

## Regency Dental Practice (Cheltenham) Limited

# Regency House Dental Practice

### Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 5 December 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 this practice was not providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

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

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

#### **Background**

Regency House Dental Practice is set in a Grade 2 listed regency town house building in central Cheltenham. There are a number of stairs to ascend outside the building with hand rails on both sides. The practice comprises a reception area and two waiting rooms, one treatment room on the ground floor, one treatment room on the first floor and a third treatment room on the second floor, toilet and office space. Parking is available nearby in public car parks. The practice is not accessible to patients with disabilities and they have an arrangement with the local community dental service to see patients who cannot access the practice.

The surgery provides a full range of private dental services to patients of all ages including preventative treatments, implants and full mouth reconstructions on a private basis to adults. Fees are displayed in information leaflets available in the practice for patients and on the website.

The opening times are: Monday, Tuesday and Thursday 8.30am-5.15pm; Wednesday 8.30am-7.00pm; Friday 8.30-1.00pm. The practice is closed at weekends. The Out of Hours number is available from the telephone answering service and on the practice website. The practice is

# Summary of findings

staffed by three dentists; one dental therapist and one dental hygienist; two qualified dental nurses, one of which is the practice manager; three trainee dental nurses and a receptionist.

The practice is registered with the Care Quality Commission (CQC) as a limited company and the practice manager is the registered manager. 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.

We reviewed seven CQC comment cards that had been left for patients to complete prior to our visit. In addition we spoke with three patients on the day of our inspection. Patients commented they found the practice exemplary and staff were welcoming, friendly kind and caring. Several patients commented that staff go out of their way to help.

Patients commented staff put them at ease and listened to their concerns. They also reported they felt proposed treatments were fully explained to them so they could make an informed decision which gave them confidence in the care provided. Patients we spoke with and the comment cards reviewed corroborated these comments.

## Our key findings were:

- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP). Patient dental care records were detailed and showed on-going monitoring of patients oral health.
- There were systems in place to help ensure the safety of staff and patients with regard to safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control. However there were limited systems to manage the safety of staff and patients in the premises and from equipment used.
- Staff had been trained to deal with medical emergencies, however not all required emergency equipment was available recommended by the Resuscitation Council UK.
- The premises and equipment appeared clean and well maintained.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards and guidance.
- Patients received information about their care, proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Opportunities for training and learning were available for staff however records of training were not kept.
- Patients were treated with kindness, dignity and respect, and their confidentiality was maintained.
- The appointment system met the needs of patients, and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients and reasonable adjustments were made to enable patients to receive their care and treatment.
- Arrangements for infection prevention and control met essential requirements however systems and equipment available was not always fully utilised to ensure protection and enhance patient safety.
- Governance arrangements in place were not effective to facilitate the smooth running of the service and there was no source of evidence regular audits were being used for continuous improvements.
- There was not an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.
- Improvements were required to ensure there was an effective appraisal and performance review system for staff.

There were areas where the provider MUST make improvements :

- Ensure an effective system is established to assess, monitor, mitigate risks and improve the quality of service arising from undertaking the regulated activities.
- Ensure all emergency equipment as recommended by the Resuscitation Council UK is available for use in a medical emergency.
- Ensure the practice recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act

# Summary of findings

2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.

- Ensure the storage of records relating to people employed and the management of regulated activities is in accordance with current legislation and guidance.
- Ensure audit protocols reflect the need to document learning points which are then shared with all relevant staff. Ensure the resulting improvements can be demonstrated as part of the audit process.
- Ensure the practice receives and responds to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and from Public Health England and the Department of Health.

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

- Review the practice infection control procedures and protocols taking into account guidelines issued by the Department of Health - Health Technical

Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' with regard to the use of the decontamination room for all decontamination processes.

