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# Forest House Dental Surgery Limited

## Inspection Report

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## Overall summary

We carried out an unannounced comprehensive inspection on 13 June 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

### **Our findings were:**

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

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

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

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

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

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

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

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

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

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

## **Background**

Forest House Dental Surgery is a dental practice providing mostly NHS dental treatment. The practice is located in premises on the edge of Leicester in the Leicester Forest East area. There is a small car park available to the front of the practice; otherwise there is roadside parking in the area. There are no specific designated disabled car parking spaces available. The practice has six treatment rooms, three of which are on the ground floor.

The practice was first registered with the Care Quality Commission (CQC) in June 2011. The practice provides regulated dental services to both adults and children. This is mostly NHS treatment (95%). Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are – Monday, Wednesday, Thursday and Friday: 9 am to 5pm; Tuesday: 9am to 7pm; practice is closed at the weekend.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message or by telephoning the 111 NHS service.

# Summary of findings

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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 four dentists; one dental hygienist/dental therapist; four qualified dental nurses; three trainee dental nurses; one patient care manager; two patient care co-ordinators; one community support co-ordinator; one lead receptionist; and a practice manager. Patient care co-ordinators also work on the reception desk.

We received positive feedback from six patients about the services provided. This was through CQC comment cards given out during the inspection and by speaking with patients in the practice.

## **Our key findings were:**

- Patients at the practice and through CQC comment cards provided positive feedback about their experiences at the practice. Patients said they were treated with dignity and respect.
  - The practice was well equipped.
  - Dentists identified the different treatment options, and discussed these with patients.
  - Patients' confidentiality was maintained.
  - The practice was visibly clean and tidy.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments.
  - There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns.
  - Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
  - The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.

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

- Review the practice's infection control procedures in relation to manual cleaning and the central decontamination and storage system, giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05.
- Review the practice's responsibilities in relation to the needs of people with a disability and the requirements of the Equality Act 2010 by reviewing the availability of an interpreting service and the need for a hearing induction loop at the premises.

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

All staff had received up-to-date training 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. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary.

The practice had emergency medicines and oxygen available, and an automated external defibrillator (AED). Regular checks were being completed to ensure the emergency equipment was in good working order.

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

The practice was visibly clean and tidy and there were infection control procedures to ensure that patients were protected from potential risks. The infection control procedures followed the Department of Health guidance HTM 01-05.

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.

All patients were clinically assessed by a dentist before any treatment began. The practice used a recognised assessment process to identify any potential areas of concern in a patient's mouth including their soft tissues (gums, cheeks and tongue).

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

The practice made referrals to other dental professionals when it was appropriate to do so. There were clear procedures for making referrals in a timely manner.

### **Are services caring?**

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

Patient confidentiality was maintained and electronic dental care records were password protected.

Patients said staff were friendly, polite and professional. Feedback identified that the practice treated patients with dignity and respect.

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

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.

# Summary of findings

Patients said they were easily able to get an appointment. Patients who were in pain or in need of urgent treatment would be seen the same day.

The practice had good access for patients with restricted mobility. There were patient areas located on the ground floor. The practice had completed a disabled access audit to consider the needs of patients with restricted mobility.

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

There were systems and processes to support patients to make formal complaints. Where complaints had been made 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.

Staff were aware of their roles and responsibilities within the dental team, and knew who to speak with if they had any clinical concerns.

The practice was carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

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 dentists if they had any concerns.

# Forest House Dental Surgery Limited

## 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 unannounced, comprehensive inspection on 13 June 2016. This was in response to concerns sent directly to the Care Quality Commission particularly in relation to infection control. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

We spoke with seven members of staff during the inspection.

We reviewed policies, procedures and other documents. We received feedback from six patients about the dental service.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice recorded and investigated accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed the last recorded accident had occurred in April 2016 this being when a patient tripped in the reception area. The records showed the staff had taken appropriate action to deal with the accident. Accident records went back over several years to demonstrate the practice had recorded and addressed issues relating to safety at the practice.

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). Staff said there had been no RIDDOR notifications made although the practice was aware of how to make these on-line.

Records at the practice showed there had been five significant events in the 12 months up to the inspection visit. The last recorded significant event, which occurred in December 2015 related to dental equipment which broke when being used. Record showed that significant events had been well managed and appropriate action taken. Learning points were shared with staff following significant events.

