

Smile Stylist Ltd

# New Street Dental

## Inspection Report

Unit B  
First Floor  
Burlington Court  
New Street  
Birmingham  
B2 4JD  
Tel: 0121 6334100  
Website: mismile.co.uk

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### Ratings

#### Overall rating for this service

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services caring?	No action	✓
Are services responsive?	No action	✓
Are services well-led?	No action	✓

### Overall summary

We carried out an announced comprehensive inspection on 1 November 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?

# Summary of findings

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

New Street Dental Practice has two dentists who work part time, a dental hygienist, orthodontic therapist, a qualified dental nurse who is registered with the General Dental Council (GDC) and a practice manager who also works on the reception. The practice's opening hours are 9am to 5pm on Monday and Wednesday, 9am to 4pm on Tuesday and Friday, 9.30am to 6.30pm on Thursday. The practice is also open from 9am to 1pm on one Saturday per month.

New Street Dental Practice provides is an invisalign orthodontic practice for private fee paying patients but routine and cosmetic private dental treatment for adults and children can also be provided on request. The practice has one dental treatment room on the first floor and a consultation room. There is a separate decontamination room for cleaning, sterilising and packing dental instruments. There is also a reception and waiting area.

The registered manager was present during this inspection. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before the inspection we sent Care Quality Commission comments cards to the practice for patients to complete to tell us about their experience of the practice and during the inspection we spoke with patients. We received feedback from 14 patients who provided an

overwhelmingly positive view of the services the practice provides. All of the patients commented that the quality of care was very good, dentists were knowledgeable and professional and staff were friendly.

## Our key findings were

- Systems were in place for the recording and learning from significant events and accidents.
- Staff had received training regarding safeguarding vulnerable adults and child protection and were aware of the procedure for reporting any suspicions of abuse.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients were treated with dignity and respect.
- The practice was visibly clean and well maintained.
- Infection control procedures were in place with infection prevention and control audits being undertaken on a six monthly basis. Staff had access to personal protective equipment such as gloves and aprons.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- Staff had been trained to deal with medical emergencies.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice had a whistle blowing policy and staff spoken with said that they would not hesitate to blow the whistle on any poor practice.
- The practice was well-led and staff felt involved and worked as a team.
- Governance arrangements were in place for the smooth running of the practice and there was a structured plan in place to audit quality and safety beyond the mandatory audits for infection control and radiography.

# 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.

Systems were in place for recording significant events and accidents. Staff were aware of the procedure to follow to report incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Medicines for use in an emergency were available on the premises as detailed in the Guidance on Emergency Medicines set out in the British National Formulary (BNF). Emergency medical equipment was also available and documentation was available to demonstrate that checks were being made to ensure equipment was in good working order and medicines were within their expiry date. Staff had received training in responding to a medical emergency. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults. The practice followed procedures for the safe recruitment of staff, this included carrying out disclosure and barring service (DBS) checks, and obtaining references.

Infection control audits were being undertaken on a six monthly basis which is in line with the recommendations of HTM 01-05. The practice had systems in place for waste disposal and on the day of inspection the practice was visibly clean and clutter free.

No action



### Are services effective?

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

The dentist made accurate, detailed and contemporaneous notes in patient dental records. They used national guidance in the care and treatment of patients.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and its relevance in obtaining consent for patients who may lack capacity to consent for themselves.

Staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

No action



### Are services caring?

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

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Staff treated patients with kindness and respect and were aware of the importance of confidentiality. Feedback from patients was overwhelmingly positive. Patients praised the staff and the service and treatment received. Patients commented that staff were professional, friendly and helpful.

No action



# Summary of findings

## Are services responsive to people's needs?

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

The service was aware of the needs of the local population and considered these in how the practice was run.

Patients could access routine treatment and urgent or emergency care when required. The practice offered dedicated emergency appointments each day enabling effective and efficient treatment of patients with dental pain.

The practice had developed a complaints procedure and information about how to make a complaint was available for patients to reference.

No action



## Are services well-led?

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

There were good governance arrangements and an effective management structure in place. Regular staff meetings were held and systems were in place to ensure all staff who were unable to attend the meeting received an update about topics of discussion. Staff said that they felt well supported and could raise any issues or concerns with the registered manager.

Annual appraisal meetings took place and staff said that they were encouraged to undertake training to maintain their professional development skills. Staff told us the provider was very approachable and supportive and the culture within the practice was open and transparent. Staff told us they enjoyed working at the practice and felt part of a team.

