

Sheen Dental Ltd

# Sheen Dental Ltd

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 16 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 providing well-led care in accordance with the relevant regulations.

#### **Background**

Sheen Dental is located in the London Borough of Richmond-upon-Thames. The premises are situated in a converted, residential building in a high-street location. There are five treatment rooms, a decontamination room, an X-ray room, administrative offices, reception and waiting areas and patient toilets. These are distributed across the ground and first floors of the building.

The practice provides NHS and private services to adults and children. The practice offers a range of dental services including routine examinations and treatment, veneers and crowns and bridges. The practice also offers specialist services such as implants, orthodontics and conscious sedation.

The staff structure of the practice consists of a principal dentist, three associate dentists, three hygienists, three dental nurses, a practice manager and two receptionists. There is also a specialist orthodontist and a visiting oral surgeon.

The practice opening hours are Monday to Friday from 8.00am to 5.00pm. The practice is also open from 9.00am to 1.00pm on Saturdays.

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

# Summary of findings

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

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

Fifty-five people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

## Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- The practice had safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- There were effective arrangements in place for managing medical emergencies.
- Equipment, such as the air compressor, fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced. However, systems for managing stock and security of prescription pads could be improved.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients. However, improvements could be made to ensure a formal staff appraisal process was put in place.
- The practice had clear procedures for managing comments, concerns or complaints.
- The provider had a clear vision for the practice and staff told us they were well supported by the staff team.
- There were arrangements for identifying, recording and managing risks through the use of risk assessments and audit processes. However, we identified some areas where improvements were required.

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

- Review the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.
- Review stocks of medicines and equipment and the system for identifying and disposing of out-of-date stock.
- Review the practice's responsibilities as regards to the Control of Substances Hazardous to Health (COSHH) Regulations 2002; ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.
- Review systems for seeking and acting on feedback from patients or staff for the purposes of continually evaluating and improving the service.
- Review its audit protocols to ensure audits of various aspects of the service are undertaken at regular intervals and where applicable learning points are documented and shared with all relevant staff.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

The practice had systems in place to minimise the risks associated with providing dental services. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The practice had policies and protocols, which staff were following, for the management of infection control, medical emergencies and dental radiography. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse.

We found the equipment used in the practice was generally well maintained and checked for effectiveness. However, we found some items of equipment in three of the treatment rooms which had either not been pouched and dated, or that had gone past their use by date.

Recruitment procedures could be improved through ensuring that references were always obtained prior to employment and suitably recorded. We also noted that prescription pad security could be improved.

The practice manager assured us that these concerns would be addressed promptly.

### **Are services effective?**

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.

Staff engaged in continuous professional development (CPD) and were meeting all of the training requirements of the General Dental Council (GDC). Staff received supervision from the principal dentist through a system of daily meetings. However, staff had not received appraisals within the past year to discuss their role and identify additional training needs. The practice manager told us they planned to carry out appraisals by the end of the year.

### **Are services caring?**

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

The practice provided clear, written information for patients which supported them to make decisions about their care and treatment. The dental care records demonstrated that staff provided people with explanations about the risks and benefits of different treatments. This supported people to be involved in making their own choices and decisions about their dental care.

We received positive feedback from patients. Patients felt that the staff were kind and caring; they told us that they were treated with dignity and respect at all times. We found that dental care records were stored securely and patient confidentiality was well maintained.

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

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

# Summary of findings

Patients generally had good access to appointments, including emergency appointments, which were available on the same day. The culture of the practice promoted equality of access for all. The practice was wheelchair accessible with access via a ramp to two of the treatment rooms and hygienists surgery situated on the ground floor.

There was a complaints policy in place. One complaint had been received within the past year. These had been recorded and investigated. The practice had provided the complainant with a response, although the timeliness of the response could have been improved.

