

Mr. Aristos Kapnisis

Norton Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 28 February 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Norton Dental Practice (Mr A Kapnisis provides mainly NHS dental treatments to patients of all ages but also offers private treatment options). The provider, Mr A Kapnisis is one of two dentists who work in the same building under a separate registration with the Care Quality Commission (CQC). Some of the facilities and staff are shared between each practice located in the building. For example the practice manager, receptionist, reception area, toilets, staff room, waiting area and decontamination facilities are used by both dental practices under an expense sharing agreement. This report will make references to Norton Dental practice but this inspection only relates to the services provided by Mr A Kapnisis.

Norton Dental Practice has one dentist, two qualified dental nurses who are registered with the General Dental Council (GDC), a receptionist and a practice manager. The practice's opening hours are 8.15am to 4.30pm on Monday to Thursday and 8.15am to 1.15pm on Friday.

The practice has two dental treatment rooms on the ground floor. Sterilisation and packing of dental instruments takes place in a separate decontamination room. There is a reception with adjoining waiting area on the ground floor.

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. We

Summary of findings

received comments from 50 patients by way of these comment cards and during the inspection with spoke with two patients who gave positive feedback about the practice.

Our key findings were

- Systems were in place for the recording and learning from significant events and accidents although records seen were not always fully completed.
- 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 and staff had access to personal protective equipment such as gloves and aprons.
- There was appropriate equipment for staff to undertake their duties.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- Staff had been trained to deal with medical emergencies and the provider had emergency equipment in line with the Resuscitation Council (UK) guidelines.
- Local rules were available in all of the treatment rooms where X-ray machines were located and records were available to demonstrate that testing of X-ray equipment had been completed as required.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- Governance systems were in place although required review to address issues identified during this inspection. For example not all actions identified in the fire risk assessment had been addressed, the

practice had previously not completed annual appraisal of staff or infection prevention and control audits. The practice had recently purchased standardised policies, risk assessments and audit documentation and were in the process of adapting some of these to meet the needs of the practice.

- Staff told us that there were clearly defined leadership roles within the practice they felt supported, involved and they all worked as a team.

There were areas where the provider could make improvements and should

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the practice's systems for assessment of risk and audit protocols; demonstrating action taken to identify any risks identified. For example the fire risk assessment and legionella risk assessment. Review audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.
- Review systems for ensuring dental materials are in date and fit for use.
- Review the systems for ensuring that accurate patient dental care records are completed in line with recognised guidance from the Faculty of General Dental Practice.

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 events and accidents although staff had not completed accident forms with all required information. We were told that patient safety alerts were received at the practice and staff were able to discuss recent alerts received. However, there was no documentary evidence available to demonstrate this and any action taken regarding recent alerts received/

Emergency medical equipment was available on the premises in accordance with the Resuscitation Council UK guidelines and staff had undertaken training regarding basic life support. Staff were recording checks made emergency medical equipment and medicines to demonstrate that they were available for use in good working order and medicines were within their expiry date.

Decontamination procedures were effective and staff had completed infection prevention and control training. The equipment involved in the decontamination process had received regular service and maintenance.

We were not shown any evidence to demonstrate that infection prevention and control audits had previously taken place at the practice. However new documentation had recently been purchased and we were told that these audits were now scheduled to take place on a six monthly basis.

No action



Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. Referrals were made to secondary care services if the treatment required was not provided by the practice.

Evidence was not always recorded in patient care records to demonstrate that the practice used oral screening tools to identify oral disease. However, patients and staff told us that explanations about treatment options and oral health were given to patients in a way they understood and risks, benefits, options and costs were explained.

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.

No action



Summary of findings

We observed the staff to be welcoming and caring towards the patients. Staff treated patients with kindness and respect and they were aware of the importance of confidentiality. Patients' privacy and confidentiality was maintained on the day of the inspection.

We received feedback from 52 patients who commented that staff were friendly and helpful. Patients also commented that the staff were polite, caring and always made them feel at ease if they were ever anxious about receiving treatment.

Are services responsive to people's needs?