- Review the practice protocols for medicines management and ensure all medicines are managed and dispensed in accordance with the Human Medicines Regulations 2012.
- Review the practice policy and the storage of products identified under the Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure a risk assessment is undertaken and the products are stored securely.
- Review policies relating to fire management and ensure fire risk assessments are completed and identified actions implemented.
- Review the current performance review systems and establish an effective process for the on-going assessment and supervision of all 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 this practice was not providing safe care in accordance with the relevant regulations. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

There were systems in place to help ensure the safety of staff and patients in relation to safeguarding children and adults from abuse, and maintaining the required standards of infection prevention and control. Not all staff had been trained to respond to medical emergencies and the practice did not have all the required equipment as recommended by the Resuscitation Council UK.

There was guidance for staff about the effective decontamination of dental instruments; however instruments were being partially decontaminated in treatment room before being taken to the separate decontamination room to complete the process. The provider and manager told us they did not have enough staff to fully utilise the decontamination room, but agreed to address this issues immediately.

There were systems in place to help ensure the safety of staff and patients; however they were not robust. For example there was a fire system in place but regular testing of the system did not happen and appointed fire marshals' had not received training. The practice manager agreed to rectify this situation immediately.

We found the practice identification of environmental risks was limited. Risk assessments had been completed but not all actions to mitigate risks had been identified or implemented.

Qualified practice staff were suitably trained and skilled and trainee staff were appropriately supervised. Recruitment of staff did not follow the legislative guidance for safe recruitment. The registered manager agreed to review recruitment practices for the protection of patients.

There were procedures regarding the maintenance of equipment and the storage of emergency medicines in order to deliver care safely. However not all equipment requiring maintenance had been identified, for example the gas boiler. In the event an incident or accident occurred the practice documented and investigated it and learning from it was disseminated to staff.

No action



### Are services effective?

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

No action



# Summary of findings

The practice kept detailed electronic records of the care given to patients including comprehensive information about patients' oral health assessments, treatment and advice given. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

We saw examples of teamwork within the practice and evidenced good communication with other dental professionals to provide specialist services for further investigation or treatment as required. Comments received via the CQC comment cards reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes they experienced.

The practice was proactive in providing patients with advice about preventative care and supported patients to ensure better oral health in line with Public Health England publication 'Delivering better Oral Health 3rd edition.(DBOH) Comments received via the CQC comment cards reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes they experienced. In the waiting rooms we saw evidence of health promotion information.

## Are services caring?

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

We reviewed seven completed CQC comments and received feedback on the day of the inspection from three patients about the care and treatment they received at the practice. The feedback was positive with patients commenting on the excellent service they received, professionalism and caring nature of the staff and ease of accessibility in an emergency. Patients commented they felt involved in their treatment and that it was fully explained to them.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Policies and procedures in relation to data protection, security and confidentiality were in place and staff were aware of these.

No action



## Are services responsive to people's needs?

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

The practice offered routine and emergency appointments each day. There were clear instructions for patients requiring urgent care when the practice was closed.

The practice had a ground floor treatment room once in the building however there was a steep flight of steps into the building. A handrail was available but the practice had identified they could not utilise a ramp for access into the building for patients with mobility difficulties. They had made arrangements with another service to see these patients.

No action



# Summary of findings

The service was aware of the needs of the local population and took those these into account in how the practice was run. We observed the reception desk was compliant with the Equality Act 2010. The practice provided patient access to telephone interpreter services when required.

There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients or their carers.

## Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The practice had a management structure in place however it was not operated effectively to ensure the assessment, monitoring, mitigation of risk and quality of service was effectively managed. Additionally practice policies had not been fully implemented.

The practice had accessible and visible leadership with some arrangements for sharing information across the team, including holding regular meetings which were documented for those staff unable to attend. Staff told us they felt well supported and could raise any concerns with the principal dentist and practice manager.

The practice manager was a dental nurse and told us they had commenced a management course to assist them to operate effective systems in the practice to assess, monitor, mitigate risks and improve the quality of service while providing the regulated activities. Risk assessments and policies were regularly reviewed to ensure they reflected current legislation and guidance.

The provider had limited governance arrangements in place to ensure quality and performance were regularly assessed with a view for improvement. An audit had been completed, for example a record keeping audit as part of the principal dentist's MSc study programme and action had been taken with improvements seen. However this was only one aspect of service provision and they were unable to demonstrate any other audits had been completed to monitor and improve the quality of patient care.