Patient feedback, through the use of feedback forms collected in the waiting area, had been used to monitor the quality of the service provided, although only limited information had been obtained through this method in the past year. The practice also received ad hoc feedback in the form of letters from patients which they reviewed and held on file. The practice manager also told us that the practice had a system for making follow up phone calls with patients to check that they were satisfied with the care received.

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

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

The practice had clinical governance and risk management structures in place. These were maintained and disseminated to all members of staff.

There were areas where risk management and audit processes could be improved. This included protocols in relation to the Control of Substances Hazardous to Health 2002 (COSHH), implementation of the Legionella risk assessment and recruitment policy, and the monitoring of equipment and prescription pads. We also found that opportunities for seeking feedback from patients, for the purposes of monitoring and improving the quality of the service, were limited.

Staff were well supervised by the principal dentist during a daily staff meeting. Staff described an open and transparent culture where they were comfortable raising and discussing concerns with each other. They were confident in the abilities of the principal dentist to address any issues as they arose.

# Sheen Dental Ltd

## 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 16 June 2016. The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We reviewed information received from the provider prior to the inspection. During our inspection we reviewed policy documents and spoke with seven members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. One of the dental nurses demonstrated how they carried out decontamination procedures of dental instruments.

Fifty-five people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

There was a system in place for reporting and learning from incidents. There had been two significant events related to patients reported in the past year. These had been appropriately reviewed and investigated. There was evidence that changes to systems and protocols had been implemented as a result of these investigations, with a view to preventing further occurrences. For example, changes in the protocols related to accepting patients referred to the practice by the NHS '111' service had been implemented.

We discussed the investigation of incidents with the practice manager and principal dentist. They told us that they were committed to operating in an open and transparent manner. Patients would be told if they were affected by something that went wrong; they would investigate any such incidents, offer an apology to patients, and inform them of any actions that were taken as a result.

Improvements could, however, be made to ensure staff were aware of the Duty of Candour requirements. [Duty of Candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There was an accidents reporting book. One accident had occurred within the past year. This had been appropriately recorded, investigated, and followed-up.

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

The practice manager was the named practice lead for child and adult safeguarding. The practice had a well-designed safeguarding policy which referred to national guidance. Information about the local authority contacts for safeguarding concerns was displayed in various areas around the practice.

Staff were able to describe the types of behaviour a child might display that would alert them to possible signs of abuse or neglect. They also had a good awareness of the

issues around vulnerable elderly patients who presented with dementia. We asked the practice manager about staff training in safeguarding. They told us that staff had been asked to complete video-based training covering adult and child safeguarding (equivalent to Level 2 child protection) within the past week. A follow-up session consisting of a full staff meeting had been planned for the end of June 2016 to review staff understanding of this topic.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, we asked staff about the prevention of needle stick injuries. Following administration of a local anaesthetic to a patient, needles were not resheathed using the hands and a rubber needle guard was used instead, which was in line with current guidelines. The staff we spoke with demonstrated a clear understanding of the practice protocol with respect to handling sharps and needle stick injuries. There had been no sharps injuries recorded in the past year. However, the practice did not have a written risk assessment, and associated risk-reduction protocol, describing the rationale for recapping local anaesthetic syringes during patient treatment in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The practice followed other national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments in line with guidance from the British Endodontic Society. (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. Rubber dam 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 patients' dental care records giving details as to how the patient's safety was assured).

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies. The practice had an automated external defibrillator (AED), oxygen and other related items, such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). The emergency equipment was regularly checked and a log kept of the

# Are services safe?

checks carried out. However, we noted that some of the airway equipment had gone past its use by date and needed replacing. The practice manager assured us that this equipment would be replaced promptly.

The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. The emergency medicines were all in date and stored securely with emergency oxygen in a location known to all staff. Staff received annual training in using the emergency equipment. The staff we spoke with were all aware of the location of the emergency equipment.