No action



# New Street Dental

## 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.

This inspection took place on 1 November 2016 and was led by a CQC inspector and supported by a specialist dental advisor. Prior to the inspection, we reviewed information we held about the provider. We asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During our inspection we toured the premises; we reviewed policy documents and staff records and spoke with four

members of staff, including the registered manager. We looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the computer system that supported the dental care records.

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

Systems were in place to enable staff to report incidents and accidents. We saw that accident reporting books and significant event reporting forms were available. There had been one accident reported within the last 12 months.

The practice had reported one significant event within the last 12 months. Evidence was available to demonstrate that learning points identified from this event were discussed with staff during a practice meeting in August 2016. We also saw evidence to demonstrate that changes in working practices had been implemented following this significant event. For example increased security was placed on computer systems in place.

There was a significant event audit statement, flow chart and an audit had been completed in 2015. We saw that there was a significant events policy which had been implemented in December 2014 and which had a review date of December 2016. The registered manager was the significant events lead and staff spoken with were aware who held this role.

All staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences regulations (RIDDOR) and forms were available to enable staff to report incidents under RIDDOR regulations if necessary. We were told that there had been no events at the practice that required reporting under RIDDOR.

Systems were in place to ensure that all staff members were kept up to date with any national patient safety and medicines alerts. The registered manager received these alerts via email and any that were relevant were forwarded to all staff at the practice; these were discussed at practice meetings, a copy was printed off and kept in a medical alerts log and with the practice meeting minutes for the meeting in which it was discussed.

We saw a Duty of Candour policy on display in the treatment room. This informed patients that they would be informed when things went wrong, when there was an incident or accident and would be given an apology. We were told that a copy of this information would also be made available in the practice information folder which was available for patients to review in the waiting room.

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

The practice had developed policies regarding child protection and safeguarding vulnerable adults.

Details of how to report suspected abuse to the local organisations responsible for investigation were available. For example contact details were available including designated nurses and doctors. Other useful contact details available included the police, ambulance, child line, the Samaritans and the General Dental Council. One of the dentists who worked at a nearby practice (within walking distance) owned by the same company had been identified as lead regarding child protection and safeguarding vulnerable adults. All staff spoken with were aware of who they should speak to if they needed to report suspicions of abuse. We were told that this dentist was always available for help and advice if needed.

There had been no safeguarding issues to report at this practice. We saw evidence that all staff had completed the appropriate level of safeguarding training. Staff had also completed refresher training in the form of a quiz regarding adult safeguarding.

Accident records shown to us demonstrated that the last sharps injury at the practice was in 2013. We saw accident book entries which demonstrated details of the accident with follow up action recorded. We were told that since the introduction of safer sharps there had been no sharps injuries at the practice.

The practice used a system whereby needles were not re-sheathed using the hands following administration of a local anaesthetic to a patient. A special device was used during the recapping stage and the responsibility for this process rested with each dentist.

A sharps injury risk assessment had been completed. This listed all of the equipment which could cause a needle stick injury and any actions required to reduce the risk of injury. The risk assessment was reviewed on 19 August 2016. Sharps information was on display in treatment rooms and other locations where sharps bins were located.

We asked about the instruments which were used during root canal treatment. We were told that root canal treatment was carried out where practically possible using



## Are services safe?

a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work).

### Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies. These were stored in a clearly marked cupboard and all staff we spoke with were aware how to access them. Emergency medicines were available. Those seen were as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice and all were in date.

Emergency equipment including oxygen and an automated external defibrillator (AED) (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm), were available. Records shown to us demonstrated that the AED and oxygen were checked on a daily basis to ensure that they were in good working order. Records confirmed that all other emergency medical equipment and emergency medicines were checked weekly by staff.

Staff had all received annual training in basic life support with the date of the last training in March 2016.

We saw that a first aid kit was available which contained equipment for use in treating minor injuries. The location of the first aid kit was clearly signposted and staff spoken with were aware of its location.

Records were available to demonstrate that equipment in the first aid box was checked on a weekly basis to ensure this was available and within its expiry date.

The practice manager was the designated first aider and had completed first aid training in October 2015; update training would be required in October 2018.

### Staff recruitment

The practice had a robust recruitment policy that described the process to follow when employing new staff. We discussed the recruitment of staff and looked at three recruitment files in order to check that recruitment procedures had been followed.