Staff told us the practice held regular meetings and minutes seen evidenced meetings were used to support communication about the quality and safety of services.

The medicines policy and the current practice for the dispensing and supply of antibiotics and pain relief medicine to patients was not following legislative requirements as laid out in the Human Medicines Act 2012.

The practice had systems in place to seek and act upon feedback from patients using the service.

## Requirements notice

# Regency House Dental Practice

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory function. 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.

The inspection took place on 5 December 2016 and was led by a CQC Inspector assisted by a dental specialist advisor.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included details of complaints they had received in the last 12 months, their latest statement of purpose, and details of their staff members including their qualifications and proof of registration with their professional body. We also reviewed information we held about the practice.

During the inspection we spoke with the registered manager, dentists, qualified and trainee dental nurses and the receptionist. We reviewed policies, procedures and other documents and observed procedures.

We reviewed seven CQC comment cards which we had sent prior to the inspection, for patients to complete about the services provided at the practice and spoke with two patients.

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

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

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



# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

The practice had systems in place to learn from and make improvements following any accidents or incidents. The practice had accident and significant event reporting policies which included information and guidance about the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Clear procedures were in place for reporting adverse drug reactions and medicines related adverse events and errors.

The service was aware of and complied with the requirements of the Duty of Candour. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The practice manager encouraged a culture of openness and honesty. Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

The practice maintained a significant event folder for recording when something went wrong; this system also included the reporting of minor injuries to patients and staff. Records seen showed that incidents were managed in accordance with the practice's accident reporting policy. There had been no accidents/incidents in the last 12 months. The practice manager told us if any occurred they would be discussed at the next practice meeting and any learning shared.

The principal dentist and practice manager were unaware of safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and Department of Health. These alerts identify problems or concerns relating to a medicine or medical and dental equipment. The practice manager signed up to receive these during the inspection to enable them to keep up to date with such alerts and share information with the practice team as needed.

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

The practice had policies and procedures in place for child protection and safeguarding adults. These included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. The practice had a safeguarding lead professional who was the point of referral should members of staff encounter a child or adult safeguarding issue.

Staff had completed safeguarding training and demonstrated to us, when asked, their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. The practice reported there had been no safeguarding incidents that required further investigation by appropriate authorities.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used a system whereby needles were not manually re-sheathed using the hands following administration of a local anaesthetic to a patient. The practice used a special safety syringe for the administration of dental local anaesthetics to prevent needle stick injuries from occurring. Dentists were also responsible for the disposal of used sharps and needles.

We observed the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Records contained a medical history which was completed or updated by the patient and reviewed by the clinician prior to the commencement of dental treatment and at regular intervals of care. The dental care records we saw were well structured and contained sufficient detail to demonstrate what treatment had been prescribed and completed, what was due to be carried out next and details of alternative treatment plans.

We asked the lead dental nurse, how the practice treated the use of instruments used during root canal treatment. They explained these instruments were single patient use only. The practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam. They explained root canal treatment was carried out where practically possible using a rubber dam.



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(A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment). Instances where this was not possible dentists used a variety of other methods to prevent inhalation or swallowing root canal instruments.

Staff files inspected did not always contain evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva). The practice manager told us they believed staff had been immunised but they had not asked them for the evidence of immunisation. There were adequate supplies of personal protective equipment (PPE) such as face visors, gloves and aprons to ensure the safety of patients and staff.

## Medical emergencies

The practice did not have all the required emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. For example they did not have a bronchodilator spacer device or sizes 1, 3 & 4 oropharyngeal airways. They had an automated external defibrillator (AED). (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 practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had access to medical oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date, clearly labelled and stored in a central location known to all staff.

Staff spoken with showed us documentary evidence which demonstrated regular checks were done to ensure the equipment and emergency medicines were in date and safe to use. Records showed not all staff had completed training in emergency resuscitation and basic life support. However all staff spoken with demonstrated they knew how to respond in the event of a medical emergency. The practice manager told us the new staff who had not received training would be trained when the practice next undertook such training. We discussed the need for all newly appointed staff to have some such training as part of their induction the practice and the manager agreed to review and implement this.