## Staff recruitment

There was a recruitment policy in place which stated that all relevant checks would be carried out to confirm that any person being recruited was suitable for the role. This included the use of an application form, interview, review of employment history, evidence of relevant qualifications, the checking of references and a check of registration with the General Dental Council. We checked seven staff recruitment records, including two for members of staff who had been recruited within the past year. We saw that the majority of relevant documents had been obtained prior to employment.

However, we found that information regarding references that had been obtained were not recorded in the staff files. We discussed this issue with the practice manager who told us that they sometimes, but not always, obtained verbal references. They did not routinely keep contemporaneous notes in relation to these verbal references. They confirmed with us that they would now keep a written record of any discussions held that formed a verbal reference and they would pursue the obtaining of references prior to employment for all members of staff in the future.

It was practice policy to carry out a Disclosure and Barring Service (DBS) check for all members of clinical staff prior to employment and periodically thereafter. We saw evidence that all members of staff had a DBS check. (The 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).

## Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place. The practice had been assessed for risk of fire and there were documents showing that fire extinguishers had been recently serviced.

The practice had a system in place to respond promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, were received by the practice manager by email. These were disseminated at staff meetings, where appropriate.

There was an arrangement in place to direct patients to another local practice for emergency appointments in the event that the practice's own premises became unfit for use. Key contacts for services in the local area were kept in a business continuity plan.

The practice had carried out a risk assessment with a view to meeting the Control of Substances Hazardous to Health 2002 (COSHH) regulations. COSHH products were securely stored. Staff were aware of the COSHH file and of the strategies in place to minimise the risks associated with these products. However, improvements were required to update the COSHH file.

## Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. One of the dental nurses was the infection control lead. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. The practice had carried out practice-wide infection control audits every six months and found high standards throughout the practice.

We observed that the premises appeared clean and tidy. Clear zoning demarked clean from dirty areas in all of the treatment rooms. Hand-washing facilities were available, including wall-mounted liquid soap, hand gels and paper towels in the treatment rooms, decontamination room and toilet. Hand-washing protocols were also displayed appropriately in various areas of the practice.

We asked one of the dental nurses to describe to us the end-to-end process of infection control procedures at the practice. The protocols described demonstrated that the practice had followed the guidance on decontamination



# Are services safe?

and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'.

The dental nurse explained the decontamination of the general treatment room environment following the treatment of a patient. We saw that there were written guidelines for staff to follow for ensuring that the working surfaces, and dental chair were suitably decontaminated. This included the treatment of the dental water lines. Environmental cleaning was carried out using cleaning equipment in accordance with the national colour coding scheme.

We checked the contents of the drawers in the treatment rooms. These were well stocked, clean, ordered and free from clutter. All of the instruments were pouched. It was obvious which items were for single use and these items were clearly new. The treatment room had the appropriate personal protective equipment, such as gloves and aprons, available for staff and patient use.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice manager described the method they used, which was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out by an external contractor in 2013. The practice was following recommendations to reduce the risk of Legionella, for example, through the regular testing of the water temperatures. A record kept of the outcome of these checks on a monthly basis.

However, we noted that the record for cold water temperature testing showed that the water was consistently above the recommended 20 degrees over the past year. We queried this with the practice manager. They subsequently sent us evidence to say that they had reviewed the water testing protocol. They noted that the temperature check had not been done after allowing the taps to run for two minutes, as recommended. They had repeated the check after allowing the water to run and found that the temperature was within the correct range (at 18 degrees).

The practice used a decontamination room for instrument processing. In accordance with HTM 01-05 guidance, an instrument transportation system had been implemented

to ensure the safe movement of instruments between treatment rooms and the decontamination room which ensured the risk of infection spread was minimised. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

Instruments were manually cleaned prior to inspection under a light magnification device. Items were then placed in an autoclave (steriliser). When instruments had been sterilized, they were pouched and stored appropriately, until required.