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

Patients had good access to treatment and urgent care when required. The practice had ground floor treatment rooms. Level access was provided into the building for patients with mobility difficulties and families with prams and pushchairs. However, the patient toilet was down steps which would restrict access to patient with mobility difficulties and there was no hearing loop for patients who were hearing impaired and used a hearing aid.

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. There were clear instructions for patients requiring urgent care when the practice was closed.

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

No action



Are services well-led?

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

The practice had purchased policies, protocols audits and risk assessments in November 2016 to assist in the smooth running of the service. The practice manager had worked hard to adapt and implement some of these ensuring that discussions were held with staff to provide knowledge of the newly implemented systems. We were told that work was ongoing regarding this. We identified that recent audits had not been completed regarding infection prevention and control but we were told that these would be completed.

There was no documentary evidence to demonstrate actions taken from the fire risk assessment which was undertaken in January 2017. The practice manager was not aware of any action planned to address these issues but confirmed that they had only recently received a copy of the risk assessment.

There was a clearly defined management structure in place. Staff said that they felt well supported and could raise any issues or concerns with the principal dentist or practice manager.

Annual appraisal meetings had previously not taken place but we saw documentary evidence to demonstrate that these had been planned for March 2017. Staff said that they were encouraged to undertake training to maintain their professional development skills. Staff told us that the culture within the practice was open and transparent.

No action



Norton Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory 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 28 February 2017 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 informed NHS England area team that we were inspecting the practice and we did not receive any information of concern from them. 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 five members of staff. 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 were shown the practice's accident book which recorded details of all accidents that had occurred since 2004. We noted that six accidents had been reported with the date of the last accident being 24 November 2016. We identified some shortfalls in the recording of accidents, for example details regarding the last accident had not been fully completed. The accident related to a sharps injury sustained by a member of staff. There was no information regarding first aid treatment or action taken and we saw that details of the person completing the form or the person who had the accident were not always recorded. However we were shown documentary evidence of the action taken which had been recorded and stored in the staff member's recruitment file and the practice manager was able to discuss action taken and learning outcomes identified.

Systems were in place to report significant events and incidents. The practice had recently purchased standardised policies and procedures and were in the process of adapting the significant events policy to meet the needs of the dental practice. Information and guidance for staff regarding what constitutes a significant event was available along with significant event reporting forms and a significant event log sheet. We were shown the documentation regarding a significant event at the practice and saw that changes in working practices had been implemented following this event.

Information regarding the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) regulations was available and all staff spoken with were aware of the requirements for reporting under RIDDOR regulations. We were told that there had been no events at the practice that required reporting under RIDDOR.

Staff we spoke with confirmed that incidents and accidents were discussed during informal meetings and more recently formal staff meetings had been introduced. The practice manager confirmed that discussions regarding incidents and accidents would be held as necessary during these meetings with minutes taken to demonstrate this.

We discussed national patient safety and medicines alerts with the practice manager. We were told that these were

received via email; a copy was printed off and discussed with the dentists who confirmed whether or not the alert related to medicines or equipment in use at the practice. The alert was then discarded. The practice did not keep any evidence to demonstrate that these alerts had been received or of any action taken as necessary.

The practice had recently purchased standardised policies and procedures and confirmed that they would adapt and print off a copy of a Duty of Candour policy and would hold discussions with staff regarding this. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity]. Documentation we were shown regarding complaints and incidents demonstrated that staff were following the principles of candour.

Reliable safety systems and processes (including safeguarding)

The practice had policies in place regarding child protection and safeguarding vulnerable adults which were implemented in November 2016. Staff had been given a copy of these policies and had signed documentation to confirm that they had read and understood them. Contact details for Dudley Safeguarding; the local organisation responsible for child protection and adult safeguarding investigations were available. Out of hours contact details were also available. One of the principal dentists at the practice was the safeguarding lead and staff spoken with were aware who they should speak with for advice or to report suspicions of abuse. We were told that there had been no safeguarding issues to report. We were shown copies of training certificates which demonstrated that staff had completed safeguarding training at the appropriate level.

