

Dentichack Limited

# Dentichack Newark

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 12 January 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

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

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

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

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

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

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

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

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

#### **Background**

Dentichack, Newark is situated on the ground floor of premises close to Newark town centre. The practice was registered with the Care Quality Commission (CQC) in October 2011. The practice provides regulated dental services to patients in the Newark area of north Nottinghamshire. The practice provides NHS dental treatment. Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice is open Mondays to Thursdays: 9am to 5pm and Fridays: 8:45am to 2:30pm. The practice is closed at the weekend. Access for urgent treatment outside of opening hours is by ringing the 111 telephone number.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice has five dentists, four dental nurses, two receptionists and one practice manager.

# Summary of findings

We received positive feedback from 34 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by speaking with patients in the practice. All of the feedback was positive.

## Our key findings were:

- The practice recorded accidents, significant events and complaints, and learning points were identified and shared with staff
- When necessary apologies were given to patients when things had gone wrong.
- All staff had received whistle blowing training and were aware of these procedures and how to use them. All staff had a copy of the staff handbook which contained the whistleblowing policy.
- Patients spoke very positively about the dental service they received, and several recounted positive experiences they had had at the practice.
- Patients said they were treated with dignity and respect at the practice.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies.
- Emergency medicines, an automated external defibrillator (AED), and oxygen were readily available.

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 practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control in most areas. However, the six monthly audits for infection control did not follow the guidance.
- Patients' care and treatment was planned and delivered in consultation with the patient and recall intervals were in line with National Institute for Health and Care Excellence (NICE) guidance. Patients said they were involved in making decisions about their treatment, and patient care records reflected this.
- Options for treatment were identified, explored and discussed with patients.

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

- Review the audit tool used for infection control and follow the HTM 01-05 guidance which says: "the use of the IPS/DH audit tool is strongly recommended."
- Contact the NHS Choices website to ensure that information on the website accurately reflects the practice.
- Review how audits are carried out at the practice, to ensure that analysis of information is clear and leads to improvements in the service.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

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

The practice recorded any accidents and significant events and learning points were shared with staff.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts and took appropriate action including sharing information with staff.

Staff had been trained in safeguarding vulnerable adults and children. There were clear guidelines for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters.

The practice had all the necessary emergency equipment.

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

The practice had infection control procedures to ensure that patients were protected from potential risks. However, audits of the decontamination process were not as recommended by the guidance.

Equipment used in the decontamination process was maintained by a specialist company and regular frequent checks were carried out to ensure equipment was working properly and safely.

X-rays were carried out safely in line with published guidance, and X-ray equipment was regularly serviced to make sure it was safe for use.

### **Are services effective?**

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

Patients were clinically assessed by a dental professional before any treatment began. This included completing a health questionnaire or updating one for returning patients who had previously completed a health questionnaire. The practice used a recognised assessment process to identify any potential areas of concern in a patient's mouth, jaws or neck.

The practice was following National Institute for Health and Care Excellence (NICE) guidelines for the care and treatment of dental patients. This was particularly in respect of recalls, wisdom tooth removal and the use of antibiotics.

There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Staff were able to demonstrate that referrals had been made in a timely way when necessary.

### **Are services caring?**

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

Staff understood the need for confidentiality, and took steps to ensure patients' that confidentiality was maintained. This was at the reception desk, in the treatment room and with regard to record keeping.

Patients were treated with dignity and respect.

Staff at the practice were welcoming to patients and made efforts to help patients relax.

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

# Summary of findings

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

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

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

The practice had an appointments system which patients said was accessible and met their needs. The appointments system included a text message reminder service. Patients who were in pain or in need of urgent treatment could usually get an appointment the same day.

The practice had ground floor treatment rooms, so that patients with restricted mobility could access the practice and receive treatment.

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

There were systems for patients to make formal complaints, and these were acted upon, and apologies given when necessary.

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

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

There was a clear management structure with a practice manager. Staff were aware of their roles and responsibilities.

The practice was carrying out audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided. However, the effectiveness of those audits needed to be reviewed.

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

Staff said the practice was a friendly place to work, and they could speak with the practice manager or a dentist if they had any concerns.