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. These were received electronically by the practice manager who shared them with staff when appropriate.

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

The practice had a comprehensive policy for safeguarding vulnerable adults and children. The policy had been reviewed in May 2016. The policy identified how to respond to and escalate any safeguarding 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. The relevant contact telephone numbers were on display in the waiting room and in staff areas of the practice.

The principal dentist was the identified lead for safeguarding in the practice. They had received enhanced training to level three to support them in fulfilling that role. We saw evidence that all staff had attended safeguarding training in October 2014. The practice manager demonstrated that new safeguarding training was being arranged for all staff including those new to the practice.

The practice had a policy to guide staff in the use and handling of chemicals in the practice. The policy identified the risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The risk assessments identified the steps to take 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. The manufacturers' product data sheets were available to staff on a data disc.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 7 November 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a sharps policy which informed staff how to handle sharps (particularly needles and sharp dental instruments) safely. The policy had been reviewed in January 2016. We saw the practice used a recognised system for handling sharps safely in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy. The policy identified that only dentists handled sharp instruments such as needles.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) We saw the sharps bins were designed with a safety feature which prevented accidental access to the inside of the bin. Sharps bins were located in the treatment rooms in accordance with the guidance which states sharps bins should not be located on the floor, and should be out of reach of small children.

Discussions with dentists and a review of patients' dental care records identified the dentists were using rubber dams when carrying out root canal treatments. Guidelines from

# Are services safe?

the British Endodontic Society recommend 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. We saw the practice had a supply of rubber dam kits in the practice. If dentists were unable to place the rubber dam in certain situations, the dentist would use alternative measures to protect the airway.

## Medical emergencies

The dental practice had equipment to deal with any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the medicines and found they were all in date. We saw there was a system in place for checking and recording expiry dates of medicines, and replacing when necessary.

There was a first aid box in the practice and we saw evidence the contents were being checked regularly. One dental nurse had completed a first aid at work course on 17 April 2015. Therefore this staff member was the designated first aider for the dental practice.

There was an automated external defibrillator (AED) held in the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The AED was being checked regularly to ensure it was working correctly. This complied with the Resuscitation Council UK guidelines.

Staff at the practice had completed basic life support and resuscitation training on 11 August 2015. We saw that this annual training was booked again for all staff in August 2016.

Additional emergency equipment available at the practice included: airways to support breathing and manual resuscitation equipment (a bag valve mask).

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies.

## 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 recruitment files. This includes: proof of identity; checking the person's 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. We discussed the records that should be held in the recruitment 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 a health and safety policy which had been reviewed in 2015. As part of this policy environmental risk assessments had been completed. For example there were risk assessments for: manual handling, radiation (X-rays) and the practice was latex free (to avoid the risk of allergic reactions caused by latex).

The practice had a fire risk assessment which had been reviewed and updated in August 2015. Records showed that the fire extinguishers had been serviced in January 2016. The practice had completed a fire evacuation drill on 1 December 2015.

There was a health and safety law poster on display in the practice manager's office. 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.

## Infection control

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.



## Are services safe?

Prior to the inspection we received information of concern relating to infection control at the practice. The information was provided anonymously. We looked at each of the points raised, but found no evidence to support the concerns that had been raised.

The practice had an infection control policy which had been reviewed in January 2015. The policy was available to staff electronically on any computer in 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 and documentation to evidence this.

Records showed that regular six monthly infection control audits had been completed. The most recent audit was dated May 2016. This audit scored 95%, we saw evidence that action plans had been produced and acted upon. The audit cycle was as recommended by HTM 01-05.

The practice had a clinical waste contract with a recognised company. We saw that clinical waste was collected on a regular basis. The waste was stored away from patient areas while awaiting collection. However, we saw the lock on the storage bin was not working correctly. The practice manager said they would contact the supplier and either get the lock repaired or replaced. 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 a spillage kit for mercury. However, this did not have a use by date; the practice manager ordered a new spillage kit during the inspection. There was also a spillage kit for bodily fluids which was within its use by date.

There was a decontamination room where dental instruments were cleaned and sterilised. There was a clear flow from dirty to clean areas to reduce the risk of cross contamination and infection. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear.