We saw that recruitment files were well organised in a standardised layout to help ensure that relevant pre-employment information such as proof of identity,

written references details of qualifications and registration with professional bodies was available for all staff. Recruitment files also contained other information such as contracts of employment and job descriptions. Staff had signed a document to confirm that they had read policies and procedures such as data protection, confidentiality, health and safety, recruitment and induction.

An equal opportunity form was used to monitor diversity and identify disabilities in order that the practice could provide assistance as required to staff. Staff had also completed a pre-employment medical questionnaire.

We saw that disclosure and barring service checks (DBS) were in place and we were told that these had been completed for all staff. 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. Staff signed an annual update to confirm that there had been no change to their DBS status.

The practice planned for staff absences to ensure the service was uninterrupted. We were told that dental nurses from a local sister practice would be used to provide cover during times of annual leave or unexpected sick leave.

There were enough staff to support dentists during patient treatment. We were told that all dentists worked with a dental nurse. The dental hygienist and dental therapist also worked with a dental nurse.

### Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. A very organised risk assessment file was available. Copies of all risk assessments were available in alphabetical order. For example risk assessments were available regarding clinical waste, decontamination, display screen equipment, electrical equipment, fire, first aid, hepatitis B non-immunised staff or non-responder, radiation, and a general practice risk assessment. Risk assessments were reviewed on an annual basis. Audit checklists had also been completed to ensure that risk assessments had been completed and associated actions taken. For example we saw audit checklists regarding first aid and medical emergencies.

We saw that the practice had developed a health and safety policy and a health and safety poster was on display in the



## Are services safe?

decontamination room. The registered manager was the named lead regarding health and safety. All staff spoken with said that they could speak with the registered manager or practice manager for health and safety advice if required.

We discussed fire safety with registered manager and looked at the practice's fire safety risk assessment and associated documentation. We saw that a fire risk assessment had been completed in July 2016. Details of actions taken were recorded on the risk assessment.

Records seen confirmed that fire safety equipment such as fire extinguishers; fire alarms and smoke alarms were subject to routine maintenance by external professionals. For example fire extinguishers were checked on 6 July 2016 and a fire system service and inspection was completed on 11 August 2016. We saw that weekly fire alarm checks were completed and approximately monthly fire drills were incorporated within these checks. Records were kept to demonstrate when fire drills were completed.

Certificates were available within recruitment files to demonstrate that staff had undertaken either fire Marshall or fire safety training during 2016.

Two well organised COSHH files were available. Details of all cleaning substances used at the practice which may pose a risk to health were recorded in one COSHH file and all dental or products used during decontamination were recorded in another file. An itemised list was available which had been reviewed and updated when new products were used at the practice. The practice's COSHH policy was reviewed and updated in January 2016.

### Infection control

Infection prevention and control policies and procedures had been developed to keep patients safe. These were kept in an infection control folder; all of the contents of this folder were reviewed on an annual basis with the last review taking place on 31 March 2016. This folder contained various infection prevention and control related policies, for example decontamination processes, infection prevention and control and a sharps and blood spillage policy.

A general infection prevention and control policy statement was available in the patient information folder which was kept in the waiting room and a copy was also on display in the decontamination room. This recorded the name of the

clinical and non-clinical lead for infection control. The dental nurse and practice manager were responsible for ensuring infection prevention and control measures were followed.

Staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

Infection prevention and control audits were completed on a six monthly basis, the last audit was undertaken on 3 September 2016 and the practice achieved an assessment score of 99%. The practice had also completed individual audits such as hand hygiene and a cleaning audit. We looked at some of the recent audits and saw that outcomes, improvements and action plans were recorded.

Records demonstrated that all staff had undertaken training on an annual basis regarding the principles of infection control.

As part of our inspection we conducted a tour of the practice we saw that the dental treatment room, waiting area and reception were visibly clean, tidy and uncluttered. Patient feedback also reported that the practice was always clean and tidy. Dental nurses who worked at the practice were responsible for undertaking all environmental cleaning of both clinical and non-clinical areas. The practice followed the national colour coding scheme for cleaning materials and equipment in dental premises and signage was in place to identify which colour of cleaning equipment was specific for use in that area. We saw that cleaning logs were being completed and a cleaning audit was undertaken in July 2016.