The practice had an up to date (expires April 2017) Employers' liability insurance certificate on display in the ground floor waiting room. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

We discussed sharps injuries with the practice manager and with dental nurses. We looked at the practice's sharps policies. We were told that dentists took responsibility for disposal of sharps. Sharps information was on display in



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treatment rooms and other locations where sharps bins were located. Sharps bins were stored in appropriate locations which were out of the reach of children. We found that the practice was complying with the Health and Safety (Sharp instruments in healthcare) Regulations 2013.

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 a rubber dam. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

Medical emergencies

There were systems in place to manage medical emergencies at the practice. Staff had received annual training in basic life support in January 2017.

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), was available. We saw records to demonstrate that checks were made on emergency equipment including the oxygen and the AED to ensure that they were in good working order.

Emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice were available. All emergency medicines were appropriately stored and we were told that these were checked on a weekly basis to ensure they were within date for safe use. We saw that the arrangements for dealing with medical emergencies were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF).

Staff recruitment

We discussed the recruitment of staff and were shown staff recruitment files. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all recruitment files. This includes: proof of identity; checking the prospective staff members' skills and qualifications;

that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary and a Disclosure and Barring Service (DBS) check (or a risk assessment if a DBS was not needed). We looked at two staff recruitment files and saw that not all of the information required was available. For example not all recruitment files seen contained that the practice had sought evidence of good conduct in previous employment.

We were shown the practice's recruitment policy which had recently been introduced in November 2016. This policy described the process to follow when employing new staff and we were told that the policy would be used for future staff recruitment.

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.

Monitoring health & safety and responding to risks

The practice had some arrangements in place to monitor health and safety and deal with foreseeable emergencies. A health and safety law poster was on display in the staff room and a health and safety action plan had been completed in November 2016. We saw that the practice had developed a health and safety risk assessment in November 2016 and we were told that this would be reviewed on an annual basis. Various other risk assessments had been completed. For example, we saw risk assessments for fire, radiation, sharps injury, and hepatitis B non-immunised and non-responder. The practice manager confirmed that they had purchased standardised risk assessments and were in the process of adapting and implementing other risk assessments as necessary.

The practice had implemented health and safety policy in November 2016. This recorded the name of the lead regarding health and safety and all staff spoken with were aware of who they could speak with for health and safety advice if required. Staff had signed documentation to confirm that they had read and understood the health and safety policy.

We discussed fire safety with the practice manager and looked at the practice's fire risk assessment which had



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been completed on 12 January 2017. Various issues for action had been identified in the fire risk assessment. For example we saw that the supply of emergency oxygen was stored under the stairwell on the ground floor of the building. This would be easily accessible to patients and the practice's fire risk assessment had requested that this be moved as it presented as a fire risk. The need for staff to undertake fire training and the installation of emergency lighting. The practice manager confirmed that fire drills had not taken place recently at the practice. The practice manager was unaware of any action planned to address these issues but confirmed that they had only received a copy of the fire risk assessment.

Documentation was available to demonstrate that fire extinguishers had been subject to routine maintenance by external professionals in June 2016. We were told that the practice did not have a fire alarm system in place

We looked at the practice's COSHH file; details of all substances used at the practice which may pose a risk to health were recorded. Documentation to enable staff to complete a COSHH risk assessment was available but had not as yet been completed. The practice manager was aware of this and confirmed that they were working their way through recently purchased documentation and adapting to meet the needs of the practice.

Infection control

As part of our inspection we conducted a tour of the practice we saw that the dental treatment rooms, waiting areas, reception and toilet were visibly clean, tidy and uncluttered. Records of start-up and close down cleaning procedures were recorded and signed on a daily basis.

Infection prevention and control policies and procedures had been developed to keep patients safe. We saw evidence that staff had completed training via journals and staff said that discussions had also been held regarding the new infection prevention and control policy which had recently been implemented.

We were not shown evidence to demonstrate that infection prevention and control audits were being completed on a six monthly basis but we were told that standardised audits had been purchased; these would be completed on a six monthly basis in the future.