We saw that there were systems in place to ensure that the three autoclaves were working effectively. These included, for example, the automatic control test and steam penetration test. It was observed that the data sheets used to record the essential daily validation checks of the sterilisation cycles were complete and up to date.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained. The practice used a contractor to remove dental waste from the practice. Waste was stored in a separate, locked location outside the practice prior to collection by the contractor. Waste consignment notices were available for inspection.

Staff files showed that staff regularly attended training courses in infection control. Clinical staff were also required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.)

## Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced. Portable appliance testing (PAT) had been completed in accordance with good practice guidance in June 2016. PAT is the name of a process during which electrical appliances are routinely checked for safety.

The practice stored and dispensed some medicines including antibiotics and paracetamol. Medicines were



# Are services safe?

correctly labelled and a log had been kept of which medicines had been given to which patient. The practice stored small numbers of prescriptions pads for NHS treatment and each dentist correctly wrote out private prescriptions. However, we noted that there was no system for tracking the NHS prescription numbers at the practice, for enhanced security.

The medicines used in intravenous conscious sedation, (e.g. Midazolam and the reversal agent Flumazenil) were stored appropriately and were in date. The batch number and expiry dates of Midazolam along with the amounts used were recorded during each episode of conscious sedation and a log book was kept. [Conscious sedation - these are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation].

The use by dates of medicines, oxygen cylinder and equipment were monitored using weekly and monthly check sheets to enable staff to replace out-of-date drugs and equipment promptly.

However, we found items of equipment in three of the treatment rooms which had either not been pouched appropriately, or which had been pouched, but had gone past their use by date, indicating that they needed to be

re-sterilised prior to use. We discussed this with the practice manager who agreed to review the protocols for storage of equipment in each of the treatment rooms to prevent the potential accidental usage of out-of-date items.

## **Radiography (X-rays)**

There was a well-maintained radiation protection file in line with the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor as well as the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for the X-ray set along with the three-yearly maintenance logs and a copy of the local rules. There was evidence in the staff records that they had completed radiography and radiation protection training.

However, we found that audits on X-ray quality had not been undertaken at regular intervals. One of the dentists had carried out a recent audit of their X-rays, but the other named operators had not done so. We discussed this with the practice manager. They told us that they had expected to be able to carry out X-ray audits using their computer software. However, they had recently discovered that incorrect coding and use of the software meant that such an audit could not be carried out. They had now discussed the correct use of the software with each dentist so that an audit could be carried out in the future.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentists carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. Three of the dentists described to us how they carried out their assessments. The assessment began with the patient completing a medical history questionnaire covering any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

The patient's dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included details of the costs involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

We checked a sample of dental care records to confirm the findings. These showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums were noted using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). These were carried out, where appropriate, during a dental health assessment.

### Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. The principal dentist told us they discussed oral health with their patients, for example, effective tooth brushing or dietary advice. They were aware of the need to discuss a general preventive agenda with their patients and referred to the advice supplied in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. (This is an evidence-based toolkit used by dental teams for the

prevention of dental disease in a primary and secondary care setting). They told us they held discussion with their patients, where appropriate, around smoking cessation, sensible alcohol use and dietary advice. The dentists also carried out examinations to check for the early signs of oral cancer.

There were three hygienists working at the practice. Where required, the dentists referred patients to a hygienist to further address oral hygiene concerns.

We observed that there were health promotion materials displayed in the waiting areas. These could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition.

### Staffing

Staff told us they received appropriate professional development and training. We checked all of the staff records and saw that this was the case. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies, infection control and radiography and radiation protection training. Staff had also recently completed some safeguarding training. Staff involved in carrying out conscious sedation had all undergone relevant training.

There was an induction programme for new staff to follow to ensure that they understood the protocols and systems in place at the practice.

Staff told us that they were well supervised and that the practice supported their career development and aspirations. Staff met daily, prior to commencing clinical work, to review their performance and discuss any ongoing concerns. However, we noted that staff had not been engaged in a formal appraisal process within the past two years. The practice manager told us that they planned to introduce an appraisal system by the end of the year.

### Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients.