# Dentichack Newark

## Detailed findings

### Background to this inspection

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

We carried out an announced, comprehensive inspection on 12 January 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor. Before the inspection we reviewed information we held about the provider together with information that we asked them to send to us in advance of the inspection. During our inspection visit, we reviewed a range of policies and procedures and other documents including dental care records. We spoke with six members of staff, including members of the management team.

Before the inspection we asked the practice to send us information which we reviewed. This included the

complaints they 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 also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with two dentists, two dental nurses, a receptionist and the practice manager. We reviewed policies, procedures and other documents. We received feedback from 34 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

There were procedures for recording, investigating, responding to and learning from accidents, significant events and complaints. Documentation showed the last recorded accident had occurred in November 2015, this being an injury to a member of staff. The cause had been identified and steps taken to ensure this was not repeated. During the past 12 months there had been two recorded accidents, both minor injuries to staff. The minutes of a staff meeting dated 22 September 2015 showed that the first injury had been discussed, and steps put in place to reduce the risk. Documentation showed the accident records dated back to May 2006.

We saw documentation that showed the practice was aware of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). The practice manager said that there had been no RIDDOR notifications made, although they were aware how to make these on-line.

The practice had recorded four significant events in the last year. The most recent incident related to a patient becoming unwell in the practice. Paramedics were summoned and the practice's medical emergencies procedures worked well.

The practice 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. Alerts were received to a central reception e mail address and were analysed by the practice manager. Information was then shared with staff if and when relevant. The most recent MHRA alert the practice had received related to the risk of an electric shock from a specific piece of equipment. The practice manager said this was not relevant as the practice did not have this equipment on the premises.

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

The practice had a separate safeguarding policies for vulnerable adults and children. Both policies had been reviewed in May 2015. The policies identified how to respond to any concerns and how to escalate those concerns. 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 practice when necessary. A flow chart and the relevant contact phone numbers were on display in staff areas of the practice.

One of the dentists and the practice manager were the identified leads for safeguarding in the practice and had received enhanced training in child protection to support them in fulfilling that role. Staff training records showed that all staff at the practice had undertaken training in safeguarding adults and children.

The practice had a policy and procedure to assess risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The policy directed staff to identify and risk assess each substance at the practice. Steps to reduce the risks included the use of personal protective equipment (gloves, aprons and masks) for staff, and the safe and secure storage of hazardous materials. There were data sheets from the manufacturer on file to inform staff what action to take if an accident occurred for example in the event of any spillage or a chemical being accidentally splashed onto the skin. We saw that chemicals were stored securely at the practice.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 10 November 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

There was a policy for the safe handling of sharp instruments which had been updated in May 2015. We saw one dentist was using a safe system for syringes and needles in accordance with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy. We discussed this with the dentist, who outlined the steps taken to reduce the risks of sharps injuries. We were assured that the practice had considered the risks and taken suitable steps to reduce those risks.

Discussions with dentists and review of patients' dental care records identified the dentists were using rubber dams routinely when completing root canal treatments. Best

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practice guidelines from the British Endodontic Society say that dentists should be using rubber dams. 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.

## Medical emergencies

The dental practice had emergency medicines and oxygen to deal with any medical emergencies that might occur. These were located in a secure central location, and all staff members knew where to find them. We checked the medicines and found they were all in date. We saw the practice had a system in place for checking and recording expiry dates of medicines, and replacing when necessary.

The practice had a first aid box, and we saw the contents were being checked regularly. There were two members of staff at the practice who had completed first aid training. A poster on the staff room door identified that there were trained first aiders at the practice.

The practice had an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Records showed all staff had completed basic life support and resuscitation training in April 2015. Resuscitation Council UK guidelines suggest the minimum equipment required includes an AED and oxygen which should be immediately available.

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training, and medical emergencies had been discussed in team meetings. We spoke with two members of staff who were able to describe the actions to take in relation to various medical emergencies including a cardiac arrest (heart attack).

## Staff recruitment

We looked at the staff recruitment files for five 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 personnel files. This includes: proof of identity; checking the prospective staff members' skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous

employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We found that all members of staff had received a DBS check, and in the records we sampled all had been completed within the last five years. We discussed the records that should be held in the personnel files with the practice manager, and saw the practice recruitment policy and the regulations had been followed.