## Staff recruitment.

The practice had systems in place for the recruitment of staff however they did not fully meet the requirements of safe recruitment for the protection of patients.

We looked at four staff recruitment records and saw two did not have a current Disclosure and Barring service (DBS) check for the members of staff. These 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. In one file we saw a DBS had been applied for after the person had commenced work in the practice and had not yet been received, however no risk assessment for this person had been completed.

In all four records seen there were no references for the individuals or health declarations as required by the regulations. We saw in two records there was no evidence of immunisation status. In discussion with the practice manager they told us they were aware their recruitment practices were not compliant and that they had not adhered to practice policy.

We discussed the shortfalls in recruitment practices with the practice manager who assured us they would take action to rectify them.

Newly employed staff had an induction period to familiarise themselves with the way the practice functioned before being allowed to work unsupervised. We saw an induction record had been completed for two members of staff which had been dated and signed for accountability purposes. New staff told us they felt supported by practice staff.

The practice did not have a system in place for monitoring whether staff had up to date medical indemnity insurance and professional registration with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed GDC registration for individuals were up to date but not all had evidence of current indemnity insurance. The practice manager told us they would take immediate action to rectify this.

## Monitoring health and safety and responding to risks

The practice had some systems to monitor health and safety and deal with foreseeable emergencies. There were

# Are services safe?

health and safety policies and procedures in place to support staff, including for the risk of fire and patient safety. However there were no records to demonstrate that the boiler had been serviced and a gas safety certificate issued. Neither did the practice have a certificate of safety for the electrical hard wiring of the building.

The practice had some risk management processes which included a detailed log of risks identified, to ensure the safety of patients and staff members. However the practice risk assessment which had been completed in July 2016 had not covered all hazards such as the step down into the downstairs surgery where there was no handrail. We were shown the last fire safety risk assessment which had been completed in 2012 and had highlighted a number of areas for action. The practice manager confirmed that not all actions had been taken to manage and ensure the safety of patients in the event of a fire.

Sharps bins were suitably located in the clinical area to allow appropriate disposal. In the event of a sharps injury the procedure to follow was displayed in the treatment room for quick reference. Staff were familiar with the procedures and able to describe the action they would take should they sustain an injury.

However we saw the practice had not carried out a sharps risk assessment. However the practice did have a safer sharps system in use to dispose of used needles in accordance with the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.

The provider had a Control of Substances Hazardous to Health risk assessment file (COSHH Regulations 2002) and associated procedures in place. Records of products used at the practice and details to inform staff what action to take in the event of a chemical spillage, accidental swallowing or contact with the skin were available via a CD which could be inserted in the computer to obtain information. Measures were identified to reduce risks associated with these products, for example, the use of personal protective equipment for staff and patients. However there was no process in place to regularly update the file, document and risk assess all COSHH products present in the practice.

The practice manager had not ensured all clinical staff had received a vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. [People who are likely to come

into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive these vaccinations to minimise the risks of acquiring blood borne infections].

The practice had a detailed business continuity plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included staffing, electronic systems and environmental events.

## Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste.

The practice had followed the guidance about decontamination and infection control issued by the Department of Health, the 'Health Technical Memorandum 01-05 decontamination in primary care dental practices (HTM01-05)' and complied with the requirements of the DOH publication 'Code of Practice' July 2015. These documents and the practice policy and procedures for infection prevention and control were accessible to staff.

There was a dedicated decontamination room in the practice however this was not being used for cleaning instruments but only for sterilising and packing instruments. Instruments were being manually scrubbed in the treatment rooms before being taken to the decontamination room for sterilisation and packaging. The decontamination room had two new ultrasonic baths for cleaning instruments but these were not in use. There was an illuminated magnifying glass in the treatment rooms to examine cleaned instruments before sterilising them.

The practice had not undertaken an infection prevention audit or completed an annual infection control statement as required by The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In discussion with the practice manager we were told they were unaware of the annual infection control statement requirement and were not aware of the requirement in HTM01-05 for a six monthly infection control audit to ensure safe systems and identify areas for improvement.

