

Staveley Dental Care

Retford Primary Care Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 14 February 2017 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

Retford Primary Care Centre is located in ground floor premises situated in the hospital in the market town of Retford. There is one treatment room. The service only provides NHS dental treatments. There is free car parking for dental patients on the hospital site.

The service provides regulated dental services to both adults and children. Services provided include general dentistry and dental hygiene. This is usually for patients with special needs, such as being very nervous who where there are access issues.

The service was only open on a Tuesday. The opening hours are – Tuesday: 9 am to 4 pm.

The service operates on a referral only basis. Referrals were for NHS treatment and were accepted from any NHS professional such as a GP, District Nurse or Health Visitor.

The practice manager was registered with the Care Quality Commission (CQC) as 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 service is registered with the CQC as an organisation.

Summary of findings

The service has one dentist; two qualified dental nurses; and one practice manager.

Before the inspection we sent CQC comments cards to the service for patients to complete to tell us about their experience of the service and during the inspection we spoke with patients. We received responses from five patients through both comment cards and by speaking with them during the inspection. Those patients provided positive feedback about the services provided.

Our key findings were:

- The premises were visibly clean and there were systems and processes in place to maintain the cleanliness.
- The systems to record accidents, significant events and complaints, learning points from these were recorded and used to make improvements.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- There were effective systems at the service related to the Control of Substance Hazardous to Health (COSHH) Regulations 2002.
- The service had a robust consent policy including reference to the Mental Capacity Act 2005.
- Patients said they had no problem getting an appointment that suited their needs.
- Patients provided positive feedback about their experiences at the service. Patients said they were treated with dignity and respect.
- Dental care records demonstrated that the dentists involved patients in discussions about treatment options.
- Patients' confidentiality was protected within the service.
- The service followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns about a colleague's practice.
- The service 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.

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 service was providing safe care in accordance with the relevant regulations.

The systems for recording accidents, incidents and complaints were robust.

All staff had received up-to-date training in safeguarding vulnerable adults and children. There were clear guidelines for reporting concerns and the service 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.

There were effective systems at the service related to the Control of Substance Hazardous to Health (COSHH) Regulations 2002.

The service 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 service was visibly clean and had infection control procedures to ensure that patients were protected from potential risks. Regular audits of the decontamination process were as recommended by the current guidance.

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

No action



Are services effective?

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

All patients were clinically assessed by a dentist before any treatment began. The service 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).

Discussions about treatment options were recorded in dental care records.

All staff were supported to meet the requirements of the General Dental Council (GDC) in relation to their continuing professional development (CPD).

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

There was a robust consent policy which made reference to the Mental Capacity Act 2005.

The service had systems in place for making referrals to other dental professionals when it was clinically necessary.

No action



Summary of findings

Are services caring?

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

Patient confidentiality was maintained and dental care records were stored securely.

Feedback from patients identified staff were friendly, and treated patients with care and concern. Patients also said they were treated with dignity and respect.

There were systems for patients to be able to express their views and opinions and the service encouraged patients to do so.

No action



Are services responsive to people's needs?

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

There was a clear referral system for patients to access the service.

Patient areas including the treatment room were located on the ground floor which allowed easy access for patients with restricted mobility. The service had an induction hearing loop to assist patients who used a hearing aid.

Interpreters were available for patients who could not speak English.

There were systems and processes to support patients to make formal complaints in necessary.

No action



Are services well-led?

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

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

The service had a system for carrying out audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

Policies and procedures were reviewed annually.

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

No action



Retford Primary Care Centre

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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 14 February 2017. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked for information to be sent, this included the complaints the service had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies.

We reviewed the information we held about the service and found there were no concerns.

We reviewed policies, procedures and other documents. We received feedback from five 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 service had systems for recording and investigating accidents, significant events and complaints. There was an accident book to record any accidents to patients or staff. The last recorded accident had been in November 2016 when a staff member slipped on spilled water. The staff member did not sustain any injury and appropriate action was taken.

The service had not needed to make any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reports although staff said they were aware how to make these reports.

The records identified there had been five significant events in the twelve months leading up to this inspection. There were forms in the service for recording any significant events and also to review and record learning points. The most recent significant event occurred in January 2017 and related to an issue in a care home during a domiciliary visit. This had been analysed and learning points shared with staff.

The service received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. The practice received these via email from the practice manager.

The service had a Duty of Candour policy. 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. Discussions with the practice manager identified there had been no examples of the policy needing to be put into action. Discussions with the practice manager identified they knew when and how to notify CQC of incidents which caused harm.