## Monitoring health & safety and responding to risks

The practice had both a health and safety policy and environmental risk assessments, which had been reviewed and updated in May 2015. Risks to staff and patients had been identified and assessed, and the practice had measures in place to reduce those risks. For example, the practice had obtained a first aid box and trained staff members in first aid.

The practice had other specific policies and procedures to manage other identified risks. These included slips, trips and falls and manual handling. Records showed that fire detection and fire fighting equipment such as fire alarms and emergency lighting were regularly tested. The fire risk assessment had been updated in February 2015. The fire extinguishers had last been serviced in July 2015.

The practice had a health and safety law poster on display in a staff area of the practice. 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.

Staff training records identified that staff had received up-to-date training in health and safety matters, including fire training.

## 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

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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 practice had an infection control policy which had been updated and reviewed in May 2015. The policy described how cleaning should be completed at the premises including the treatment rooms and the general areas of the practice. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures. Records showed all staff had received training in infection control.

Records showed that an infection control audit had been completed in November 2015. This audit was brief and did not highlight any issues. However, we were unable to determine that regular six monthly audits had been completed as identified in HTM 01-05 points 1.7 and 2.21 of the guidance. The HTM 01-05 guidance says: "the use of the IPS/DH audit tool is strongly recommended." Discussion with the practice manager identified shortcomings with the practice's infection control audit tool, and they agreed to review this.

The practice had a sharps policy which had been reviewed in May 2015. 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 bin in the decontamination room was located on the floor. The guidance says sharps bins should not be located on the floor, and should be out of reach of small children. We discussed this with the practice manager and the bin was relocated as a result. Therefore, the Health and safety Executive (HSE) guidance: 'Health and safety (sharp instruments in healthcare) regulations 2013', was being followed.

The practice had a clinical waste contract, and waste matter was collected regularly. Clinical waste was stored securely away from patient areas 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 practice had spillage kits for both mercury and bodily fluids. However both were out of date. Following the inspection the practice sent the Care Quality Commission (CQC) photographic evidence that both spillage kits had been replaced with new ones.

The practice had a dedicated decontamination room that had been organised in line with HTM 01-05. The decontamination room had been organised with a dirty and clean areas, and there was a clear flow between. We saw there was a clear flow through from dirty to clean to reduce the risk of cross contamination and infection. In addition there was an area in the clean side for bagging clean and sterilised dental instruments and date stamping them. Staff wore personal protective equipment during the process to protect themselves from injury. These included gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). A dental nurse demonstrated the decontamination process, and we saw the procedures used followed the practice policy.

The practice had a washer disinfectant (a machine for cleaning dental instruments similar to a domestic dish washer). After the washer disinfectant instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in the practice's autoclave (a device for sterilising dental and medical instruments). The practice had two vacuum autoclaves. These were designed to sterilise hollow and wrapped dental instruments. At the completion of the sterilising process, instruments were dried, packaged, sealed, stored and dated with an expiry date.

We checked the equipment used for cleaning and sterilising was maintained and serviced regularly in accordance with the manufacturers' instructions. There were daily, weekly and monthly records to demonstrate the decontamination processes to ensure that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

We examined a sample of dental instruments that had been cleaned and sterilised. We found the instruments to be clean and undamaged.

Staff files showed that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. Health professionals who are likely to come into contact with blood products, or are at increased risk of sharps injuries



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should receive these vaccinations to minimise the risk of contracting blood borne infections. A sharps injury is a puncture wound similar to one received by pricking with a needle.

The practice had a policy for assessing the risks of Legionella, and a risk assessment had been updated in November 2015. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. Records showed that the practice was recording water temperatures regularly to monitor the risks associated with Legionella.

The practice was flushing the water lines used in the treatment rooms. This was done for two minutes at the start of the day, and for 30 seconds between patients, and again at the end of the day. A concentrated chemical was used for the continuous decontamination of dental unit water lines to reduce the risk of Legionella bacterium developing in the water lines.

## Equipment and medicines

Records showed that equipment at the practice was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing (PAT) had taken place on electrical equipment during 2015. Fire extinguishers were checked and serviced by an external company and staff had been trained in the use of equipment and evacuation procedures. Records showed the fire extinguishers had been serviced annually.