We saw that instruments were being cleaned and sterilised at the practice. A dental nurse demonstrated the decontamination process. We saw the procedures were as outlined in the published guidance (HTM 01-05). The practice had made a staff member the infection control lead to ensure HTM 01-05 was complied with.

The practice was using manual cleaning to remove debris from dental instruments. We saw the temperature of the water used during the process was being monitored as identified in the guidance. After cleaning the dental instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in an autoclave (a device for sterilising dental and medical instruments). The practice had two autoclaves. One steam autoclave, which was designed to sterilise unwrapped instruments, and one vacuum cleaner designed to sterilise wrapped instruments. At the completion of the sterilising process, all instruments were dried, and either placed in pouches and dated with a use by date or placed in clean containers as part of a central decontamination and storage system. Staff said they were happy with this approach, although it was not as robust as a system where instruments were individually packaged.

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

We used the illuminated magnifying glass to check a random sample of dental instruments that had been cleaned and sterilised. We found the instruments to be clean and undamaged.

We saw there were records to demonstrate that staff had received inoculations against Hepatitis B and had received blood tests to check the effectiveness of that inoculation. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The practice had a risk assessment for dealing with the risks posed by Legionella. This had been completed by an external contractor in October 2015. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice was aware of the risks associated with Legionella and had taken steps to reduce them with regular flushing of dental water lines as identified in the relevant guidance.

### **Equipment and medicines**



# Are services safe?

The practice kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Arrangements had been made to carry out portable appliance testing (PAT) on electrical equipment at the practice on 28 June 2016.

The practice had all of the medicines needed for an emergency situation, as identified in the British National Formulary (BNF). Medicines were stored securely and appropriately and there were sufficient stocks available for use. This included an emergency medicine called Glucagon which was stored in a refrigerator. Glucagon is a hormone which helps to raise blood glucose levels when necessary in patients who have diabetes.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. The annual pressure vessel checks on the compressor which produced the compressed air for the dental instruments had been completed on 27 August 2015.

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

The practice had an electronic Radiation Protection file which contained all of the relevant information and records relating to the X-ray machines and their safe use on the premises.

The practice had six intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth). These were located in each of the individual treatment rooms.

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 Radiation Protection file identified the practice had a radiation protection supervisor (RPS) this being the principal dentist. The provider had appointed an external radiation protection advisor (RPA). This was a company specialising in servicing and maintaining X-ray equipment, who were available for technical advice regarding the machinery. The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS to be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and only by qualified staff.

Records showed the X-ray equipment had last been inspected on 19 February 2016. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years to ensure it is safe and working correctly.

The practice used digital X-rays, which allowed the image to be viewed almost immediately, and relied on lower doses of radiation. This therefore reduced the risks to both the patients and staff.

All patients were required to complete a medical history form and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings. We saw that the Faculty of General Dental Practice (FGDP UK) guidelines: 'selection criteria for dental radiography' (2013) were being followed.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice held electronic dental care records for each patient. They contained information about the patients' clinical assessment, diagnosis, and treatment and also recorded the discussion and advice given to patients by dental professionals. The dental care records showed a thorough examination had been completed, and identified risk factors such as smoking and diet for each patient.

All patients at the practice completed a medical history form at each visit. The form was completed on an electronic tablet and was uploaded directly into the patient's dental care records. The tablet also allowed the patients to provide electronic signatures to record consent and confirm changes. The dentist was able to check the medical history with the patient before treatment began. The patients' medical histories included any health conditions, medicines being taken and whether the patient had any allergies.

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

We saw dentists used national guidelines on which to base treatments and develop treatment plans for managing patients' oral health. Discussions with dentists showed they were aware of National Institute for Health and Care Excellence (NICE) guidelines, particularly in respect of the timescales for recalling patients; prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart); and lower wisdom tooth removal. A review of the records identified that the dentists were following NICE guidelines in their treatment of patients.

### Health promotion & prevention

The practice had a variety of information for patients in the waiting room. There was a television screen showing positive oral health messages and providing information about different treatments. There were also leaflets in the waiting room about services and treatments providing information to patients.

Discussions with dentists identified that children were offered fluoride application varnish and fluoride toothpaste if they were identified as being at risk. This was in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' This had been produced to support dental teams in improving patients' oral and general health.