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. Decontamination of used dental instruments took place in a separate decontamination room which had clearly identified zones in operation to reduce the risk of cross contamination. A dental nurse showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments. There was a clear flow of instruments through the dirty zone to the clean area. Staff wore PPE during the process to protect themselves from injury which included gloves, aprons and protective eye wear. We found that instruments were manually cleaned, inspected under an illuminated magnifier and then sterilised in an autoclave. We saw that staff were using a bur brush to manually scrub dental burs. The use of a bur brush may give rise to surface abrasion and compromise infection prevention and control standards. This was disposed of during the inspection and we were told that the procedure for cleaning dental burs would be changed to cease the use of metal bur brushes. Following sterilisation instruments were pouched and date stamped, however we saw that pouches had not been sealed correctly and were open to air contamination. We were told that these instruments would be put through the decontamination process again and re-pouched before use.

There appeared to be a sufficient number of instruments available and staff confirmed this with us. Staff we spoke with were aware of disposable items that were intended for single use only.

We saw that there was no hand wash sink in the decontamination room. We discussed this with the practice manager and principal dentist. We were shown documentation available to staff which recorded that staff were to ensure that hands were visibly clean prior to commencing any decontamination of instruments and hand gels were to be used during the process.

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. We



Are services safe?

saw that dip slide testing a biofilm removal kit was available for use as needed. Legionella flushing logs were kept and signed as completed four times per day. A biofilm test log and dip slide records were recently introduced and we were told that in future they would be completed on a quarterly basis.

We saw that the practice had completed an internal risk assessment regarding Legionella on 9 January 2017. We were not shown evidence to demonstrate that a risk assessment had been carried out by an external agency. All premises are required to have a written waterline management scheme and legionella risk assessment. These schemes should be written by experienced and competent people. A competent person is someone with the necessary skills, knowledge and experience to carry out this function

The practice had a waste contractor in place to dispose of hazardous waste. We looked at waste transfer notices and the storage areas for clinical and municipal waste. Clinical waste was securely stored in an area that was not accessible to patients. The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health.

Equipment and medicines

The practice had maintenance contracts for essential equipment and records seen demonstrated the dates on which the equipment had recently been serviced. For example fire safety equipment had been serviced in June 2016, washer disinfectant in August 2016, Autoclaves in August 2016 and compressor in November 2016.

We discussed the servicing and maintenance of the equipment used in the decontamination process. The practice had a washer disinfectant and two autoclaves which had been serviced and were certified until September and October 2017. Records seen demonstrated that staff were undertaking the required tests in accordance with the manufacturer's instructions to demonstrate that this equipment was functioning correctly.

All portable electrical appliances at the practice had received an annual portable appliance test in July 2016. All electrical equipment tested was listed with details of whether the equipment had passed or failed the test. A visual check was also completed in January 2017.

We saw that the practice had a supply of Glucagon. Glucagon is an emergency medicine used to treat people with diabetes who have low blood sugar. This medicine can be either stored in a refrigerator or at room temperature. If stored at room temperature the use by date should be reduced. The practice Glucagon was stored in the dedicated clinical fridge and the practice manager confirmed that it had been stored in the fridge since purchase. Documentary evidence was available to demonstrate that daily fridge temperatures were checked and recorded.

We looked at the storage of dental materials in treatment rooms and saw that an in use item had passed its expiry date and were no longer fit for use. We were told that these would be disposed of immediately.

Prescription pads were securely stored and a log of each prescription issued was kept on the practice's computer.

Radiography (X-rays)

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. Local rules were available in the practice for all staff to reference if needed.

We saw evidence that the dentists were up to date with required training in radiography as detailed by the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

We saw evidence that the practice carried out an X-ray audit in December 2016 and a follow up audit in January 2017. Audits are central to effective quality assurance, ensuring that best practice is being followed and highlighting improvements needed to address shortfalls in the delivery of care. We saw evidence that the results were analysed and reported on.