Medicines used at the practice were stored and disposed of in line with published guidance. Medicines were stored securely and there were sufficient stocks available for use. We noted that local anaesthetics were not stored in blister packs as identified in the medicines guidance. This was discussed with a dentist and an agreement was made to change the procedure for handling local anaesthetics.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Emergency medicines and oxygen were available, and located centrally and securely ready for use if needed.

Prescription pads at the practice were numbered and a log was kept. Numbered prescription pads were allocated to each dentist, and the prescription pads were stored securely when not in use.

## Radiography (X-rays)

The dental practice had a specific X-ray room. Within this room there were two X-ray machines. One intraoral X-ray machine (intraoral X-rays concentrate on one tooth or area of the mouth), and one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the whole mouth including the teeth and jaws. There was a second intraoral X-ray machine in one of the treatment rooms, but staff said this machine was not used as it was faulty. X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out. The practice provided evidence after the inspection that the faulty intraoral X-ray machine in the treatment room had been removed.

The local rules identified the practice had radiation protection supervisors (RPS) who were the dentists. However, the local rules were not clear who the radiation protection advisor (RPA) was, this is usually a company specialising in servicing and maintaining X-ray equipment. 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. After the inspection the provider sent through details of the RPA, and the updated local rules which identified the RPS and RPA.

Emergency cut-off switches for the X-ray machines were located away from the machines and were clearly labelled.

Records showed the X-ray equipment had last been serviced in August 2015. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is serviced at least once every three years. However, we saw no evidence that issues highlighted as requiring attention had been addressed. Following the inspection the practice manager sent photographic and documentary evidence that the outstanding issues had been rectified. This included repair to the head of the intraoral X-ray machine in the X-ray room. Additionally the need for rectangular collimation was highlighted. The Ionising Radiation Regulations (Medical Exposure) Regulations 2000 recommend the use of rectangular collimation to limit the radiation dose a patient receives during routine dental X-rays. 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

## Are services safe?

patient received and the size of the area affected. Following the inspection the practice manager sent photographic evidence showing that rectangular collimation had been fitted to the intraoral X-ray machine in the X-ray room.

We discussed the use of radiographs (X-rays) with a dentist to confirm the practice was monitoring the quality of the radiograph images and that there were records to demonstrate this. The practice was using digital radiograph images which rely on lower doses of radiation, and do not require the chemicals to develop the images required with conventional radiographs.

All patients were required to complete medical history forms 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 current guidance from the Faculty of General Dental Practice (UK) (FGDP-UK). This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept dental care records for each patient. We reviewed the care records for eight patients during the inspection. These records included all information about the assessment, diagnosis, treatment and advice given to patients by dental healthcare professionals. The care records showed a thorough examination had been completed, and included examination of the jaw and neck. The care records showed a strong emphasis on prevention of dental decay, and showed evidence of patients' wishes being taken into account.

Patients' medical histories included any health conditions, current medicines being taken and whether the patient had any allergies. These were taken for every patient attending the practice for treatment. For returning patients the medical history focussed on any changes to their medical status. We saw that dentists were signing the medical history forms to show they had seen the information and verified it with the patient.

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

We saw that dentists used nationally recognised guidelines on which to base treatments and develop longer term plans for managing patients' oral health. Discussions with dentists showed they were aware of NICE guidelines, particularly in respect of recalls of patients, antibiotic prescribing and wisdom tooth removal. A review of the records identified that the dentists were following NICE guidelines in their treatment of patients.

### Health promotion & prevention

There was literature in the waiting room and reception area about the services offered at the practice. There was also information about how to improve patients' oral health. For example: information about the risks associated with smoking.

We saw examples in patients' dental care records that advice on smoking cessation, alcohol and diet had been discussed. With regard to smoking dentists had highlighted the risk of periodontal disease and oral cancer.

Public Health England had produced an updated document in 2014: 'Delivering better oral health: an evidence based toolkit for prevention'. Following the guidance within this document would be evidence of up to date thinking in relation to oral healthcare. Discussions with dentists showed they were aware of this guidance and used it in their practice. We saw two copies of this document in staff areas of the practice.

The practice had participated in a health initiative with a national charity – The Chernobyl Children's Life Line. The charity raised funds to bring children suffering the after effects of the Chernobyl nuclear disaster on a respite holiday to the UK. When the children were in the UK the charity ensured they received free dental check-ups and treatment, as they did not have access to this at home.

