce them with regular flushing of dental water lines as identified in the relevant guidance.

Equipment and medicines

The practice kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing (PAT) had been completed on electrical equipment at the practice and was valid until 23 December 2016.

The practice had all of the medicines needed for an emergency situation, as recommended by the British National Formulary (BNF). Medicines were stored securely and appropriately and there were sufficient stocks available for use.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. The pressure vessel checks on the compressor which produced the compressed air for the dental instruments had been completed on 21 June 2016. The autoclaves had been checked on 3 February 2016.

Radiography (X-rays)

The practice had a Radiation Protection file which contained all of the relevant information and records relating to the X-ray machines and their safe use on the premises.

The practice had three intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth). There was also one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the entire jaw and lower skull.

X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

The Radiation Protection file identified the practice had a radiation protection supervisor (RPS) this being the principal dentist. The provider had appointed an external radiation protection advisor (RPA). This was a company specialising in servicing and maintaining X-ray equipment, who were available for technical advice regarding the machinery. The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS to be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and only by qualified staff.

Records showed the X-ray equipment had last been inspected in April 2016. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years to ensure it is safe and working correctly. Documents in the practice showed the Health and Safety Executive (HSE) had been informed that radiographs were being taken on the premises. This was a requirement of the Ionising Radiation (Medical Exposure) Regulations 2000.

The practice used digital X-rays, which allowed the image to be viewed almost immediately, and relied on lower doses of radiation. This therefore reduced the risks to both the patients and staff.

All patients were required to complete a medical history form and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant. There were risk assessments in place for pregnant and nursing mothers.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice held electronic dental care records for each patient. They contained information about the patients' assessments, diagnosis, and treatment and also recorded the discussion and advice given to patients by dental professionals. The dental care records showed a thorough examination had been completed, and identified risk factors such as smoking and diet for each patient.

Patients at the practice completed a medical history form at each visit. The form was scanned by the receptionist and added directly into the patient's dental care records. Returning patients viewed their medical history in reception and provided an electronic signature to confirm the information was correct. Each dentist was able to check the medical history with the patient before treatment began. The patients' medical histories included any health conditions, medicines being taken and whether the patient had any allergies.

The dental care records showed that dentists assessed the patients' periodontal tissues (the gums) and soft tissues of the mouth. The dentists used the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.

We saw dentists used national guidelines on which to base treatments and develop treatment plans for managing patients' oral health. Discussions with dentists showed they were aware of National Institute for Health and Care Excellence (NICE) guidelines, particularly in respect of the timescales for recalling patients; prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart); and lower wisdom tooth removal. A review of the records identified that the dentists were following NICE guidelines in their treatment of patients.

Health promotion & prevention

The practice had a variety of information for patients in the waiting room. This included a patient information booklet which included key information about the practice. There were flat screen televisions showing positive oral health messages and providing information about different treatments. The display was controlled by the dentist via

the computer and could be updated and amended to include specific information. There were leaflets in reception and posters to give health promotion information to patients.

Discussions with dentists identified that children were assessed on an individual basis to check their risk of dental decay. This resulted in children being offered fluoride application varnish and fluoride toothpaste if they were identified as being at risk. This was in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention' which is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting).

We saw examples in patients' dental care records that dentists had provided advice on the harmful effects of smoking, alcohol and diet and their effect on oral health. With regard to smoking, dentists had particularly highlighted the risk of dental disease and oral cancer. The dental care record included an oral cancer risk assessment.

The practice had worked in partnership with Rushcliffe Community Borough Council. As a result a dental hygienist and a dental nurse had visited a local supermarket to offer positive oral health advice. This included a sugar display which focussed on what was in children's lunch boxes.

The practice had also participated in a health initiative with a national charity – The Chernobyl Children's Life Line. (The charity raised funds to bring children suffering the after effects of the Chernobyl nuclear disaster on a respite holiday to the UK. It is estimated that one month away from the contamination can add up to two years to the children's life expectancy and greatly reduce their chances of developing thyroid cancer. In addition the radiation the children are living with can affect their teeth and gums. Therefore, when the children were in the UK the charity ensured they received dental check-ups and treatment, as they did not have access to this at home).

Staffing

The practice had three dentists; one dental hygienist; three qualified dental nurses; one trainee dental nurse and a receptionist. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Are services effective?

(for example, treatment is effective)

We looked at staff training records and these identified that staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Examples of training completed included: child protection, infection control and data protection.