Three of the dentists explained how they worked with other services, when required. They were able to refer patients to a range of specialists in primary and secondary care if the

# Are services effective?

(for example, treatment is effective)

treatment required was not provided by the practice. For example, there was a system in place for referring patients to hospital consultants using a fast track process for suspected cases of oral cancer.

We reviewed the systems for referring patients to specialist consultants in secondary care. A referral letter was prepared and sent to the hospital with full details of the dentist's findings and a copy was stored on the practices' records system. When the patient had received their treatment they were discharged back to the practice. Their treatment was then monitored after being referred back to the practice to ensure patients had received a satisfactory outcome and all necessary post-procedure care. A copy of the referral letter was always available to the patient if they wanted this for their records.

## **Consent to care and treatment**

The practice ensured valid consent was obtained for all care and treatment. We spoke to three of dentists about their understanding of consent. They explained that

individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. Patients were asked to sign formal written consent forms for specific treatments.

All of the staff we spoke with were aware of the Mental Capacity Act 2005. (The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves).

The dentists we spoke with could describe scenarios for how they would manage a patient who lacked the capacity to consent to dental treatment. They noted that they would involve the patient's family, along with social workers and other professionals involved in the care of the patient, to ensure that the best interests of the patient were met.

# Are services caring?

## Our findings

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

The majority of the feedback we received from patients was positive and referred to the staff's caring and helpful attitude. Patients indicated that they felt comfortable and relaxed with their dentist and that they were made to feel at ease during consultations and treatments.

Staff were aware of the importance of protecting patients' privacy and dignity. The treatment rooms were situated away from the main waiting area and the staff told us that the doors were closed at all times when patients were having treatment.

Staff understood the importance of data protection and confidentiality and had received training in information governance. Patients' dental care records were stored in an electronic format. Records stored on the computer were password protected and regularly backed up.

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

The practice displayed information on its website which gave details of the private dental charges or fees. This information was also displayed in the waiting area. Information about NHS charges were also displayed in the waiting area.

We spoke with a range of staff on the day of our inspection including dentists, dental nurses and a hygienist. They told us they worked towards providing clear explanations about treatment and prevention strategies. We saw evidence in the dental care records that the dentist recorded the information they had provided to patients about their treatment and the options open to them. The patient feedback we received confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' dental needs. There were set appointment times for routine check-ups and more minor treatments. The dentists could also decide on the length of time needed for their patient's consultation and treatment, particularly in relation to more complex treatment plans. The feedback we received from patients indicated that they felt they had enough time with the dentist and were not rushed.

Staff told us that patients could book an appointment in good time to see the dentist. The feedback we received from patients confirmed that they could get an appointment when they needed one, and that this included good access to emergency appointments on the day that they needed to be seen.

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including opening hours and guides to different types of dental treatments. New patients were given a practice leaflet which included advice about appointments, opening hours and the types of services that were on offer. The practice had a website which reinforced this information.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. There was an equality and diversity policy which staff were following.

Staff had access to a telephone interpreter service and spoke a range of different languages, which supported some patients to access the service. They were also able to provide large print, written information for people who were hard of hearing or visually impaired. The practice was wheelchair accessible with access to the treatment rooms on the ground floor and a disabled toilet.

### Access to the service

The practice opening hours are Monday to Friday from 8.00am to 5.00pm. The practice is also open from 9.00am to 1.00pm on Saturdays.

We asked one of the dental nurses, who also worked as a receptionist about access to the service in an emergency or outside of normal opening hours. They told us that there was an answerphone message which directed patients to other local out of hours services. Private patients could also call a mobile number, which was clearly displayed on a noticeboard outside the practice.

Messages left on the answerphone were directed to the principal dentist or practice manager so that they could call the patient back and determine their level of need. The dentist then either arranged to see the patient, or referred them to another service, depending on the outcome of their telephone assessment.