### Staffing

The practice had five dentists, four dental nurses, two receptionists 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.

We reviewed staff training records and saw staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the General Dental Council (GDC). The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Examples of training completed included: safeguarding, infection control and manual handling.

The practice appraised the performance of its staff with annual appraisals. We saw evidence in three staff files that appraisals had been taking place. We also saw evidence of new members of staff having an induction programme. We spoke with two members of staff who said they had received an annual appraisal with the practice manager.

### Working with other services

# Are services effective?

(for example, treatment is effective)

The practice made referrals to other dental professionals when it was clinically indicated that a referral should be made. For example referral for treatment at the dental hospital if there was suspected cancer or the patient required advanced oral surgery. After the treatment by the other dental professional(s) the practice monitored patients' treatment. This was to ensure they had received satisfactory treatment and had the necessary after care.

Patients' dental care records showed that referrals had been made, and that patients' had been involved in discussions about the referral and the reasons why it was necessary.

## **Consent to care and treatment**

The practice used the standard NHS treatment plan and consent form (FP17DC) to record consent. This form also identified the cost of the treatment for the patient.

Discussions with a dentist showed they were aware of and understood the use of Gillick to assess competency for young persons. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment without the need for parental permission or knowledge.

The consent policy had a description of competence or capacity and how this affected consent. The policy linked this to the Mental Capacity Act 2005 (MCA). The MCA provided a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves. Discussions with two members of staff identified their awareness and understanding of the MCA.

# Are services caring?

## Our findings

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

During the inspection we observed how the staff spoke with patients and whether they treated patients with dignity and respect. Our observations showed that patients were treated politely, and in a professional manner. We saw that reception staff took time and made an effort to put patients at their ease.

Care Quality Commission (CQC) comment cards completed by patients identified they thought the staff treated people with dignity and respect.

Reception staff told us that they were aware of the need for confidentiality when conversations were held in the reception area. The practice played music to make it difficult for other patients to overhear conversations. As a result the practice had a Performing Rights Licence (PPL). If a patient conversation was required to be held in private, staff said that an unused treatment room or a staff area was usually available.

We observed several patients being spoken with by staff throughout the day, and found that confidentiality was being maintained both at the reception desk and in the treatment room. We saw that patient dental care records were held securely and computers were password protected.

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

We received positive feedback from 34 patients about the dental practice from a variety of sources. This was from

speaking with patients in the practice, through Care Quality Commission (CQC) comment cards we left at the practice prior to our inspection, from comments on the NHS Choices website and comments sent directly to CQC through the 'have your say' feature on the CQC website. Feedback from all sources was positive, with many patients expressing their satisfaction with the dental service provided and the friendliness and approachability of the staff.

Patients said the dentists involved them in decisions about their care and treatment. Six patients said that dentists explained things clearly and gave the opportunity to ask questions.

The practice offered mainly NHS treatments and costs were clearly displayed in the practice.

We spoke with dentists, and a dental nurse who said that each patient had their dental treatment and diagnosis discussed with them. Treatment options and costs were explained before treatment started. Where necessary information about preventing dental decay was given to improve patients' oral health. The dental care records were updated with the proposed treatment after discussing the options. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines.

Dental care records we reviewed demonstrated that dentists recorded the information they had provided to patients about their treatment and the options open to them. Patients received a written treatment plan which clearly outlined their treatment and the cost involved.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Feedback from patients about appointments was positive. Four patients made reference to the appointments system, and the ease of getting an appointment. Two patients said they had been seen quickly in an emergency. When patients were in pain or where treatment was urgent the practice made efforts to see the patient the same day.

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

New patients were asked to complete a medical and dental health questionnaire. This allowed the practice to gather important information about the patient's previous and current dental and medical history. For returning patients the medical history was updated so the dentists could respond to any changes in health status.

The treatment rooms were spacious and well equipped. We saw there was a good supply of dental instruments, and there were sufficient instruments to meet the needs of the practice.

### Tackling inequity and promoting equality

The practice was situated on the ground floor of a building close to Newark town centre. The ground floor location allowed patients who may have difficulty accessing services due to mobility or physical issues to be seen. The practice had an Equality and Diversity policy to direct staff in meeting needs and promoting equality.