Records at the practice showed that appraisals had been completed for all staff. These were completed for all staff on an annual basis usually during March. We saw evidence that appraisals for staff had been completed annually over several years. taken place. We also saw evidence of new members of staff having an induction programme.

Working with other services

The practice made referrals to other dental professionals based on risks or if a service was required that was not offered at the practice. The practice had a policy for making referrals to other services which had been reviewed in January 2016. The policy identified when and how to make referrals. The practice had a range of referral forms for use in specific circumstances. This included a special referral form for making urgent referrals for patients with suspected oral cancer. These referrals were tracked by each individual dentist.

Consent to care and treatment

The practice had a consent policy which had been reviewed in January 2016. The policy was a detailed document which covered all aspects of consent and the ability to consent. The policy also made reference to the Mental Capacity Act 2005 (MCA) and best interest decisions. The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves.

Consent was recorded electronically. All patients whether NHS or private received a copy of the treatment plan and estimate. For NHS patients this was using the standard NHS FP17 form. The patient having had the treatment plan discussed in the treatment room with the dentist then signed to give their consent at reception. This then formed a permanent part of the dental care record.

Discussions with the principal dentist identified they were aware of Gillick competency. This was also detailed in the practice consent policy. This refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The reception desk was located in the waiting room. We asked about patient confidentiality at the reception desk. Staff said they were aware of the need for confidentiality and if it were necessary there were areas of the practice where this could happen, such as an unused treatment room or the office. Staff said that patients' individual treatment was discussed in the treatment room not at the reception desk.

Throughout the inspection we noted staff were friendly, polite, and welcoming towards the patients. We observed that when speaking with patients staff respected their dignity.

We saw that patient confidentiality was maintained at the practice. We asked three patients about confidentiality. They said they had no issues or concerns. Computer screens could not be overlooked by patients standing at the reception desk. We saw that patients' electronic dental care records were password protected and held securely.

Involvement in decisions about care and treatment

We received feedback from 51 patients on the day of the inspection. This was through Care Quality Commission

(CQC) comment cards, and through talking to patients in the practice. Feedback from patients was positive with patients saying they received good care at the practice and many commenting they were involved in decisions about their care and treatment.

The costs for both NHS and private treatments were clearly displayed in leaflets and posters in the practice and on the practice website.

We spoke with one dentist about how each patient had their diagnosis and dental treatment discussed with them. We saw evidence in the patient care records of how the treatment options and costs were explained and recorded before treatment started. Patients were given a written copy of the treatment plan which included the costs.

Where it was necessary dentists gave patients information about preventing dental decay and gum disease. We saw examples in patients' dental care records. Dentists had discussed the risks associated with smoking and diet, and this was recorded in patients' dental care records. Patients' follow-up appointments were in line with National Institute for Health and Care Excellence (NICE) guidelines. A poster in the waiting room informed patients of the NICE guidelines in relation to recalls.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

There was a small car park at the front of the premises; some street parking was also available. The practice had three treatment rooms, all of which were on the ground floor.

The practice had separate staff and patient areas, to assist with confidentiality and security.

We saw there was a sufficient supply of instruments to meet the needs of the practice.

We spoke with three patients during the inspection. Patients said they had been able to get an appointment that suited them. Patients said all of the staff were welcoming, helpful and approachable. Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient the same day.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist. The practice had some emergency slots available every day for patients who were in pain or in need of urgent treatment. There was also a sit and wait system for patients who could not get an emergency appointment. Staff said the length of time the patient had to wait would vary depending on how busy the practice was.

Tackling inequity and promoting equality

The practice had an equality and diversity policy which had been reviewed in March 2016.

The practice was situated on the ground floor with all patient areas having level access. This included three treatment rooms. This allowed patients using a wheelchair or with restricted mobility to access treatment at the practice. There was ramped access to the rear door of the practice where a door bell allowed patients to make staff aware they were waiting.

The practice had a ground floor toilet adapted for the use of patients with mobility problems. The toilet had support bars and the taps on the hand wash sink were lever operated. A hot air blower was available for hand drying.

The practice had completed an access audit in line with the Equality Act (2010) which had been reviewed in February 2016. This identified the practice was compliant with legislation relating to access in the Equality Act. The practice did not have a hearing induction loop to assist patients who used a hearing aid. The Equality Act required where 'reasonably possible' hearing loops to be installed in public spaces, such as dental practices. There was disabled car parking in the library car park which was close to the practice.

