

Walmley Dental Practice

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Inspection Report

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Ratings

Overall rating for this service

No action 

Are services safe?

No action 

Are services effective?

No action 

Are services caring?

No action 

Are services responsive?

No action 

Are services well-led?

No action 

Overall summary

We carried out an announced comprehensive inspection on 20 September 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?

Summary of findings

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

Background

Walmley Dental Practice has two dentist partners who own this practice; there is also an associate and a foundation dentist, six qualified dental nurses who are registered with the General Dental Council (GDC), a trainee dental nurse, a part time dental therapist, a part time dental hygienist and an administration manager who also worked on the reception. The practice's opening hours are 8.15am to 5.15pm on Monday, Tuesday, Thursday and Friday and 8.15am to 6pm on Wednesday. The reception area was open during lunchtime for patients to book appointments but dentists would not see patients during this time unless in an emergency.

Walmley Dental Practice provides NHS and private dental treatment for adults and children. The practice has three dental treatment rooms on the first floor. There is a separate decontamination room for cleaning, sterilising and packing dental instruments. There was also a reception and waiting area.

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

Prior to this inspection we received 22 'share your knowledge' forms providing positive feedback about this dental practice. We also sent Care Quality Commission comments cards to the practice before our inspection for patients to complete to tell us about their experience of the practice. We received 44 completed forms and we spoke with one patient during the inspection. Overall we received feedback from 67 patients. Patients provided an overwhelmingly positive view of the services the practice provides. All of the patients commented that the quality of care was very good.

Our key findings were

- Systems were in place for the recording and learning from significant events and accidents.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients were treated with dignity and respect.
- The practice was visibly clean and well maintained.
- Infection control procedures were in place with infection prevention and control audits being undertaken on a six monthly basis. Staff had access to personal protective equipment such as gloves and aprons.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- Staff had been trained to deal with medical emergencies.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice was well-led and staff felt involved and worked as a team.
- Governance arrangements were in place for the smooth running of the practice and there was a structured plan in place to audit quality and safety beyond the mandatory audits for infection control and radiography.

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

- Review its responsibilities towards the needs of people with a disability and the requirements of the Equality Act 2010 and ensure systems are in place to assist those patients with hearing difficulties.
- Review the practice's risk assessments to ensure that all contain a date of completion.
- Review the systems for recording personal development plans to ensure that all record a date of implementation and review.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

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

Medicines for use in an emergency were available on the premises. Emergency medical equipment was also available and documentation was available to demonstrate that checks were being made to ensure equipment was in good working order and medicines were within their expiry date.

There were sufficient numbers of suitably qualified staff working at the practice. We saw that procedures for the safe recruitment of staff were followed.

Infection control audits were being undertaken on a six monthly basis. The practice had systems in place for waste disposal and on the day of inspection the practice was visibly clean and clutter free.

No action



Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used oral screening tools to identify oral disease and used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. There were clear procedures for referring patients to secondary care (hospital or other dental professionals).

Patients' dental care records demonstrated that explanations about treatment options and oral health advice was given to patients

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

No action



Are services caring?

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

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

No action



Summary of findings

Are services responsive to people's needs?

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

Patients had good access to treatment and urgent care when required.

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

No action



Are services well-led?

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

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

Annual appraisal meetings took place and staff said that they were encouraged to undertake training to maintain their professional development skills. Staff told us they enjoyed working at the practice and felt part of a team.

No action



Walmley 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 20 September 2016 and was led by a CQC inspector and supported by a specialist dental advisor. Prior to the inspection, we reviewed information we held about the provider. We 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, including the registered manager. We looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the computer system that supported the dental care records.

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

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

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



Are services safe?

Our findings

Reporting, learning and improvement from incidents

Systems were in place to enable staff to report incidents and accidents. Staff we spoke with were aware of the location of the accident book and the systems in place to report accidents and incidents. We saw that a total of 41 accidents had been recorded since the practice opened. There had been one accident reported within the last 12 months and prior to that the most recent accident was dated 2013. We saw that learning points and action plans were recorded in the minutes of practice meetings where accidents had been discussed. Accidents and incidents were a standard agenda item for practice meetings.

The practice had developed a significant events policy which had been reviewed in February 2016. The policy detailed guidance for staff regarding reporting and recording a significant event. A member of staff had been appointed as the significant events lead and staff spoken with were aware who held this role. The practice had reported one significant event within the last 12 months.

A copy of the practice meeting minutes where accidents or significant events had been discussed were kept in the accident folder or with the significant event form.

All staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences regulations (RIDDOR). Forms were available to enable staff to report incidents under RIDDOR regulations if necessary. We were told that there had been no events at the practice that required reporting under RIDDOR. We saw that RIDDOR information had been included in the accident policy which was last reviewed in January 2016. Staff had signed a document to confirm that they had read and would work in accordance with this policy.

Systems were in place to ensure that all staff were kept up to date with any national patient safety and medicines alerts. The practice received these alerts via email and a copy was printed off and any that were relevant were kept in a medical alerts log. We saw that these were discussed at monthly practice meetings. When any alerts had been received staff had recorded details of any action taken. For example staff had recorded on a recent alert regarding a medicine to be used in an emergency that they had checked and did not use this product.

We saw a Duty of Candour policy was available and a poster was available for patients. This informed patients that they would be informed when things went wrong, when there was an incident or accident and would be given an apology.

Reliable safety systems and processes (including safeguarding)

The practice had a policy in place regarding child protection and safeguarding vulnerable adults which recorded details of how to report suspected abuse to the local organisations responsible for investigation. Staff had signed documentation to say that they had read and understood this policy. A dental nurse had been identified as the safeguarding lead and all staff spoken with were aware that they should speak to this person for advice or to report suspicions of abuse.

Minutes of meetings demonstrated that safeguarding had been discussed and staff had been asked to register to complete on-line safeguarding and mental capacity act training. We saw evidence that all staff had completed the appropriate level of safeguarding training.

We were told that there had been no safeguarding issues to report.

There had been one sharps injuries at the practice. We saw that the practice had followed their protocol, recorded the incident in accident records and discussed the incident and any learning during a practice meeting.

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

A sharps injury risk assessment had been completed. This listed all of the equipment which could cause a needle stick injury and any actions required to reduce the risk of injury. The risk assessment was reviewed on an annual basis and staff had signed to confirm that they had read this information.

Sharps information was on display in treatment rooms and other locations where sharps bins were located.

We asked about the instruments which were used during root canal treatment. The registered manager explained that these instruments were single use only. We were told



Are services safe?

that root canal treatment was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). We were shown patient care records to confirm this.

Medical emergencies

There were systems in place to manage medical emergencies at the practice. Training certificates were available to confirm that staff had completed cardio pulmonary resuscitation and medical emergency training on an annual basis with the date of the last training being 19 January 2016.

Emergency equipment including oxygen and an automated external defibrillator (AED) was available. (An AED is 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). Records demonstrated that weekly checks took place to ensure that equipment was available and 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 in a clearly marked cupboard and records demonstrated that weekly checks took place to ensure they were within date for safe use. We saw that a full list of emergency equipment and medicines was completed. The arrangements for dealing with medical emergencies were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF).

The first aid kit seen contained equipment for use in treating minor injuries such as cuts and burns. We were shown records which demonstrated that equipment in the first aid box was regularly checked to ensure it was available and within its expiry date. The date of the last check was recorded on 8 September 2016. One of the dental nurses was the designated first aider and had completed first aid training on 19 January 2016. Copies of training certificates seen demonstrated that staff had completed basic first aid training as part of their basic life support training.

Staff recruitment

The practice had a recruitment policy that described the process to follow when employing new staff. The recruitment policy was implemented in May 2016 and had a date for annual review recorded. This policy included details of some of the pre-employment information to obtain, interview processes and equal opportunities policy to follow. However the policy did not detail all of the pre-employment information required as per Schedule 3 of the Health and Social Care Act. Following this inspection we received an amended copy of the recruitment procedure which had been updated to include all relevant information.

We discussed the recruitment of staff with the administration manager. We were told that the practice had a very low staff turnover with the majority of staff having worked at the practice for over five years. We were shown three recruitment files in order to check that recruitment procedures had been followed. We saw that these files contained pre-employment information such as proof of identity, details of qualifications and registration with professional bodies. Staff had not completed a pre-employment medical questionnaire. The request to fill out a pre-employment medical questionnaire was included in the amended recruitment procedure we were sent following the inspection.

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.

The practice planned for staff absences to ensure the service was uninterrupted. A rota system was in operation which helped to ensure that there were enough dental nurses to provide cover during times of annual leave or unexpected sick leave.

We were told that the practice were part of a local on-call rota system this helped to ensure that patients in dental pain would be seen by a local dental practice if their dental practice were closed or the dentist was unavailable.

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

Monitoring health & safety and responding to risks



Are services safe?