Staff had access to supplies of personal protective equipment (PPE) for themselves and for patients. Staff uniforms ensured that staff member's arms were bare below the elbow. Bare below the elbow working aims to improve the effectiveness of hand hygiene performed by health care workers.

We looked at the procedures in place for the decontamination of used dental instruments. A dental nurse demonstrated the decontamination process and we found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). Decontamination of used dental instruments took place in the treatment room. The treatment room had clearly identified zones in operation to reduce the risk of cross contamination.



## Are services safe?

The dental nurse showed us the procedures involved in manual cleaning, rinsing, inspecting and decontaminating dirty instruments. A visual inspection was undertaken using an illuminated magnifying glass before instruments were sterilised in an autoclave. There was a clear flow of instruments through the dirty zone to the clean area. Staff wore personal protective equipment during the process to protect themselves from injury which included gloves, aprons and protective eye wear. Clean instruments were packaged; date stamped and stored in accordance with current HTM 01-05 guidelines. Packaged instruments were appropriately stored in cupboards and rotated to ensure appropriate usage.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings)

they described the method they used which was in line with current HTM 01 05 guidelines.

A risk assessment regarding Legionella had been carried out by an external agency in November 2015. We saw records to confirm that routine temperature monitoring checks were being completed.

We discussed clinical waste and looked at waste transfer notices. We saw that the practice had a contract in place regarding the disposal of clinical and municipal waste. Evidence seen demonstrated that clinical waste was collected every few weeks. Clinical waste was securely stored. The practice had completed a waste pre-acceptance audit in January 2016. The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health.

### Equipment and medicines

We saw that maintenance contracts were in place for essential equipment such as X-ray sets which were serviced on 12 February 2016, dental chairs were serviced on 19 February 2016 and

fire safety equipment which was serviced in July 2016.

Records seen also demonstrated the dates on which the ultra-sonic cleaner, autoclave and the compressors had been serviced.

All portable electrical appliances at the practice had received an annual portable appliance test (PAT) on 22 August 2016. All electrical equipment tested was listed with details of whether the equipment had passed or failed the test.

We saw that one of the emergency medicines (Glucagon) was being stored in the fridge. Glucagon is used to treat diabetics with low blood sugar. Staff spoken with were aware that this medicine could be stored at room temperature with a shortened expiry date. However, the practice's preference was to store this medicine in the fridge. We saw that records were kept to demonstrate that medicines were stored in the fridge at the required temperature of between two and eight degrees Celsius. Staff completed and signed records every day and these were kept in a folder. The practice had developed a policy for storage of dental medicines in the fridge.

Dental treatment records showed that the batch numbers and expiry dates for local anaesthetics were recorded when these medicines were administered. These medicines were stored safely for the protection of patients. We were told that this practice dispensed medicine. Medicines were appropriately stored in locked cupboards and a log was kept of medicines including expiry date, details of amounts prescribed, patient identification and records had been signed by the dentist.

### Radiography (X-rays)

The registered manager told us that a Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure equipment was operated safely and by qualified staff only. Records seen confirmed that the associate dentist was the RPS and an external company the RPA. A contract was in place to ensure that the company provided this service.

We saw evidence that all of the dentists were up to date with the required continuing professional development on radiation safety. The dental nurse had also undertaken training to enable them to take radiographs.

Local rules were available in the rooms where X-ray machines were located for all staff to reference if needed. We saw that an emergency contingency plan was displayed in the treatment room by the emergency cut of switch.



## Are services safe?

We saw that the practice had notified the Health and Safety Executive that they were planning to carry out work with ionising radiation on 14 October 2015.

Copies of the critical examination packs for each of the X-ray sets along with the maintenance logs were available for review. The maintenance logs were within the current recommended interval of three years.

Dental care records where X-rays had been taken showed that dental X-rays were justified and reported on every time.

We saw a recent X-ray audit completed in August 2016; audits were being completed on an annual basis. Audits help to ensure that best practice is being followed and highlighting improvements needed to address shortfalls in the delivery of care. A monthly risk assessment was also completed and the X-ray machine was visually inspected and records were kept to demonstrate this.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We spoke with dentists about oral health assessments. We were told that although routine dental treatment could be completed, the practice mainly provided orthodontic treatment. We saw that patients were requested to complete medical history records, usually on a six monthly basis. Patients we spoke with during the inspection could not recall being asked to update their medical history when they attended the practice for appointments. The dentist told us that patients were asked verbally if there had been any changes to their medical history. The practice manager was aware that some improvements were required regarding the updating of medical history information and confirmed that action would be taken to address this.