Reliable safety systems and processes (including safeguarding)

The service had a policy for safeguarding vulnerable adults and children which had been reviewed in September 2016. The policy identified how to respond to and escalate any

safeguarding concerns. The relevant contact telephone numbers and flow chart for protection agencies were available for staff both within the treatment room. Discussions with staff showed that they were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the service when necessary. The practice manager said there had been no safeguarding referrals made by the practice.

The lead dental nurse was the identified lead for safeguarding in the practice. They had received training in child protection and safeguarding vulnerable adults to level two during January 2017. We saw evidence that all staff had completed safeguarding training to level two during 2016.

The service had a policy for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The policy had been reviewed in September 2016. There were risk assessments for all products and there were copies of manufacturers' product data sheets. Data sheets provided information on how to deal with spillages or accidental contact with chemicals and advised what protective clothing to wear.

The service had an up to date Employers' liability insurance certificate which was due for renewal on 30 April 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The service had a policy for dealing with sharps injuries which was on display in the treatment room. It was service policy that only the dentist handled needles and needles were not re-sheathed. The service used a safe sharps system for injection needles to allow this to be completed safely. This was in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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 the sharps bins were located where they were accessible to the dentist but not to patients. The 2013 regulations indicated sharps bins should not be located on the floor and should be out of reach of small children. Sharps bins were signed and dated, the National Institute for Healthcare Excellence (NICE) guidelines: 'Healthcare-associated infections: prevention and control in primary and community care' advise – sharps boxes should be replaced every three

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months even if not full. The fact that the boxes were signed and dated allowed staff to identify when the three month expiry date had been reached. A poster in the treatment room gave staff guidance about using the sharps bins.

Discussions with the dentist identified they were using rubber dams when providing root canal treatment to patients. Guidance from the British Endodontic Society is that rubber dams should be used whenever possible. A rubber dam is a thin, square sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment (treatment involving the root canal of the tooth) is being provided. On the rare occasions when it is not possible to use rubber dams, 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 service had a supply of latex free rubber dam kits available.

Staff at the service made domiciliary visits on an occasional basis. We saw the staff had all of the equipment necessary for domiciliary visits and this included emergency medicines, medical oxygen and resuscitation equipment. Discussions with the dentist identified that usually domiciliary visits were usually to carry out check-ups or to follow-up on treatment. If it were possible for the patient to attend the service for treatment then this was the preferred option.

Medical emergencies

The dental service had equipment in preparation for any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the medicines and found they were all in date. There were systems in place to check expiry dates and monitor that equipment was safe and working correctly.

There was a first aid box which was located in the treatment room. We saw evidence the contents were being checked regularly. We saw a certificate demonstrating one member of staff had completed first aid at work course. The certificate identified the training was in date at the time of the inspection and was due for renewal in April 2017.

There were two automated external defibrillator (AED) within a few yards of the service. AED's were located in reception areas within the building and dental staff had

ready access at all times to the AEDs. 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. The AED was being checked regularly to ensure it was working correctly. This complied with the Resuscitation Council UK guidelines. We saw there were records to demonstrate the equipment was checked regularly to ensure it was working correctly.

All staff at the service had completed basic life support and resuscitation training in January 2017. We saw certificates that had been issued to staff following this training.

Additional emergency equipment available at the service included: airways to support breathing, a bag valve mask for manual resuscitation and oxygen masks for adults and children.

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies. Staff at the practice were involved in medical emergency scenario training on a six monthly basis. The scenario training with any learning points recorded.

Staff recruitment

We looked at the staff recruitment files for all three 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 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 saw that every member of staff had received a DBS check and the staff recruitment files contained the information identified in the regulations. We discussed the records that should be held in the recruitment files with the practice manager.

Monitoring health & safety and responding to risks

The service was located in the Retford hospital premises. Overall responsibility for health and safety was with the NHS Trust who managed the hospital site. We saw the

Are services safe?

hospital had produced a health and safety policy which related to the dental service. The policy had been reviewed in September 2016. As part of this policy each area of the service had been risk assessed to identify potential hazards and identify the measures taken to reduce or remove them.

Responsibility for health and safety equipment such as fire extinguishers and fire risk assessment was with the NHS Trust. We saw that fire extinguishers had been serviced in November 2016. We saw there was an automatic fire alarm system installed with emergency lighting and smoke alarms throughout the service. Fire evacuation notices were displayed for staff and patients outlining the action to take if a fire occurred.