The practice had four intra-oral X-ray machines that can take an X-ray of one or a few teeth at a time. We were told that one of these machines was no longer in use. There was no signage in place to inform staff of this. We saw a contract with an external company to provide servicing of four intra-oral X-ray machines. With the date of last service being 14 November 2016.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the principal dentist and we were shown dental care records to illustrate our findings.

The practice kept computerised dental care records. We were told that following discussions and update of medical history records an examination of the patient's teeth, gums and soft tissues was completed in line with recognised guidance from the Faculty of General Dental Practice (FGDP). During this assessment dentists looked for any signs of mouth cancer. However records seen did not include details of the condition of the teeth and the gums using the basic periodontal examination (BPE) scores. (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). Scores over a certain amount would trigger further, more detailed testing and treatment.

Following the clinical assessment the diagnosis was discussed 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. The dentist told us that where relevant, preventative dental information was given in order to improve the outcome for the patient.

We saw that medical history was discussed with patients and updated as necessary at every visit to the practice. This ensured that the dentist was kept informed of any changes to the patient's general health which may have an impact on treatment.

The dentists used the National Institute for Health and Care Excellence (NICE) guidance to determine a suitable recall interval for the patients. This takes into account 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.

Health promotion & prevention

The practice was aware of the provision of preventative care and supporting patients to ensure better oral health in line with 'The Delivering Better Oral Health Toolkit'. This is an evidence based toolkit used by dental teams for the

prevention of dental disease in a primary and secondary care setting. For example, the practice recalled patients, as appropriate, to receive oral hygiene advice. Where required, toothpastes containing high fluoride were prescribed.

Medical history forms completed by patients did not include questions about smoking and alcohol consumption. A dental nurse explained that new patients initially completed and signed a paper copy record regarding their medical history; we were told that the dentist asked patients about diet, smoking and alcohol consumption and this was recorded on their notes. We were told that the dentist gave patients information on how smoking or high levels of alcohol consumption can affect teeth and gums. Contact details for smoking cessation were given as necessary.

Some oral health information was on display in the waiting room and free samples of toothpaste were available in the waiting area and treatment rooms. We were told that patients were given advice if required regarding oral hygiene products to use and during appointments the dentist and dental nurse explained tooth brushing and interdental cleaning techniques to patients.

Staffing

Practice staff included one dentist, two qualified dental nurses who are registered with the General Dental Council (GDC), a practice manager and a receptionist.

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

The practice planned for staff absences to ensure the service was uninterrupted. There were enough dental nurses to provide cover during times of annual leave or unexpected sick leave or the practice would use agency staff. The practice manager confirmed that they had not in the past asked for evidence of the agency staff member's GDC registration, DBS clearance or qualifications but they would ensure that this information was requested in the future.

We discussed staff training with the practice manager and with dental nurses. Training was provided to staff via attendance at courses, continuing professional development (CPD) magazines and on-line training. We saw evidence to demonstrate that staff had undertaken



Are services effective?

(for example, treatment is effective)

core CPD training such as basic life support. CPD is a compulsory requirement of registration as a general dental professional. Staff had also completed training in other specific dental topics such as sedation, dental radiography and decontamination. Staff said that recently they had received information and training regarding the new policies introduced at the practice such as infection prevention and control, fire safety and information governance.

Records seen confirmed that professional registration with the GDC was up to date for all relevant staff and monitoring systems were in place to ensure staff maintained this registration.

We were told that formal appraisal meetings had not taken place previously but an appraisal system had recently been introduced. We saw documentation to demonstrate that appraisal meetings had been arranged for March 2017 and staff spoken with were aware of the date of their appraisal meeting.

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 specialist dental services for complex oral surgery and restorative dentistry. Templates for referral letters were available and were comprehensive to ensure the specialist service had all the relevant information required.

Staff understood the procedure for urgent referrals, for example, patients with suspected oral cancer.

Consent to care and treatment

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. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. The practice had a consent policy and information for staff regarding MCA including the five key principles of the MCA.