We saw examples in patients' dental care records that dentists had provided advice on the harmful effects of smoking, alcohol and diet and their effect on oral health. With regard to smoking, dentists had particularly highlighted the risk of dental disease and oral cancer.

### Staffing

The practice had four dentists; one dental hygienist/ dental therapist; four qualified dental nurses; three trainee dental nurses; one patient care manager; two patient care co-ordinators; one community support co-ordinator; one lead receptionist; and a practice manager. Patient care co-ordinators also worked on reception. 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.

Individual staff members maintained their own records of continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. As this was an unannounced inspection there were very few records available in the practice as staff kept their CPD at home. The practice manager said they monitored staff CPD and records would be brought into the practice when required.

Records at the practice showed that appraisals had been completed in the past for all staff. As part of the appraisal system key performance indicators (targets and goals to be achieved) were identified. The practice manager had been in post for approximately four months. They said they had not carried out any appraisals since coming into post. However, discussions identified there was a plan and the practice manager understood the importance and relevance of staff appraisal. We also saw evidence of new members of staff having an induction programme.

### Working with other services

The practice made referrals to other dental professionals based on risks or if a service was required that was not

# Are services effective?

(for example, treatment is effective)

offered at the practice. However, as the practice had the services of an oral surgeon the number of referrals made to other dental services was low. A log of referrals was kept which enabled the practice to check on the progress of urgent referrals for patients who had oral cancer. Staff were able to demonstrate that where patients required a referral this had been made promptly.

## **Consent to care and treatment**

The practice had a consent policy which had been reviewed in January 2016. The policy made reference to valid consent, informed consent and the ability to consent. The policy identified adults who lacked capacity and made reference to the Mental Capacity Act 2005 (MCA) and best interest decisions. The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves.

Consent was recorded in the practice using the standard NHS FP17DC form. This form recorded both consent and provided a treatment plan. This form was signed electronically and formed a permanent part of the dental care record. The dentists discussed the treatment plan with the patients and explained the treatment process. This allowed the patient to give their informed consent.

Discussions with dental staff identified they were aware of Gillick competency. This refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge.

# Are services caring?

## Our findings

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

The reception desk was located in the waiting room. We asked how patient confidentiality was maintained at reception. Staff said if it were necessary to discuss a confidential matter, there were areas of the practice where this could happen. There was a staff room immediately behind reception and this would be the most convenient. Staff said that all details of patients' individual treatment were discussed behind closed doors in the treatment rooms.

We observed staff members throughout the day to see how staff spoke with patients. We saw that staff were professional, polite, and welcoming. We observed that when speaking with patients staff showed dignity and respect.

We saw that patient confidentiality was maintained at the practice. We asked two patients about confidentiality. Both said they had no concerns. Computer screens could not be overlooked by patients standing at the reception desk. We saw that patients' dental care records were password protected and held securely.

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

We received feedback from six patients on the day of the inspection. This was through Care Quality Commission (CQC) comment cards, and through talking to patients in the practice. Feedback from patients was positive with patients saying the staff were helpful, friendly and caring. Patients said they felt involved in their treatment, as they were able to ask questions and talk with staff about their treatment plan.

The practice offered mostly NHS treatments and the costs were clearly displayed in leaflets and posters in the practice and on the practice website.

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

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice was located in premises to the west of Leicester city centre in the Leicester Forest East area. The practice had a small car park at the front of the premises which was shared with the GP surgery and pharmacy. The practice had six treatment rooms, three of which were on the ground floor.

The practice had separate staff and patient areas, to assist with confidentiality and security.

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

We spoke with two patients during the inspection. Patients said they had not had a problem getting an appointment that suited them. Patients said reception staff were welcoming and friendly. Staff said that 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. The practice offered specific emergency appointments available at the start of the morning and afternoon sessions for patients who were in pain or who required emergency treatment. In addition the practice operated a sit and wait system. Staff said the length of time the patient had to wait would vary depending on how busy the practice was. However, the staff stressed that any patient who was in pain would be seen the same day.

### Tackling inequity and promoting equality

The practice was situated over two floors. Patient areas were located on both floors. This included three treatment rooms on the ground floor. This allowed patients using a wheelchair or with restricted mobility to access treatment at the practice.