The hospital where the service was located 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.

A Business Continuity Plan was available in the service and a copy was held off site. The plan identified the steps for staff to take should there be an event which threatened the continuity of the service. A list of emergency contacts formed part of the plan, and were displayed in the decontamination room for staff reference.

Infection control

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.

The service had an infection control policy which had been reviewed in September 2016. A copy was available to staff in the treatment room. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The service had systems for testing and auditing the infection control procedures. The head nurse was the lead for infection control at the service.

Records showed that infection control audits had been completed. This was as recommended in the guidance HTM 01-05. The last audit was completed in December 2016. The latest audit had scored 93% and an action plan was in place to address issues highlighted in the audit.

The hospital had a clinical waste contract and the service were covered by that contract. We saw that waste matter was collected at the end of each dental session. Clinical waste was stored securely while awaiting collection. The clinical waste contract also covered the collection of amalgam, a type of dental filling which contains mercury and is therefore considered a hazardous material. The service had a spillage kit for mercury and a bodily fluids spillage kit both of which were in date.

There was one decontamination room where dental instruments were cleaned and sterilised and then bagged, date stamped and stored. 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. The practice was latex free to avoid any risk to staff or patients who might have a latex allergy.

A dental nurse demonstrated the decontamination process. We saw the procedures were as outlined in the published guidance (HTM 01-05).

The service had one washer disinfectant, this being a machine for cleaning dental instruments similar to a domestic dish washer. After cleaning, instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in the service's autoclave (a device for sterilising dental and medical instruments). The service had one steam autoclave which was designed to sterilise dental instruments. At the completion of the sterilising process, all instruments were dried, placed in pouches and dated with a use by date.

We checked the equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers' instructions. There were records to demonstrate this and that equipment was functioning correctly.

The service had a policy for dealing with blood borne viruses dated September 2016. There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required. Records showed that blood tests to check the

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effectiveness of the inoculation had been taken. 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.

The risks associated with Legionella had been assessed by the NHS Trust. Records were not available for inspection as these were held by the Trust. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The service had taken steps to reduce the risks associated with Legionella with regular flushing of dental water lines as identified in the relevant guidance.

Equipment and medicines

The service kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing had been completed on electrical equipment at the service in February 2017. The pressure vessel checks on the compressor which produced the compressed air for the dental drills had been completed on 13 February 2017. This was in accordance with the Pressure Systems Safety Regulations (2000). Records showed the autoclaves had been serviced and validated in January 2017.

The service had all of the medicines needed for an emergency situation, as recommended in the 'British National Formulary' (BNF).

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

We discussed the management of prescription pads with the dentist. The service did not keep a log of prescription numbers to monitor the security of the prescription pads and maintain an audit trail. The dentist said this would be introduced following this inspection. Prescription pads were not pre-stamped which added to their security and the prescription pads and stamp were held securely.

Radiography (X-rays)

There was a Radiation Protection file which contained the relevant information and records relating to the X-ray machines and their safe use on the premises.

The service had one intraoral X-ray machine (intraoral X-rays concentrate on one tooth or area of the mouth). If a patient required an extra-oral X-ray for taking X-rays of the entire jaw and lower skull they would be referred to other NHS services to receive one.

X-rays were carried out in line with local rules that were relevant to the service and specific equipment. The local rules for the use of the X-ray machine were available in the treatment room.

The Radiation Protection file identified the service had a radiation protection supervisor (RPS) this being the 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 be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and by qualified staff only.

The service had critical examination documentation for the X-ray machines. Critical examinations are completed when X-ray machines are installed to document they have been installed and are working correctly.

Records showed the X-ray equipment had been inspected in May 2016. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years. The regulations also required providers to inform the Health and Safety Executive (HSE) that X-rays were being carried out on the premises. Documentary evidence confirmed the HSE had been informed.

The X-ray machine was fitted with rectangular collimation therefore the Ionising Radiation Regulations (Medical Exposure) Regulations 2000 (Regulation 7) were being followed. Rectangular collimation is a specialised metal barrier attached to the head of the X-ray machine. The barrier has a hole in the middle used to reduce the size and shape of the X-ray beam, thereby reducing the amount of radiation the patient receives and the size of the area affected.

The service 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.

Are services safe?

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.

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 service held paper dental care records for each patient. Dental care records contained information about the assessment, diagnosis, and treatment. The care records showed a thorough examination had been completed, and identified any risk factors such as smoking and diet for each patient.