# Are services safe?

There was clear separation of clean and dirty areas in the treatment rooms and the decontamination room with signage to reinforce this. These arrangements met the HTM01- 05 essential requirements for decontamination in dental practices.

The dental nurse we spoke with, who was the lead professional for infection control, demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a manual scrubbing cleaning process, followed by inspection; the instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines.

There was guidance for staff about the effective decontamination of dental instruments; however instruments were being partially decontaminated in treatment room before being taken to the separate decontamination room to complete the process. The provider and manager told us they did not have enough staff to fully utilise the decontamination room, but agreed to address this issues immediately.

We were shown the systems in place to ensure the autoclaves used in the decontamination process were working effectively. It was observed the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always completed and up to date.

Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of according to the guidance.

The lead dental nurse for decontamination we spoke with described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01-05 guidelines. We saw a Legionella risk assessment had been carried out at the practice by a competent person in 2016. The recommended procedures contained in the report were carried out and logged appropriately. These measures ensured patients and staff were protected from the risk of infection due to Legionella.

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

We saw the three dental treatment rooms, waiting areas, reception and toilets were visibly clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The drawers of two treatment rooms were inspected and these were clean, ordered and free from clutter. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

There was a good supply of cleaning equipment which was colour coded and stored appropriately. It followed published National Patient Safety Association (NPSA) guidance about the cleaning of primary dental care premises. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other

# Are services safe?

sharp instrument. The practice manager did not have a robust system for monitoring the immunisation status of each member of staff for the safety and protection of patients and staff.

## Equipment and medicines

There were systems in place to check most equipment had been serviced regularly, including the compressor, autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. A portable appliance test (PAT – this shows electrical appliances are routinely checked for safety) had been carried out annually by an appropriately qualified person to ensure the equipment was safe to use. However the practice did not have recent servicing certificates for the gas safety or the electrical wiring of the building.

The practice had policies and procedures regarding the prescribing, recording, use and stock control of the medicines used in clinical practice. The practice had in place a prescription logging system to account for the prescriptions issued to prevent inappropriate prescribing or loss of prescriptions. Prescriptions pads were stored securely and details were recorded in patients' dental care records of all prescriptions issued.

The practice also dispensed their own medicines as part of a patient's dental treatment for certain oral surgery procedures. These medicines were a range of antibiotics and pain relief. The dispensing procedures were not in accordance with current Human Medicines Regulations 2012. There was no clear audit trail of all medicines entering and leaving the building and they label used when dispensing medicines did not contain all the required information. For example the name and address of the practice dispensing the medicines.

The practice manager and principal dentist were unaware of these regulations but following discussion the practice

manager took immediate steps to implement a system that would comply with the regulations. The local anaesthetic cartridges were stored safely and staff kept a detailed record of stock in each treatment room.

We observed the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage. We were told they had appointed a first aider. However there were no records to evidence the appointed had undertaken appropriate training and was qualified to undertake the first aider at work role.

## Radiography (X-rays)

We were shown a radiation protection file which contained some but not all the required documentation in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the three yearly maintenance logs and a copy of the local rules.

We were shown a radiological audit for each dentist had been carried out during 2015 and again in 2016. The results from this audit demonstrated a marked improvement in the quality of x rays taken. Dental care records we saw where X-rays had been taken showed dental X-rays were justified, reported upon and quality assured. These findings showed the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

The practice did not have any training records to demonstrate staff, where appropriate, had received training for core radiological knowledge under IRMER 2000 Regulations..

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed electronic records of the care given to patients. The clinicians carried out consultations, assessments and treatment in line with current National Institute for Health and Care Excellence (NICE) guidelines, Faculty of General Dental Practice (FGDP), guidelines, the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' and the General Dental Council standards.

The dentists described to us how examinations and assessments were carried out. Patients completed a medical history form which included details of health conditions, medicines being taken and allergies, as well as details of their dental and social history which was updated at every visit. The dentists then carried out a detailed examination.

Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Following examination the diagnosis was discussed with the patient and treatment options and costs explained. Follow-up appointments were scheduled to meet individual requirements. We saw evidence the dentists followed the current NICE dental recall intervals between oral health reviews.