Staff told us that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, were seen on the same day that they alerted the practice to their concerns. The feedback we received via comments cards confirmed that patients had good access to the dentist in the event of needing emergency treatment.

### Concerns & complaints

Information about how to make a complaint was held in a patient information leaflet given to new patients and was available, on request, from staff working on the reception desk.

We viewed a copy of the complaints policy and saw that it described how the practice handled formal and informal complaints from patients. There had not one complaint recorded in the past year. We noted that the practice had not responded to this complaint within the recommended timeline as specified in their policy. The practice manager noted that the complaint had been received during a period that they had been absent from work, but that arrangements in place to manage these issues while they were away had not been successful. They showed us that they had carried out significant event analysis and a meeting to ensure that the problem did not recur.

Patients were invited to give feedback through a suggestions box situated in the reception area and through the use of the NHS 'Friends and Family Test'. There had been a limited response to the survey with only nine responses received in the past year. However, the information received demonstrated that patients were satisfied with their care. The practice also received ad hoc feedback, in the form of letters from patients, which they

# Are services responsive to people's needs?

(for example, to feedback?)

reviewed and held on file. The practice manager told us that the practice had a system for making follow up phone calls with patients to check that they were satisfied with the care received.



# Are services well-led?

## Our findings

### Governance arrangements

The practice had governance arrangements and a clear management structure. There were relevant policies and procedures in place. There were arrangements for identifying, recording and managing risks through the use of risk assessment processes. Staff were aware of these and acted in line with them.

However, we noted some examples where improvements were required to ensure the systems in place were used effectively. For example, the practice recruitment policy had not always been carefully followed. The monitoring of equipment and products, including prescription pads could also be carried out more carefully to ensure that these were secure, well maintained, and disposed of, in line with published guidance. The practice manager was responsive to our feedback in these areas and confirmed that they would act to remedy these issues.

Records related to patient care and treatments were kept accurately and staff records were generally well maintained.

There were arrangements for identifying, recording and managing risks through the use of risk assessment processes. We identified few areas, such as the COSHH file, implementation of the Legionella risk assessment, and management of sharps, where improvements were required. The practice manager we spoke with about these issues was responsive to our feedback.

There had historically been regular staff meetings to discuss key governance issues. We were able to view minutes from these meetings in 2015. More recently, these meetings had not been taking place, but the practice manager planned to reintroduce these meetings in the coming months. All of the staff told us that they met, as a team, on a daily basis prior to commencing clinical work. They told us this provided them with an opportunity to discuss any concerns and review their work.

### Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff told us that they felt comfortable about raising concerns with the principal dentist and practice manager. They felt they were listened to and responded to when they did so.

We found staff to be hard working, caring towards the patients and committed to the work they did. Staff told us they enjoyed their work.

Staff noted that the daily meetings provided them with an opportunity to discuss their concerns and was a system for ongoing supervision of all staff by the principal dentist. However, staff had not received regular appraisals which commented on their own performance and elicited their goals for the future. The practice manager told us they planned to carry out appraisals by the end of the year.

### Learning and improvement

The practice had a programme of clinical audit that was used as part of the process for learning and improvement. These included audits infection control, clinical record keeping, and X-ray quality. However, we found that the audits of X-ray quality and clinical record keeping were incomplete as they did not cover all of the dentists working at the practice.

Staff were supported to pursue development opportunities. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

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

The practice gathered feedback from patients through the use of the NHS 'Friends and Family Test' and a suggestions box in the waiting area. The practice manager told us that the practice had a system for making follow up phone calls with patients to check that they were satisfied with the care received. The majority of feedback had been positive. However, we noted that the opportunities to provide feedback were limited. The practice had received nine responses to the Friends and Family Test since April 2015, suggesting that the implementation of the survey had been limited.

All of the responses received indicated that patients were likely to recommend the practice to others.

The staff we spoke with told us the principal dentist and practice manager were open to feedback regarding the quality of the care. The daily staff meetings also provided appropriate forums for staff to give their feedback.