Patients at the service completed a medical history form which was checked by the scanned into their electronic dental records. Returning patients updated their information which was reviewed with the dentist in the treatment room. The patients' medical histories included any health conditions, medicines being taken, whether the patient might be pregnant or had any allergies.

The dental care records showed the dentist assessed the patients' periodontal tissues (the gums) and soft tissues of the mouth. The dentist 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. The dentist was using BPE for all patients other than young children.

We saw the dentist used national guidelines on which to base treatments and develop treatment plans for managing patients' oral health. Discussions with the dentist showed they were aware of National Institute for Health and Care Excellence (NICE) guidelines, particularly in respect of recalls of 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 dentist was following NICE guidelines in their treatment of patients.

Health promotion & prevention

The service had one waiting room for patients. One dental nurse had a British Dental Association (BDA) qualification in oral health education which had been obtained in 2014. The dental nurse particularly used this experience during domiciliary visits to care homes where advice was given to staff on caring for dentures and cleaning teeth.

There were leaflets to demonstrate good oral hygiene techniques available in the waiting area. Free samples of toothpaste were available for patients in the service.

The service saw a number of children at the service and they were offered fluoride varnish application and fluoride toothpaste if they were identified as being at risk. The use of fluoride varnish was in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' This has been produced to support dental teams in improving patients' oral and general health. There were copies of this document available in the practice. Discussions with staff showed they had a good knowledge and understanding of 'delivering better oral health' toolkit. We saw certification that demonstrated staff at the service had attended training in the use of fluoride varnish application.

We saw several examples in patients' dental care records that the dentist had provided positive health promotion advice. The dentist said that it was rarely necessary to give advice about the harmful effects of smoking or alcohol as this was not an issue with most patients seen at the service. Advice about diet and the effect on oral health was given. In some dental care records we saw the risk assessments for caries (tooth decay) and periodontal disease (gum disease) were also recorded.

We noted that with regard to smoking cessation there was advice in the reception area with leaflets and posters on display. Other local agencies offering this service were also identified. This was in line with the NICE guidelines: Oral health promotion: general dental practice (NG30).

Staffing

The service had one dentist; two qualified dental nurses; and one practice manager. 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.

The practice manager had a system for checking that staff registered with the GDC were up to date with their registration. In addition clinical staff who were required to have indemnity insurance had provided evidence their insurance cover was up to date.

Records within the service showed there were sufficient numbers of staff to meet the needs of patients attending the practice for treatment.

We looked at staff training records for clinical staff to identify that they were maintaining their continuing

Are services effective?

(for example, treatment is effective)

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. Training records for clinical staff were clear and we saw copies of training certificates and CPD details for relevant staff during the inspection. Examples of training completed included: radiography (X-rays), medical emergencies, infection control, and safeguarding.

Records at the service showed that all staff had received an annual appraisal. This was completed with the practice manager. We saw evidence of new members of staff having had an induction.

Working with other services

The service made referrals to other dental professionals based on risks or if a service was required that was not offered at the practice. We saw the service referred to other local dental services and for minor oral surgery.

The service did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere either to a dental practice who provided sedation or to one of the local hospitals who provided this service.

The service also made referrals for NHS orthodontic treatment (where badly positioned teeth are repositioned to give a better appearance and improved function).

Referrals were made to the Maxillofacial department at the local hospital or a local practice with a contract for minor oral surgery for wisdom tooth removal. For patients with suspicious lesions (suspected cancer) referrals were sent through to the hospital within the two week time frame for urgent referrals.

Consent to care and treatment

The service had a patient consent policy which had been reviewed in September 2016. The policy referenced the Mental Capacity Act 2005 (MCA). 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. Discussions with the dentist showed an understanding on the MCA and how it might apply to dentistry.

The consent policy identified that the standard NHS FP17 form would be used to record patients' consent. This form recorded both consent and provided a treatment plan. The dentist discussed the treatment plan with the patients and explained the treatment process. This allowed the patient to give their informed consent. A hard copy of the consent form was retained by both the service and the patient.

The dentist had a good understanding of the concept of best interest decisions as identified in the MCA. The dentist was able to demonstrate how this had been put into practice and recorded in the dental care records.

We saw how consent was recorded in the patients' dental care records. Dentists had identified the different treatment options and recorded these had been discussed with the patients. This led the patients concerned to make informed choices about their treatment and give valid consent.