We checked dental care records to corroborate what was described to us and found the records were complete, clear and contained sufficient detail about each patient's dental treatment. Details of medicines used in the dental treatments were recorded which would enable a specific batch of a medicine to be traced to the patient in the event of a safety recall or alert in relation to a medicine.

We saw patients had signed their treatment plans containing details of treatment and associated costs. Patients confirmed in CQC comment cards that dentists were clear about treatment needs, options, and treatment plans were informative.

### Health promotion and prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with

'The Delivering Better Oral Health toolkit' (Delivering better oral health' is an evidence based toolkit to support dental teams in improving their patient's oral and general health published by Public Health England).

The practice was focused on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim the practice had appointed a dental hygienist to work alongside the dentists in delivering preventative dental care.

We were told the dental hygienist included tooth brushing techniques in their explanations to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'.

Dental care records we reviewed corroborated the dentists and the dental hygienist had given oral health advice to patients. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

The medical history form patients completed included questions about smoking and alcohol consumption. Records seen corroborated patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice.

Patients reported they felt well informed about every aspect of dental care and treatment pertaining to the health of their teeth and dental needs.

### Staffing

The practice manager planned ahead to ensure there were sufficient staff to run the service safely and meet patient needs. If there was sickness absence they would ask part time staff if they could cover. If none were available they would use the same self-employed agency dental nurse.

The practice manager had not kept a record of all training completed by staff to ensure they had the right skills to carry out their work. This was not in accordance with the practice policy which stated "the practice maintains all records of training undertaken by those who work here". Mandatory training included basic life support and infection prevention and control which had not been completed by all staff for the safety of patients.



# Are services effective?

## (for example, treatment is effective)

New staff to the practice had received a period of induction to familiarise themselves with the way the practice ran. Records seen and staff interviewed corroborated this. Dental nurses received day to day supervision from the dentists and support from the practice manager but no records were maintained. However we did see records which demonstrated trainee dental nurses were being mentored. The trainee dental nurse spoken with corroborated this saying the lead nurse was a great support to them.

Staff had access to policies which contained information that further supported them in the workplace. All clinical staff were required to maintain an on-going programme of continuing professional development as part of their registration with the General Dental Council. Records seen showed professional registration was up to date for all staff, however we could not evidence they had undertaken appropriate training in line with the continuing professional development learning as required by the GDC.

There was a limited appraisal system in place which was used to identify training and development needs. Records seen demonstrated this had only been undertaken for newly employed staff. The practice manager told us they did not have an appropriately managed process for monitoring qualified staff and identifying training needs for the benefit of patients. However staff we spoke with told us they had accessed specific training in the last six months in line with their professional needs. The staff spoken with told us they used a variety of training methods to access training; for example external courses and online learning.

We observed in records for new staff they had undergone an induction programme of training and supervision before being allowed to carry out any duties at the practice unsupervised. Newer members of staff confirmed their colleagues were supportive.

### **Working with other services**

The practice manager explained how the dentists worked with other services. Dentists could refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as special care dentistry and oral surgery. We saw several examples of referrals made by the dentists.

The referral forms seen had been appropriate and contained comprehensive information. We observed the practice used a referral tracking system to monitor referrals from the practice. This ensured patients were seen by the right person at the right time.

### **Consent to care and treatment**

The dentists described how they obtained valid, informed consent from patients by explaining their findings to them and keeping records of the discussions. Patients were given a treatment plan after consultation and assessment, and prior to commencing dental treatment.

The patient's dental care records were updated with the proposed treatment once this was finalised and agreed with the patient. The signed treatment plan and consent form were retained in the patients' dental care records. The plan and discussions with the clinicians made it clear a patient could withdraw consent at any time and that they had received an explanation of the type of treatment, including the alternative options, risks, benefits and costs.

The dentist described to us how they obtained verbal consent at each subsequent treatment appointment. We saw this confirmed in the dental care records. Private treatment costs were displayed in the waiting room along with information about dental treatments to assist patients with treatment choices.

The dentists explained they would not normally provide treatment to patients during their examination appointment unless they were in pain or the presenting condition dictated otherwise. We observed the dentist allowed patients time to think about the treatment options presented to them.