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies.

Numerous risk assessments had been completed such as risk of carrying pushchairs upstairs to the dental practice, X-rays, autoclave use, hepatitis B non-responder and trainee dental nurses. The general practice risk assessment was completed on a standardised format provided by the British Dental Association (BDA). Risk assessments were reviewed on an annual basis. The date of last review was April 2016.

We saw that the practice had developed a health and safety policy and a health and safety poster was on display in the reception area. The health and safety policy recorded that one of the dentists at the practice had the overall health and safety lead. This was further broken down into separate responsibilities for staff for example regarding waste management and portable appliance testing.

We discussed fire safety with staff and looked at the practice's fire safety risk assessment and associated documentation. We were told that the landlord of the building completed a weekly fire alarm test and kept their own records to demonstrate this. Following this inspection we were sent a copy of the weekly fire alarm system test record.

The practice did not have a copy of a fire risk assessment. We were told that this had been completed by the landlord of the premises but a copy had not been made available. Following this inspection we were sent a copy of a fire risk assessment that had been completed by the practice.

Records seen confirmed that fire safety equipment such as fire extinguishers; fire alarms and smoke alarms were subject to routine maintenance by external professionals. Records confirmed that fire extinguishers were last serviced on 1 June 2016. We saw a certificate on file which confirmed that fire protection was checked and maintained on 19 May 2016. Battery operated smoke alarms were available at the practice and these were regularly checked by staff to ensure they were in good working order. Staff kept a record to demonstrate that batteries were changed on an annual basis.

Fire drills had taken place on an annual basis in the previous three years with the date of the last fire drill being 10 June 2016. Records shown to us confirmed that fire drills

had occurred on a more frequent basis during 2012 and 2013. The practice had developed a fire drill policy in 2016 and staff had signed to confirm that they had read and would work in accordance with this policy.

A well organised COSHH file was available. Details of all substances used at the practice which may pose a risk to health were recorded in a COSHH file. An itemised list was available which had been reviewed and updated when new products were used at the practice. All staff had signed documentation to demonstrate that they had read and understood the information in the COSHH file.

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. Patient feedback also reported that the practice was always clean and tidy.

Systems were in place to reduce the risk and spread of infection within the practice. A domestic employed by the dental practice was responsible for undertaking all environmental cleaning of both clinical and non-clinical areas. Cleaning schedules were available to demonstrate cleaning tasks undertaken.

The practice followed the national colour coding scheme for cleaning materials and equipment in dental premises and signage was in place to identify which colour of cleaning equipment was specific for use in that area. Mops and buckets were stored correctly in accordance with infection control procedures.

There were hand washing facilities in each treatment room and in the decontamination room. Signs were in place to identify that these sinks were only for hand wash use. Posters describing hand washing techniques were on display above these sinks. Adequate supplies of liquid soaps and paper hand towels were available throughout the premises.

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.

The practice had developed an infection control folder; all of the contents of this folder were reviewed on an annual



Are services safe?

basis with the last review taking place in May 2016. This folder contained various infection prevention and control related policies, for example decontamination processes, infection prevention and control, infection control training, sharps and blood spillage policy and hand washing techniques information. A general infection prevention and control policy statement was also available in this folder but was not on display in the decontamination and treatment rooms.

A dental nurse was recorded as the lead for infection control. This staff member was responsible for ensuring infection prevention and control measures were followed.

Infection prevention and control audits were completed on a six monthly basis. The last audit was undertaken on 9 May 2016 and the practice achieved an assessment score of 99%. We looked at some of the recent audits and saw that outcomes, improvements and action plans were recorded.

Infection prevention and control was discussed at practice meetings and we saw that the results of the recent audit were discussed at the practice meeting of 22 March 2016.

Records demonstrated that the dentists had undertaken training in September 2016. Training certificates were also available for all other clinical staff to demonstrate training completed regarding the principles of infection control.

We looked at the procedures in place for the decontamination of used dental instruments. A separate decontamination room was available for instrument processing. The decontamination room had dirty and clean zones in operation to reduce the risk of cross contamination and these were clearly identified.

A dental nurse demonstrated the decontamination process and we found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05).

Systems were in place to ensure that instruments were safely transported in sealed boxes between treatment rooms and the decontamination room.

The dental nurse showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments. A visual inspection was undertaken using an illuminated magnifying glass before instruments were sterilised in an autoclave and after sterilisation.

There was a clear flow of instruments through the dirty to the clean area. Staff wore PPE during the process to protect themselves from injury which included gloves, aprons and protective eye wear.