An initial examination of the patient's teeth, gums and soft tissues was completed. During this assessment dentists looked for any signs of mouth cancer. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).

Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. Patients were given written treatment plans and were given the option to go away and think about treatment before any agreement was reached to continue.

Each dentist took risk factors such as diet, oral cancer, tooth wear, dental decay, gum disease and patient motivation to maintain oral health into consideration to determine the likelihood of patients experiencing dental disease. Patients could be referred to the dental hygienist if required.

The decision to take an X-ray was made according to clinical need and in line with recognised general professional guidelines. Patient dental care records that we saw demonstrated that all of the dentists were following the guidance from the Faculty of General Dental Practice (FGDP) regarding record keeping.

### Health promotion & prevention

We discussed oral health and preventative care with the dentist and practice manager. We were told that the majority of patients at this practice were only receiving orthodontic treatment and therefore continued with their own NHS dentist for general dentistry. However patients were able to receive routine dental treatment at this practice if this was their wish.

A full oral health assessment was completed before any orthodontic work commenced and if needed the dentist and dental nurse explained tooth brushing and interdental cleaning techniques to patients in a way they understood. Patients were also referred to the dental hygienist who would also give detailed information about oral health and hygiene. Leaflets regarding brushing and flossing were available in the treatment room. Free samples of toothpaste were available on the reception desk and in the treatment room. We saw entries in dental care records that detailed patients' oral health, discussions that had taken place with patients regarding improving oral health.

### Staffing

Practice staff included a registered manager, two part time dentists, a full time dental nurse and a practice manager who also worked on the reception.

We discussed staff training with the registered manager and practice manager. We also looked at some staff training certificates and continuing professional development (CPD) logs; these demonstrated that staff were meeting their CPD requirements. CPD is a compulsory requirement of registration as a general dental professional. Staff had access to on-line training courses. The registered manager monitored to ensure staff met their CPD requirements and was able to access information about training completed by staff on the on-line system. We were told that the registered manager reminded staff of any update training that was required. Staff told us that they were encouraged to attend training courses and supported to develop their skills.

Clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control and safeguarding training.

The practice manager had a system in place to ensure that all GDC registrations were up to date and records showed professional registration with the GDC was up to date for all relevant staff.



# Are services effective?

(for example, treatment is effective)

We saw evidence in staff recruitment files that staff had undertaken safeguarding, mental capacity, fire safety, infection control, health and safety and basic life support training. We also saw that some staff had received training in other specific dental topics such as decontamination, oral health education, dental radiography and impression taking.

Appraisal systems were in place. Staff said that these were held on an annual basis. We saw that personal development plans were available for staff

## Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. Systems were in place to ensure referrals were received in a timely manner.

We saw a template that was used in the treatment room to refer patients to hospital if they had a suspected oral cancer. These were comprehensive, and dentists followed Federation of General Dental Practice (FGDP) guidelines when making notes for these referrals.

## Consent to care and treatment

A consent policy had been implemented and reference was made to the MCA in this policy.

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

There were no recent examples of patients where a mental capacity assessment or best interest decision was needed. Staff we spoke with were aware of the MCA and the processes involved in obtaining informed consent for an adult.

The practice demonstrated a good understanding of the processes involved in obtaining full, valid and informed consent for an adult. Staff confirmed individual treatment options were discussed with each patient. We were told that patients were given verbal and written information to support them to make decisions about treatment. We were shown entries in dental care records where treatment options were discussed with patients. There was evidence in records that consent was obtained. In addition a written treatment plan with estimated costs was produced for all patients to consider before starting treatment.

We saw that consent was reviewed as part of a recent record card audit.



# Are services caring?

## Our findings

### Respect, dignity, compassion & empathy

We were told that privacy and confidentiality were maintained at all times for patients who used the service. We observed staff to be friendly, helpful, discreet and respectful to patients when interacting with them. There was a friendly and welcoming atmosphere at the practice. Patients spoken with during the inspection and information received on comment cards which were completed prior to our inspection was overwhelmingly positive. We were told that staff were professional yet friendly and made patients feel at ease. Patients commented that staff were helpful and caring.

To help maintain privacy and dignity we saw that the treatment room was situated off the waiting area. Doors were closed at all times when patients were with the dentist. Conversations between patient and dentist could not be heard from outside the treatment rooms which protected patient's privacy. A consultation room was available to discuss treatments and costs and also to hold private discussions if required.