The dentists told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken. They demonstrated a good understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The dentists and staff we spoke with had a

# Are services effective?

(for example, treatment is effective)

limited understanding and the application of the MCA in practice. Staff had not received MCA training. The practice manager told us and showed us evidence this was booked for early in 2017.



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Feedback given by patients on the seven CQC comment cards demonstrated patients felt they were always treated with kindness and respect, and staff were friendly, caring and helpful.

The treatment rooms were situated away from the main waiting areas and we saw the door was closed at all times when patients were with the clinician. Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Several patients confirmed in CQC comment cards staff put them at ease.

The principal dentist and practice manager told us they would act upon any concerns raised by patients regarding their experience of attending the practice.

To maintain confidentiality electronic dental care records were password protected and paper records were securely stored. The design of the reception desk ensured any

paperwork and the computer screen could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection, security and confidentiality were in place and staff were aware of these.

We observed staff in the reception area were polite and helpful towards patients and the general atmosphere was welcoming and friendly.

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

The dentists discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records. Patients commented in all seven CQC comment cards they were listened to and involved in their care. Patients confirmed treatment options, risks and benefits were discussed with them and that they were provided with helpful information to assist them in making an informed choice.

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. Fees were available in a practice information folder in the waiting areas and on the practice website which detailed the costs of treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in the practice leaflet and on their website. The services provided included prevention advice and treatment alongside the specialist dental care available. During our inspection, we looked at examples of information available to patients. We saw the practice waiting areas displayed a variety of information. These included a practice folder that explained opening hours, emergency 'out of hours' contact details and arrangements about how to make a complaint.

Patients' feedback demonstrated they had flexibility and choice to arrange appointments in line with other commitments. Patients booked in with the receptionist on arrival and they kept patients informed if there were any delays to appointment times.

We observed the appointment diaries were not overbooked and this provided capacity each day for patients with dental pain to be fitted into urgent slots for each dentist. The dentists decided how long a patient's appointment needed to be and considered any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

Patients we talked with advised us they had been able to obtain emergency treatment when needed and we observed space was left daily in the appointment book of both clinicians so they could provide urgent care when required.

### Tackling inequity and promoting equality

The practice had an equality, diversity and human rights policy in place but had not yet enabled staff to access training to support them in understanding and meeting the needs of patients.

They had not formally completed a Disability and Discrimination Act (DDA) assessment however they were aware they had limited access for patients with disabilities or mobility issues. This was because of the steep flight of steps into the practice. They had therefore made arrangements with the community dental service to take patients who could not access their practice.

Information provided was in English but translation services could be utilised if necessary via access to a language line.

The practice made provision for patients to arrange appointments by telephone or in person and patients could choose to receive appointment reminders. Where patients failed to attend their dental appointments staff contacted them to re-arrange the appointment and to establish if the practice could assist by providing adjustments to enable patients to receive their treatment.

### Access to the service

We saw evidence patients could access treatment and care in a timely way. The practice opening hours and out of hour's appointment information were displayed at the entrance to the practice, and on the practice website. Emergency appointments were available daily.

The seven CQC comment cards seen reflected patients felt they had good access to the service and appointments were flexible to meet their needs. The two patients spoken with during the inspection corroborated this.

### Concerns and complaints

The practice had a complaint policy which provided staff with clear guidance about how to handle a complaint. This was available in the patient information file located in the waiting rooms and on the practice website. The policy explained the process to follow, and included other agencies to contact if the complaint was not resolved to the patients satisfaction. This included the Dental Complaints Service. Staff told us if they raised any formal or informal comments or concerns with the practice manager or principal dentist they ensured these were responded to appropriately and in a timely manner.

The practice had received three complaints in the last 12 months. The practice manager showed us there was a system in place which ensured a timely response and sought to address the concerns promptly, efficiently and effect a satisfactory outcome for the patient. The registered manager told us, and we saw this corroborated in practice meeting minutes, complaints were discussed amongst the team and any learning identified was implemented for the safety and well-being of patients.