We spoke with staff about who they implemented informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. The dentist described to us how informed consent was obtained for all care and treatment. Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff ensured patients gave their consent before treatment began and this was recorded in the dental care records. The dentist was familiar with the concept of Gillick competency and clear about involving children in decision making and ensuring their wishes were respected regarding treatment. Gillick competency assesses whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment.



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. Treatment rooms were situated off the waiting area. We saw that doors were closed at all times when patients were with the dentist. Music was played in the waiting area; this helped to distract anxious patients. Staff said that they could speak to patients in the office an unused treatment room if patients needed to speak with staff in private.

The practice did not keep paper records, reducing the opportunity for confidential information to be overseen. Computers were password protected and regularly backed up to secure storage. If computers were ever left unattended they would be locked to ensure confidential details remained secure. There was a sufficient amount of staff to ensure that the reception desk was staffed at all times.

We observed staff were friendly, helpful, discreet and respectful to patients when interacting with them on the telephone and in the reception area. Reception staff

chatted with patients whilst they waited to see the dentist. We were told that the majority of staff had worked at the practice for many years and knew patients well. Patients provided positive feedback about the practice on comment cards which were completed prior to our inspection and we were told that there was a relaxed, friendly atmosphere at the practice.

Comment cards recorded that where patients were anxious they were made to feel relaxed and at ease. Staff said that they took their time and talked to anxious patients to try and relax them.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. We were told that staff took their time to fully explain treatment, options, risks and fees. 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.

Information about NHS and private costs was available in the waiting area for patients to review.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

At the time of our inspection the practice was not taking on NHS patients.

We discussed appointment times and scheduling of appointments. We were told that there was a longer wait for appointments at 8.30am or after 4pm which was the busiest time at the practice. On the day of inspection the next available appointment at 8.30am or 4pm was in April 2017.

However, we were told that a short notice cancellation list was in operation and patients were given the option to be included on this list. This enabled patients to secure an earlier appointment at short notice should a cancellation occur.

The practice had an appointment system in place to respond to patients' needs and patients were given adequate time slots for appointments of varying complexity of treatment.

Tackling inequity and promoting equality

We conducted a tour of the practice and we found the premises and facilities were appropriate for the services that were planned and delivered. Patients with mobility difficulties were able to access the practice as level access was provided to the rear of the building and two treatment rooms were provided on the ground floor. However the practice did not provide any wheelchair-accessible toilets as access to the patient toilet was down some steps.

We spoke with the practice manager and the receptionist about communication with patients who had hearing impairments. We were told the contact details for British sign language interpreters would be obtained and sign language interpreters would be used as needed. The practice however did not have a hearing induction loop to support patients who had a hearing impairment.

We asked about communication with patients who could not speak or understand English. We were told that the practice had not required the use of a translation service although contact details could be obtained if this service was required. We were told that they had not encountered any problems communicating with patients if they were unable to speak fluent English.

A dental nurse was able to communicate with patients who spoke Greek. We were told that they had not encountered any problems communicating with patients if they were unable to speak fluent English.

Access to the service

The practice was open from 8.15am to 4.30pm on Monday to Thursday and 8.15am to 1.15pm on Friday. This helped to ensure that those patients with work commitments during Monday to Friday were still able to receive an early morning appointment with a dentist. When the practice was closed during the evening, weekends and bank holidays a telephone answering machine informed patients of the practice's opening hours and also gave emergency contact details for patients with dental pain.

The practice had an appointment system in place to respond to patients' needs. Patients were able to make appointments over the telephone or in person. The appointment system enabled patients in pain to be seen in a timely manner. Emergency appointments were set aside each day that the practice was open. We were told that once these appointments were full the practice operated a 'sit and wait' policy. Staff told us that patients in dental pain would always be seen within 24 hours of calling the practice. Feedback received from patients spoken with on the day of inspection was that it was easy to make an appointment, they were not kept waiting to see the dentist and that received an appointment at a time that suited them.

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. The policy recorded contact details such as NHS England, General Dental Council and the Parliamentary and Health Service Ombudsman. This enabled patients to contact these bodies if they were not satisfied with the outcome of the investigation conducted by the practice. Patients were given information on how to make a complaint and a copy of the complaints policy was available in the waiting area.