Music was played in the waiting area and in the treatment room, this helped to distract anxious patients and also aided confidentiality as people in the waiting room would be less likely to be able to hear conversations held at the reception desk.

Patients' clinical records were stored electronically. Computers were password protected and backed up on a daily basis to secure storage. The computer screens at the reception desks were not overlooked which helped to maintain confidential information at reception. If

computers were ever left unattended then they would be locked to ensure confidential details remained secure. Staff had signed documentation to confirm that they had read and would work in accordance with the practice's policies regarding data protection and confidentiality.

### Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients spoken with said that they were fully informed about treatment and the options available to them. We were told that patients who were having orthodontic treatment watched a DVD prior to any treatment commencing which explained the stages of the treatment and what to expect. Patients confirmed that they received clear treatment plans which detailed treatment and costs. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them.

The practice manager told us that patients were shown a model of the mouth to explain treatment and were also given details of a website if they required any further information.

Details of private costs were on display in the reception area and in the patient information folder available in the waiting room.

We spoke with the dentist about the Gillick competency test. The test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. The dentist demonstrated a good understanding of Gillick principles.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice provided private treatment and an indication of treatment costs was displayed in the waiting area and in the patient information folder in the waiting room. We were told that treatment options and costs would be discussed in full with patients in the consultation area of the practice before any agreement was reached to proceed with treatment. Patients would be given a treatment plan which recorded full information about treatments and costs.

Information available on the practice's website included details of the staff team, and the services provided, (including details of any special offers) patients could book a free consultation and contact the practice and request a call back.

We discussed appointment times and scheduling of appointments. We found the practice had an efficient appointment system in place to respond to patients' needs. Patients were given adequate time slots for appointments of varying complexity of treatment. We were told that one vacant appointment slot was kept per day to accommodate urgent appointments for patients in dental pain or those who required urgent assistance with their orthodontic appliance. Staff told us that patients were usually able to get an appointment on the day that they telephoned.

Feedback confirmed that patients were rarely kept waiting beyond their appointment time.

### Tackling inequity and promoting equality

The practice did not have a hearing induction loop for use by people who were hard of hearing. However staff said that alternative methods were used to communicate with any patients who were hard of hearing.

We asked about communication with patients for whom English was not a first language. We were told that all patients could communicate in English sufficiently to make their needs known and a translation service was available for use if required.

The dental practice was located on the first floor of a building and could be accessed via a passenger lift or stairs. Access to the treatment room was via a small step. We were told that toilet facilities were located within the

building but not in the dental practice. When registering with the practice patients were told of the limited access and the practice information leaflet also informed patients that there was no disabled access or toilet within the dental practice but informed patients that the sister practice would be able to meet their needs.

The registered manager told us that all staff had undertaken on-line equality and diversity training and we saw copies of training certificates to confirm this.

### Access to the service

The practice's opening hours are 9am to 5pm on Monday and Wednesday, 9am to 4pm on Tuesday and Friday, 9.30am to 6.30pm on Thursday. The practice is also open from 9am to 1pm on one Saturday per month. A hygienist worked at the practice on a Friday and an orthodontic therapist on a Monday. Dentists worked on a Tuesday, Wednesday, Thursday and Saturday. Emergency appointments were set aside by the dentist on these days; during other days of the week patients in dental pain could visit a nearby practice from the Smilestylist group. This ensured that patients in pain could be seen in a timely manner.

A telephone answering machine informed patients that the practice was closed for 30 minutes at lunchtime; patients were given the telephone and email contact details of the dentist who was providing their treatment so that they were able to make direct contact with the dentist if required.

Patients were able to make appointments over the telephone or in person. Patients were sent a text message reminder 24 hours prior to their appointment.

Staff we spoke with told us that patients could access appointments when they wanted them and patients we spoke with told us that the practice were very accommodating and always offered appointments based around their working arrangements.

### Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. This policy had been reviewed in June 2016. The policy also recorded contact details such as the General Dental Council and the Parliamentary and Health Service Ombudsman. This



## Are services responsive to people's needs? (for example, to feedback?)

enabled patients to contact these bodies if they were not satisfied with the outcome of the investigation conducted by the practice. Staff spoken with were knowledgeable about how to handle a complaint.