# Are services well-led?

## Our findings

### Governance arrangements

During the inspection, we reviewed the clinical governance file. The practice manager was responsible for the day to day running of the service. She took the lead role for individual aspects of governance such as complaints, risk management and audits within the practice and sought to ensure there were systems to monitor the quality of the service such as risk assessments.

We asked the practice manager if they had any evidence of audits undertaken at the practice to monitor and improve the quality of service provided. They told us the principal dentist had undertaken a record keeping audit as part of their MSc further education course.

However, we saw the outcome of the radiograph audit had been analysed and discussed to enable staff to benefit from shared learning. We were shown evidence to demonstrate re-auditing had taken place and improved results were seen which evidenced improved patient care following the audit.

The practice manager told us they, and the principal dentist, were aware they lacked some of the skills and knowledge to operate an effective governance system to fully assess, monitor, mitigate risks and improve the quality of service provided. The practice manager told us they were currently undertaking a management course which had already helped them with some aspects of service management for the benefit of patients.

The practice had a range of policies and procedures to support the management of the service. We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service. We saw risks such as those associated with recruitment of staff, environmental safety, infection control, sharps usage and medicine control had not been suitably identified and mitigated.

The practice undertook regular meetings involving all the staff in the practice and records of these meetings were retained. Lead roles, for example in infection control and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members.

There were policies and procedures in place to govern activity and had been reviewed within the last 12 months. Staff were aware of the policies and procedures and acted in line with them. These included guidance about confidentiality, record keeping, managing violence and aggression, inoculation injuries and patient safety.

There were regular practice meetings to discuss practice arrangements and time for educational activity. We saw minutes from meetings where issues such as infection control and patient care had been discussed.

### Leadership, openness and transparency

The practice held regular staff meetings to support staff communication in the practice. We saw evidence which showed meetings were used to support communication about the quality and safety of services or to discuss action taken as a result of concerns and complaints.

Staff told us they could speak to the manager if they had any concerns and the manager said they operated an open door policy. The manager was open about the practice governance arrangements and we saw evidence of transparency, for example, in the practice complaint procedures.

The practice had a statement of purpose that described their vision, values and objectives. We observed, and staff told us, the practice was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice.

The provider was aware of the requirements of the Duty of Candour. Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

### Management lead through learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Records showed professional registrations were up to date for all staff however there was little evidence continuing professional development was taking place.

## Are services well-led?

The provider carried out some quality assurance measures to encourage continuous improvement for example: X-ray and record keeping audits. The audit results seen indicated improvements had been made to improve the quality of service provided.

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

We saw patients and staff were engaged and involved. The practice had been under new ownership for the last 10 months. All patients had been written to regarding the changed ownership and fee arrangements and asked for any feedback about the practice. The practice manager told us they had not yet implemented a formal system to seek the views of patients about all areas of service delivery through structured patient surveys. The practice manager told us they had this planned for 2017.

Staff told us they felt valued and involved. Staff were encouraged to offer suggestions during staff meetings and they said suggestions for improvements to the service were listened to and acted upon. Staff said they were encouraged to challenge any aspect of practice which raised concern.

We saw evidence in the minutes of staff meetings that any patient feedback received was discussed. However, there was no source of evidence that changes or improvements had been put into place as a result of patients' comments. The manager was unaware of any situations where improvements had been put into place as a result of patient feedback.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none"><li>• There was a lack of effective systems in place to assess, monitor and improve the quality and safety of services provided.</li><li>• Risk assessments were not always complete and some aspects of service provision had not been risk assessed in accordance with current guidance.</li><li>• Records relating to the management of regulated activities were not created and, amended in accordance with current guidance.</li><li>• Patients who used services and others were not protected against the risks associated with recruitment processes.</li><li>• The provider must evidence they employ 'fit and proper' staff who are able to provide care and treatment appropriate to their role and to enable them to provide the regulated activity.</li></ul>
Regulated activity	Regulation
Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing <ul style="list-style-type: none"><li>• There was limited evidence of appraisal and limited evidence of induction for new staff when they started working at the practice.</li><li>• There were no records to demonstrate training was monitored to ensure staff received appropriate training to perform their role.</li></ul>