We talked with dental staff about their awareness of Gillick competency. 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. We saw that staff had an understanding of Gillick competency. Records showed that most staff had completed training in legal and ethical issues which included Gillick competency.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During the inspection we observed staff speaking with patients. We saw that staff were polite, and had a friendly and welcoming manner. Staff said that many of the patients seen at the service were nervous so it was important to help put people at ease. We saw that staff spoke with patients with due regard to dignity and respect.

The practice did not have its own reception desk with patients called straight into the treatment room from the waiting area. All discussions took place within the treatment room and therefore confidentiality was maintained. We noted it was not possible to hear conversations taking place in the treatment room by those seated outside.

We saw examples that showed patient confidentiality was maintained at the service. For example we saw that patients' dental care records were held securely. Patients said they had no concerns regarding their confidentiality at the service.

Involvement in decisions about care and treatment

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

The service only offered NHS treatments and the costs of NHS treatments were clearly displayed in the treatment room. If patients were receiving treatment they were given a treatment plan which included the costs.

We spoke with the dentist about how patients had their diagnosis and dental treatment discussed with them. The patient demonstrated in the patient care records how the treatment options and costs were explained and recorded. Patients were given a written copy of the treatment plan which included the costs.

Where necessary the dentist gave patients information about preventing dental decay and gum disease. In particular the dentist had highlighted the risks associated with smoking and diet if relevant. We saw examples of this recorded in the dental care records. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The patient areas of the practice were located on the ground floor. There was parking including disabled parking close to the dental service.

We saw there was a good supply of dental instruments, and there were sufficient instruments to meet the needs of the practice.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist.

Tackling inequity and promoting equality

The service had an equal opportunities policy which had been reviewed in September 2016. This gave staff guidance on treating patients without prejudice or discrimination.

There was one treatment room which was situated on the ground floor and was accessible for wheelchair users. This allowed patients with restricted mobility easy access to treatment at the service.

There was a lower section of the main reception desk which meant patients who were using a wheelchair could speak with the receptionist and were able to make eye contact.

The hospital had three ground floor toilets for patients to use. These were situated outside the dental service in the main reception area. All three were compliant with the Equality Act (2010).

There was a hearing induction loop at the main hospital reception to assist patients who used a hearing aid. The Equality Act requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices.

The service used a recognised company to provide interpreter services for patients who could not speak English. The practice manager said this was rarely if ever needed.

Access to the service

The service was only open on a Tuesday. The opening hours were – Tuesday: 9 am to 4 pm.

The service operated on a referral only basis. Referrals were for NHS treatment and were accepted from any NHS professional such as a GP, District Nurse or Health Visitor.

Concerns & complaints

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

Information about how to complain was displayed in the patient information file in the waiting room.

From information reviewed in the service we saw that there had been no formal complaints received in the 12 months prior to our inspection. The practice manager said the service had not received any formal complaints since the service started in 2011.

Are services well-led?

Our findings

Governance arrangements

We saw a number of policies and procedures at the service these had been reviewed at various times in the twelve months up to this inspection. Staff signature sheets attached to each policy identified the policy had been seen by individual members of staff.

We spoke with staff who said they understood the structure of the service. Staff said if they had any concerns they would raise these with either the practice manager or the dentist.

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

Leadership, openness and transparency

We saw that full staff meetings at this service were scheduled for approximately once every two to three months throughout the year. Staff meetings were minuted and minutes were available to all staff.

Discussions with staff showed there was a good understanding of how the service worked, and knowledge of policies and procedures.

The service had a policy relating to the duty of candour which directed staff to be open and to offer apologies when things had gone wrong. Discussions with staff showed they understood the principles behind the duty of candour. There had been no examples where the duty of candour policy had been used.

The service had a whistleblowing policy which had been reviewed in September 2016 identified how staff could raise any concerns they had about colleagues' under-performance, conduct or clinical practice. This was both internally and with identified external agencies.

Learning and improvement

We saw the service completed a range of different audits throughout the year. This was for both clinical and non-clinical areas of the service. The audits identified areas for improvement, and where quality had been achieved. Examples of completed audits included: Regular infection control audits; audits of radiography (X-rays) were completed every six months. The radiography audits checked the quality of the X-rays including the justification (reason) for taking the X-ray and the clinical findings which had been recorded in the dental care records; and the service had audited their dental care records.

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

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

The service had a NHS Friends and Family Test (FFT) comment box which was located in the treatment room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box was being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS England. Information in the service showed very little patient feedback was received due to the nature of the service. The practice had received two FFT responses both patients provided positive feedback and said they would recommend the service to family and friends.

There were no patient reviews recorded on the NHS Choices website.