We were shown the complaint folder and saw that one complaint had been received within the last 12 months. Records seen demonstrated that complaints were investigated and patients were offered an initial apology and assistance to sort out any problems.

An annual audit of complaints received was completed. The practice were also analysing any issues or concerns raised via on-line review sites and were responding to these in an appropriate and timely manner.

Patients were given information on how to make a complaint. We saw that a copy of the complaints policy was on available in the practice folder available in the waiting area, the practice leaflet also gave patients information on how to make a complaint.

We saw that information regarding 'Duty of Candour' was on display in the treatment room. This recorded that patients would be informed of any incident that affected them; they would be given feedback and an apology. We were told that a copy of this information would also be made available in the practice folder which was available to patients in the waiting area.



# Are services well-led?

## Our findings

### Governance arrangements

The registered manager and practice manager were in charge of the day to day running of the service. We noted clear lines of responsibility and accountability across the practice team.

The practice had policies and procedures in place to support the management of the service, and these were readily available for staff to reference. These included health and safety, complaints, safeguarding adults and protecting children, whistle blowing and infection control. Staff had been given a number of policies during their induction to the practice. For example staff had copies of the hand hygiene, confidentiality and health and safety policies as well as various other leaflets and training booklets. Systems were in place to review these policies on at least an annual basis and these were discussed with staff during practice meetings

Comprehensive risk assessments were in place to mitigate risks to staff, patients and visitors to the practice. These included risk assessments for fire, health and safety display screen equipment, electrical equipment, first aid, legionella and a general practice risk assessment. These helped to ensure that risks were identified, understood and managed appropriately.

As well as regular scheduled risk assessments, the practice undertook both clinical and non-clinical audits. An audit file had been developed which contained copies of all recent audits completed, these were kept in alphabetical order for ease of access. These included six monthly infection prevention and control audits, audits regarding clinical record, radiography, hand hygiene, confidentiality and health and safety. We saw evidence to demonstrate that all audits and risk assessments were reported on and action plans completed.

### Leadership, openness and transparency

The practice had clear lines of responsibility and accountability. Staff were aware of their roles and responsibilities and were also aware who held lead roles within the practice. The registered manager worked between several practices. Either the practice manager or the registered manager were available on a day to day basis to provide advice and support to staff at this practice.

Monthly staff meetings were held where learning was disseminated, for example, on infection control, safeguarding, accidents and complaints. Meetings were usually minuted and provided a useful review document for staff to reference at a later date and for any staff members that were absent on the day to update themselves. The registered manager told us that when staff were unable to attend the meeting they were briefed upon the discussions held. Staff said that they found these meetings useful; they were kept up to date with any changes at the practice and felt that they were well informed.

A whistleblowing policy was available. It directed staff to raise concerns about a colleague's poor performance. Staff spoken with were aware of the location of the whistleblowing policy and confirmed that they would not hesitate to report poor performance and were aware of the avenues open to them to enable them to do this.

Annual appraisal meetings were held and personal development plans available for all staff. Staff confirmed that they were encouraged and supported to undertake training.

The practice provided a patient information folder in the reception area. This folder contained information for patients such as a biography of each staff member, price lists, testimonials and before and after photographs.

### Learning and improvement

The practice sought to continuously improve standards by use of quality assurance tools, and continual staff training. Clinical audits were used to identify areas of practice which could be improved. Infection control audits were completed on a six monthly basis. Other audits included radiography, record card, disability access audit, environmental cleaning audit; hand hygiene, health and safety, accident, complaints, disability audit, medical history and numerous other audits were completed. Action plans were recorded as required

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We saw evidence that all clinical staff were up to date with the recommended CPD requirements of the GDC. The registered manager monitored to ensure staff were up to date with their CPD requirements and staff said that support was provided to enable them to complete training required.



## Are services well-led?

Staff were provided with in-house refresher training in the form of a quiz and we saw that staff have completed a quiz regarding safeguarding, data protection, mental capacity and quality.

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

The practice had systems in place to seek and act on feedback from patients including those who had cause to complain. We saw that there was a suggestions box in the

waiting room with satisfaction survey forms for patients to complete. Thank you cards were on display. We were told that patients were able to contact the practice via the website to leave comments or ask questions.

Satisfaction surveys were available to patients on the reception desk; we were told that there was a low response rate to satisfaction surveys. We saw that the practice had completed an audit of patient satisfaction from August 2015 to July 2016. The audit demonstrated that positive feedback had been received.