The practice had good access to all forms of public transport being situated close to the town centre. There was a pay and display car park above the practice.

Patients said that they were usually seen on time, and making an appointment was easy, as the reception staff were both friendly and helpful.

The practice had access to a recognised company to provide interpreters, and this included the use of sign language.

### Access to the service

The practice was open Mondays to Thursdays: 9 am to 5 pm and Fridays: 8:45am to 2:30pm. The practice was closed at the weekend.

Access for urgent treatment outside of opening hours was by ringing the practice and following the answerphone message or by calling 111 the NHS out-of-hours service. This information was available in the practice, in the practice leaflet and on the NHS Choices website ([www.nhs.uk](http://www.nhs.uk)).

The practice operated a text message service to remind patients they had an appointment. This service had been set up following feedback from patients who had requested the service.

### Concerns & complaints

The practice had a complaints procedure for patients who wanted to make a complaint. The procedure explained the process to follow, and included other agencies to contact if the complaint was not resolved to the patients satisfaction. This included NHS England and the Health Service Ombudsman.

Information about how to make a complaint was displayed in the practice waiting rooms and in the practice leaflet.

The NHS Choices website had received four comments from patients during 2015 about this dental practice. Three comments were positive. The practice manager said the fourth which was negative related to a different dental practice. The practice had not contacted the NHS Choices website to correct the error.

From information received before the inspection we saw that there had been two formal complaints received in the past 12 months. Records within the practice showed that complaints had been handled in a timely manner, and there was evidence of investigation into the complaints with the outcomes recorded. The records also showed that apologies had been given for the concern and upset the patients had experienced.

# Are services well-led?

## Our findings

### Governance arrangements

There was a clear management structure at the practice. Staff said they understood whom they could speak with if they had any concerns. Four staff members said there was good communication within the staff team.

We reviewed a number of policies and procedures at the practice and saw that most had been reviewed and where relevant updated during 2015.

We saw that audits were taking place throughout the year for both clinical and non-clinical areas of the practice. For example: hand hygiene had been audited in October 2015 and record keeping and appointments had been audited in November 2015. However, we found that audits lacked detail, and were often a collection of data with no analysis. We discussed this with the practice manager who said that the way audits were completed within the practice was being reviewed.

### Leadership, openness and transparency

The practice was holding staff meetings approximately once every three months. The meetings were minuted, and those minutes were available to all staff. We saw that the staff meetings were for the whole team, and the minutes identified that issues such as health and safety, updates to practice and staff training were regularly discussed. The meetings also served as an information sharing forum for any issues related to the practice.

Staff said there was an open culture at the practice, and they said they were confident they could raise issues or concerns at any time. Staff we spoke with said the practice was a friendly place to work with a good team spirit. Staff told us that they could speak with the practice manager if they had any concerns. Staff members said they felt part of a team, were well supported and knew what their role and responsibilities were.

The practice had a whistleblowing policy which was had been reviewed in May 2015. This policy identified how staff

could raise any concerns they had about colleagues' conduct or clinical practice. This was both internally and with external agencies. We discussed the whistleblowing policy with two members of staff. They were aware of the policy, and knew the circumstances when it could or would be used. The whistleblowing policy was part of the staff hand book, given to every member of staff, or a copy was available in the office.

### Learning and improvement

Discussions with a range of staff showed they were aware of the practice values, such as promoting good oral health for patients, and providing good quality care and advice. Staff showed awareness of national guidelines, as these were discussed at staff meetings. Staff were able to demonstrate that they worked towards the practice values.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Training records at the practice showed that training opportunities were available to all staff, and this was encouraged by the management team. Staff said they had good access to training, a mixture of in-house and external training.

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

The practice had an NHS Friends & Family Test (FFT) box in the waiting room to collect the views of patients. The FFT box was situated in the reception area, rather than the main waiting room. This possibly accounts for only ten responses being completed since the box was introduced in April 2015. Analysis of the FFT information showed positive comments, with patients saying they were either likely or extremely likely to recommend the practice to friends and family.

The patients we spoke with said they were aware of the FFT box in the waiting room. However, none had ever completed a questionnaire, or provided any formal feedback to the practice.