Clean instruments were packaged; date stamped and stored in accordance with current HTM 01-05 guidelines.

All the equipment used in the decontamination process had been regularly serviced and maintained in accordance with the manufacturer's instructions and records were available to demonstrate this equipment was functioning correctly. We saw that daily tests were completed on the steriliser and a printout was available for each cycle. Weekly protein and soil tests were completed on the washer disinfectant.

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 saw that water temperatures were checked on a monthly basis and water lines flushed in accordance with guidance.

A risk assessment regarding Legionella had been carried out by an external agency in January 2011 and a further internal assessment had been completed in March 2016. We saw records to confirm that monthly water temperature checks were being completed.

We discussed clinical waste with the practice manager; we looked at waste transfer notices

and the storage area for clinical and municipal waste. We were told that clinical waste was collected every few weeks. Clinical waste storage was in an area where members of the public could not access it. The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health.

Needle stick policies were on display in each treatment room; these recorded the contact details for the local occupational health department. Sharps bins were fixed to walls in appropriate locations which were out of the reach of children.



Are services safe?

The practice had conducted a needle stick injury assessment; this was an internal audit on the potential causes for needle stick injuries. Any issues identified had been recorded, addressed and ways for prevention were highlighted.

Equipment and medicines

We saw that maintenance contracts were in place for essential equipment. Records demonstrated that X-ray sets were last serviced on 31 March 2016, dental chairs on 28 July 2016, fire safety equipment on 1 June 2016 and the autoclave on 18 July 2016. Records were also available showing the date of the last service completed on compressors which was 9 August 2016.

A visual inspection of all portable electrical appliances at the practice had been completed on 8 June 2015. All electrical equipment tested was listed with details of whether the equipment had passed or failed the test.

We saw that one of the emergency medicines (Glucagon) was being stored in the fridge. Glucagon is used to treat diabetics with low blood sugar. Staff spoken with were aware that this medicine could be stored at room temperature with a shortened expiry date. However, the practice's preference was to store this medicine in the fridge. We were told that there were no records kept to demonstrate that medicines were stored in the fridge at the required temperature of between two and eight degrees Celsius. During the inspection one of the partners confirmed that they would remove the Glucagon from the fridge and amend the expiry date.

Prescription pads were securely stored. The practice had not completed a log of each prescription issued and were not keeping a log of the number of prescriptions used each day. Following this inspection we received evidence that a prescription log had been implemented immediately.

Dental treatment records showed that the batch numbers and expiry dates for local anaesthetics were recorded when these medicines were administered. These medicines were

stored safely for the protection of patients. We were told that this practice dispensed antibiotics. These were securely stored and a log was kept of all antibiotics dispensed.

Radiography (X-rays)

We saw that the practice had a well maintained radiation protection file which recorded that Public Health England X-ray protection service were the Radiation Protection Advisor (RPA) and a dental nurse was the Radiation Protection Supervisor (RPS). These people had been appointed to ensure equipment was operated safely and by qualified staff only. Local rules were available in each of the treatment rooms where X-ray machines were located for all staff to reference if needed.

We saw evidence that all of the dentists were up to date with the required continuing professional development on radiation safety.

The practice had notified the Health and Safety Executive on 9 May 2016 that they were planning to carry out work with ionising radiation.

Copies of the critical examination packs for each of the X-ray sets along with the maintenance logs were available for review. The maintenance logs were within the current recommended interval of three years. Records demonstrated that the three intra-oral X-ray sets were serviced on 10 March 2016 and the Orthopantomogram (OPG) on 29 June 2016. An OPG is a panoramic scanning dental X-ray of the upper and lower jaw.

Dental care records where X-rays had been taken showed that dental X-rays were justified,

and reported on every time.

We saw a recent X-ray audit completed in August 2016. Audits were completed on a six monthly basis. Each audit was analysed, reported on and an action plan completed. These were discussed at practice meetings. Audits help to ensure that best practice is being followed and highlighting improvements needed to address shortfalls in the delivery of care.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with dentists about oral health assessments. We were told that a written medical history form was completed at each visit to the dentist. Following this an examination of the patient's teeth, gums and soft tissues was completed. During this assessment dentists looked for any signs of mouth cancer.

Details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth were recorded. (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).

Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

Discussions with the dentists showed they were aware of and referred to National Institute for Health and Care Excellence guidelines (NICE), particularly in respect of lower wisdom teeth removal and antibiotic prescribing. NICE guidance was also used to determine recall intervals for patients. Each dentist took risk factors such as diet, oral cancer, tooth wear, dental decay, gum disease and patient motivation to maintain oral health into consideration to determine the likelihood of patients experiencing dental disease. Patient care records demonstrated that risk factors had been documented and discussed with patients.

The decision to take an X-ray was made according to clinical need and in line with recognised general professional guidelines.

Patient dental care records that we were shown demonstrated that all of the dentists were following the guidance from the Faculty of General Dental Practice (FGDP) regarding record keeping.

Dentists we spoke with told us that where relevant, preventative dental information was given in order to improve the outcome for the patient. Fluoride varnish was applied to the teeth of all children aged three to 18 and to adults with a high dental caries risk. High concentration

fluoride was prescribed for adults as required, advice and guidance was given about dental hygiene procedures and patients could be referred to the dental hygienist at the practice.

Health promotion & prevention

We saw entries in dental care records that detailed patients' oral health, discussions that had taken place with patients regarding improving oral health. Patients were given advice appropriate to their individual needs such as and dietary, smoking cessation and alcohol consumption.

During appointments the dentist and dental nurse explained tooth brushing and interdental cleaning techniques to patients in a way they understood. Patients were also referred to the dental hygienist if necessary. High concentration fluoride toothpastes were prescribed when required.

The practice placed a high emphasis on preventative care. Health promotion leaflets and posters were on display in the waiting room to support patients to look after their teeth. A poster regarding the effects of smoking on oral health was also on display. The administration manager told us about the previous displays such as a national smile month, stop smoking and sugar intake. We were shown the sugar display which demonstrated the amount of sugar in day to day food products.

Free samples of toothpaste and toothbrushes were available in treatment rooms. The practice website gave information to patients regarding 'Stoptober' which is a campaign encouraging people to stop smoking.

Staffing

Practice staff included two dentists who were partners in the practice, an associate and a foundation dentist, six qualified dental nurses and a trainee dental nurse, a dental hygienist, a dental therapist and an administration manager.

We discussed staff training with the administration manager and with staff. Staff spoken with said that they were encouraged to attend training courses and supported to develop their skills. We were told that they received all necessary training to enable them to perform their job confidently. A training plan had been developed. This recorded the name of each staff member with details of any



Are services effective?

(for example, treatment is effective)

training requested in their personal development plan. The training plan also recorded details of the mandatory training hours required for a dentist and a dental nurse. Induction training information was also available.

Records showed professional registration with the GDC was up to date for all relevant staff. There was a system in place to ensure that all GDC registrations were up to date. Staff continuing professional development (CPD) was monitored to ensure that they met their CPD requirements. CPD is a compulsory requirement of registration as a general dental professional.

We saw that CPD files were kept at the practice. These files contained a CPD log and copies of all training certificates. We saw that staff had completed a wide variety of training such as infection prevention and control, safeguarding, mental capacity and basic life support. We were told that discussions were held with staff about CPD and training during appraisal meetings and we saw that personal development plans had been recorded.

Staff CPD files demonstrated that some staff had received training in other specific dental topics such as dental radiography, oral cancer early detection and nurses advanced dental implant course.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves. For example referrals were made for patients who required oral surgery or community services.

A computerised referral log was set up for each patient and a copy of the referral letter was kept on their records. We were shown examples of referrals to Birmingham Dental Hospital and to the dental hygienist. When referring to the hygienist a copy of the prescription was kept with the patient care records.

Systems were in place to ensure referrals were received in a timely manner; referrals would be sent by secure email and post. The practice was tracking referrals and the referral log remained 'open' until the dentist had confirmed that the referral had been received and treatment completed. Patient care records would contain a 'marker' to identify that the patient had been referred for dental treatment.

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

Consent to care and treatment

The practice demonstrated a good understanding of the processes involved in obtaining full, valid and informed consent for an adult. A consent policy had been implemented and reference was made to the Mental Capacity Act 2005 (MCA) in this policy. This policy had been reviewed in January 2016.

The 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. The practice displayed guidance on the principles of the MCA and staff spoken with were aware of the MCA and best interest decisions.

We were shown evidence of mental capacity assessments, best interest decisions and referrals which were completed as necessary. We were told that support would be obtained from the Birmingham Community Dental Service where patients were unable to give consent.

Consent was reviewed as part of record card audits. We were shown evidence to demonstrate that these audits were completed on a quarterly basis. The most recent audit was undertaken between July and September 2016.