The practice had good access to all forms of public transport being situated on a main road with a bus stop located close by.

The practice had a ground floor toilet adapted for the use of patients with mobility problems. The toilet had support bars, grab handles and an emergency pull cord. Taps on the hand wash sink were lever operated.

The practice had completed an access audit in line with the Equality Act (2010) this had been updated on 4 January 2016. This identified the practice was compliant with legislation relating to access in the Equality Act.

The practice did not have a hearing induction loop available to assist patients who used a hearing aid. The Equality Act required where 'reasonably possible' hearing loops to be installed in public spaces, such as dental practices.

The practice did not have access to a company who would provide interpreters. There were staff members who could speak other languages, but the arrangements were not robust. Following the inspection the principal dentist said the practice would be approaching a company to provide this service.

### Access to the service

The practice's opening hours were – Monday, Wednesday, Thursday and Friday: 9 am to 5pm; Tuesday: 9am to 7pm; practice was closed at the weekend.

Access for urgent treatment outside of opening hours was by telephoning the practice and following the instructions on the answerphone message or by telephoning the 111 NHS service.

The practice operated a text message service for patients to remind them their appointment was due.

### Concerns & complaints

The practice had a complaints procedure which had been reviewed in October 2014. The procedure explained how to complain and included other agencies to contact if the complaint was not resolved to the patients satisfaction.

The last recorded complaint had been in April 2016. We also saw that apologies and an explanation had been given to patients in the past when complaints had been received.

# Are services well-led?

## Our findings

### **Governance arrangements**

We saw a number of policies and procedures at the practice and saw that mostly they had been reviewed and where relevant updated during the 12 months before the inspection.

We spoke with staff who said they understood their roles and could speak with either a dentist or the practice manager if they had any concerns. We spoke with two members of staff who said they were happy working at the practice, and they said they felt part of a team.

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

### **Leadership, openness and transparency**

There was a practice manager in post. The practice manager was a qualified dental nurse, and had many years' experience as a practice manager. They had completed Bachelor of Science (BSc) in health studies.

In addition there was a management company providing management support at the practice. Staff said that this could be confusing as there were three separate people or bodies providing management advice and direction. Staff said they were not always sure whether to speak with the principal dentist, the practice manager or the management company's representative.

We saw that staff meetings were scheduled for once a month throughout the year. The agenda covered areas such as: safeguarding, infection control, and health and safety. Minutes of staff meetings were available to all staff. We saw that in the past significant events had been discussed and learning shared with staff.

We saw evidence that dentists held monthly clinical meetings.

Staff said they could voice their views, and raise concerns, and were encouraged to do so at team meetings. Staff said dentists were approachable and were available to discuss any clinical concerns. Observations showed there was a

friendly and welcoming attitude towards patients from staff throughout the practice. Discussions with different members of the team showed there was a good understanding and knowledge of policies and procedures.

The practice had a whistleblowing policy which had been reviewed in January 2015. This policy identified how staff could raise any concerns they had about colleagues' conduct or clinical practice. This was both internally and with identified external agencies. A copy of the whistleblowing policy was on display on the staff room noticeboard.

### **Learning and improvement**

We saw that the practice was carrying out a schedule of audits throughout the year. This was for both clinical and non-clinical areas of the practice. The system of audits allowed the practice to identify both areas for improvement, and where quality had been achieved. This was particularly in respect of the clinical areas. Examples of completed audits included: an audit of health and safety in January 2016; infection control in May 2016; clinical records had been audited between March 2015 and March 2016.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals need to complete 150 hours over the same period. Staff maintained their own CPD records and in most cases kept these at home. As this was an unannounced inspection there were few records available at the practice.

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

The practice had a patient satisfaction survey which was completed on an annual basis. We saw the results were analysed and points raised by patients were discussed with the staff team. The records showed the last survey had been completed in April 2015 and was therefore due to be repeated. Responses from the April 2015 survey had been positive.

The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box being used specifically to gather regular feedback from the

## Are services well-led?

NHS patients, and to satisfy the requirements of NHS England. The responses within the boxes were analysed on a monthly basis. Analysis of the results identified most patients would recommend the practice to their family and friends.