The practice manager was the complaints lead. Staff we spoke with told us that when any complaint was received they would initially offer an apology and pass details of the concerns to the practice manager who would make contact with the complainant and offer a face to face meeting with them.



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

The practice recorded details of written complaints received. We were told that there had been no complaints made during the last 12 months.

Staff we spoke with were aware of their responsibilities regarding 'Duty of Candour'. The practice had recently purchased standardised policies and procedures which

included information regarding Duty of Candour. We were told that the policy would be adapted to meet the needs of the practice and discussions would be held with staff regarding this. Documentation we were shown regarding complaints and incidents demonstrated that staff were following the principles of candour.



Are services well-led?

Our findings

Governance arrangements

There was an effective management structure in place to ensure that responsibilities of staff were clear. The principal dentist was in charge of the day to day running of the practice. Staff said they understood their role and could speak with the dentist if they had any concerns. Staff told us that they enjoyed working at the practice and commented that there were good lines of communication within the staff 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. Standardised policies had recently purchased and these were in the process of being adapting to meet the needs of the practice. We were told that upon implementation of policies discussions were held with staff who had signed documentation to confirm that they had read and understood the policy Policies available included safeguarding, recruitment, infection prevention and control and health and safety. Existing policies were still available for staff to reference until all new policies had been implemented. Staff were aware of the location of the policy folders and confirmed that they were easily accessible.

Leadership, openness and transparency

Staff told us that they worked well as a team and provided support for each other. We were told that the principal dentist and practice manager were always available to provide advice and support. Formally documented practice meetings had recently been introduced. Staff signed a register to demonstrate that they attended the meeting. We saw that these meetings were planned on a monthly basis and minutes were available for the two meetings which had already taken place during 2017.

Staff told us that they were confident to raise issues or concerns and felt that they were listened to and issues were acted upon appropriately. Staff confirmed that openness was encouraged and they would not hesitate in reporting poor practice or discussing issues of concern with the management team. Staff were aware that the practice had a whistle blowing policy which detailed ways in which staff could raise concerns about the behaviour or practises of a colleague

Learning and improvement

The practice had some systems in place to audit quality and safety. Risk assessments had been completed regarding fire, radiation, sharps and hepatitis B non-immunised and non-responder. Documentation for a newly developed COSHH risk assessment was available but had not as yet been completed. The practice's fire risk assessment identified various levels of risk with associated actions to reduce the risk of fire. The practice manager was not aware of any planned action to address the issues identified in this risk assessment.

Staff audited areas of their practice as part of a system of continuous improvement and learning. These included audits of radiography (X-rays), medical history recording and dental care record keeping. Other audits were also available and these included audits on hand hygiene, disability access and cleaning. Issues for action had been identified in the disability access audit which included updating signage in the practice's car park and the purchase of a hearing induction loop.

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Staff monitor to ensure that they keep up to date with their CPD requirements and confirmed that support was provided to them as needed.

Annual appraisal meetings had not previously been held. We were shown documentation to demonstrate that a new appraisal system had been introduced and appraisal meetings booked with staff for March 2017.

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

The practice had some systems in place to seek and act on feedback from patients including those who had cause to complain. We were told that the Friends and Family Test (FFT) or a satisfaction survey was available to capture feedback from patients.

The FFT is a national programme to allow patients to provide feedback on the services provided. We were shown FFT feedback cards, however it was difficult to identify when these cards had been completed as they were not



Are services well-led?

dated and the practice had not recorded a date of collection of the information. We saw that all responses received (42) recorded that patients were extremely likely to recommend the dental practice.

Staff spoken with told us that any patient feedback was always discussed during informal practice meetings. We were told that formal staff meetings had commenced in January 2017 and patient feedback would be discussed at these meetings in the future.

Staff said that they would speak with the practice manager or the principal dentist if they had any issues they wanted to discuss. We were told that the management team were approachable, helpful and always available to provide advice and guidance.