The practice had access to a recognised company to provide interpreters, and this included the use of sign language. Several staff members were able to speak other languages and had interpreted for a non-English speaking patient who had attended the practice in the past. The practice had a book with different dental phrases in other languages and this had been used in the past to identify for example: "Are you in pain? Where is your pain?"

There was a small car park available to the front of the practice; otherwise there was roadside parking in the area.

Access to the service

The practice's opening hours were: Monday to Friday: 9 am to 5 pm. The practice was closed for one hour for lunch.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message.

The practice routinely telephoned patients to remind them their appointment was due the day before their appointment was due.

Concerns & complaints

The practice had a complaints procedure which had been reviewed in November 2015. The procedure explained how to complain and included other agencies to contact if the complaint was not resolved to the patients satisfaction. Information about how to complain was on display in the practice.

From information received before the inspection we saw that there had been one formal complaint received in the 12 months prior to our inspection. The last recorded complaint had been in October 2015. We also saw that apologies and an explanation had been given to patients in the past when complaints had been received.

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Our findings

Governance arrangements

We identified that there was a breach in the regulations in that the system for auditing the infection control processes had not been effective.

We identified dental instruments which had been cleaned and checked, but which were not suitable for use. Specifically we saw improperly cleaned instruments which had cement debris still attached and in some examples rust was present. The rusty instruments should have been disposed of. We also identified a lack of temperature checks during the manual cleaning process and improper cleaning of instruments. The practice had completed an infection control audit but this had not been effective in identifying these potentially serious issues.

The principal dentist identified that all policies were updated on an annual basis. We saw a number of policies and procedures at the practice and saw they had been reviewed and where relevant updated in the year up to this inspection.

We spoke with staff who said they understood their roles and could speak with a dentist if they had any concerns. Staff said they understood the management structure at the practice. We spoke with staff who said the practice was a good place to work and they felt supported as part of the team.

We looked at a selection of dental care records to assess if they were complete, legible, accurate, and secure. The dental care records we saw contained sufficient detail and identified patients' needs, care and treatment.

Leadership, openness and transparency

We saw that staff meetings were scheduled for once every month throughout the year. There was a flexible agenda which had covered areas such as: referrals, infection control and patient feedback. Staff meetings were minuted and minutes were available to all staff.

We spoke with staff at the practice who told us there was a good working team. Staff said they could raise concerns with the provider and were encouraged to do so at team meetings. Staff said the dentists were approachable and were available to discuss any concerns. Staff said there was support available regarding clinical issues. Observations

showed there was a friendly and welcoming attitude towards patients from staff throughout the practice. Discussions with different members of the team showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

The practice had a whistleblowing policy which had been reviewed in September 2015. This policy identified how staff could raise any concerns they had about colleagues' conduct or clinical practice. This was both internally and with identified external agencies. A copy of the whistleblowing policy was on display on the staff room noticeboard.

Learning and improvement

We saw that the practice had a specific file which contained audits. This identified that there was a schedule of audits completed throughout the year. This was for both clinical and non-clinical areas of the practice. Examples of completed audits included: an audit of radiographs (X-rays) in May 2016, oral cancer risk factors in January 2016, and a record keeping audit which had been completed in January 2016.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals need to complete 150 hours over the same period.

The practice was a training practice for foundation dentists. These are newly qualified dentists who spend a year working in a practice under supervision to gain hands on experience.

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

The practice had a patient satisfaction survey which was completed on a bi-annual basis. We saw the results were analysed on a six monthly basis. Feedback from patients had been positive during the last six surveys. The latest patient satisfaction survey had been reviewed and analysed in May 2016 there had been ten responses.

The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide

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feedback on the services provided. The FFT comment box being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS England.

The NHS Choices website: www.nhs.uk had not received any patient reviews in the year up to this inspection. There

was one comment from 2012 which was positive. The latest figures on the NHS Choices website showed 15 patients had responded and 100% would recommend this dentist to their family and friends.

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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)</p> <p>Regulation 17: Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements in this part.</p> <p>Such systems or processes must enable the registered person, in particular to:</p> <p>Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of patients in receiving those services);</p> <p>Assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>How the regulation were not being met:</p> <p>The provider did not have effective systems in place to:</p> <ul style="list-style-type: none">• Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.

This section is primarily information for the provider

Requirement notices

- Ensure the practice's infection control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

Regulation 17 (1) and (2) (a)(b)(f)