We were told that patients were given verbal and written information to support them to make decisions about treatment. A wide variety of leaflets were available explaining treatments which would assist in the decision making process. We were shown entries in dental care records where treatment options were discussed with patients. Any risks involved in treatment were also recorded and there was evidence in records that consent both verbal and written was obtained. Staff confirmed individual treatment options were always discussed with each patient.



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. Conversations between patient and dentist could not be heard from outside the treatment rooms which protected patient's privacy.

Staff said that they would ask patients to write down personal sensitive information or there was an office at the back of the reception desk where confidential discussions could be held.

Patients' clinical records were stored electronically. Computers were password protected and regularly backed up to secure storage. The computer screens at the reception desks were not overlooked which helped to maintain confidential information at reception. If computers were ever left unattended then they would be locked to ensure confidential details remained secure.

We observed staff were friendly, helpful, discreet and respectful to patients when interacting with them on the telephone and in the reception area. Patients provided overwhelmingly positive feedback about the practice on

comment cards and Share your Knowledge forms which were completed prior to our inspection. Patients commented that staff were professional, friendly, helpful and caring.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients were informed of the range of treatments available.

We saw evidence in the records we were shown that the dentists recorded the information they had provided to patients about their treatment and the options open to them. In addition a written treatment plan with estimated costs was produced for all patients to consider before starting treatment. If more complex treatments were required, for example dental implants, patients were sent a letter explaining all options, costs, risks and benefits. Posters detailing both NHS and private costs were on display in the reception area.

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



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We discussed appointment times and scheduling of appointments. We found the practice had an efficient appointment system in place to respond to patients' needs. Patients were given adequate time slots for appointments of varying complexity of treatment. There were vacant appointment slots to accommodate urgent appointments. Staff told us that patients were always able to get an appointment on the day that they telephoned if they were in dental pain, there was however a wait to book a routine appointment to see a dentist. We were told that patients usually booked their next appointment in advance and reminder text messages were sent to patients to remind them of their appointment.

The practice provided NHS and private treatment and treatment costs were clearly displayed in the waiting area. The practice's website also described the range of NHS and private treatments offered to patients, information regarding dental payment plans was also available. A 'news' section provided information about things that were happening at the practice such as the Care Quality Commission (CQC) inspection visit, a dental nurse's trip with a charitable organisation to provide dental treatment and training in rural areas of Tanzania. The website provided a direct link to the CQC website to enable patients to share their experiences of being a patient at the practice.

Information about appointments was detailed on the practice's website. This included opening times, how to book appointments, details of the staff team and the services provided.

Tackling inequity and promoting equality

The practice had policies on equal opportunities to support staff in understanding and meeting the needs of patients.

The practice did not have a hearing induction loop for use by people who were hard of hearing. Staff spoken with were not aware of the contact details of any external company to provide assistance with communication via the use of British sign language. However the administration manager had completed a 'deaf awareness' course

We asked about communication with patients for whom English was not a first language. We were shown a

'translation fan' this contained numbered words in English and then the same numbered word in various other languages such as Polish, Italian, Gujarati. We were told that staff could also contact a translation service if required.

The practice is located on the first floor with access provided by stairs. The toilets in the practice had not been adapted for use by patients with disabilities. We were told that patients were made aware that access to the building was not suitable for patients with mobility difficulties.

Access to the service

The practice was open from 8.15am to 5.15pm Monday, Tuesday Thursday and Friday and 8.15am to 6pm on Wednesday. The reception area was open during 1pm – 2pm for patients to book appointments but patients could not be booked in to see a dentist during lunchtime.

The opening hours were displayed in the practice, on their website and on the practice's Facebook page which also gave other useful information such as stop smoking information, opening hours and updates.

The practice had a telephone answering machine which gave emergency contact details for patients with dental pain when the practice was closed during the evening, weekends and bank holidays. The practice had two telephone lines, when these were engaged patients were able to leave a message and staff would call them back.

Patients were able to make appointments over the telephone or in person. Emergency appointments were set aside for each dentist every day; this ensured that patients in pain could be seen in a timely manner. We were told that these patients would always be seen within 24 hours of calling the practice.

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 names of the complaints lead and deputy were recorded on this policy which also stated that complainants would be offered a meeting with the complaint lead and all complaints would be acknowledged in writing. The policy contained a date of implementation and recorded that the policy was next to be reviewed in August 2017. Contact details such as NHS England and the General Dental Council were recorded.



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

This enabled patients to contact these bodies if they were not satisfied with the outcome of the investigation conducted by the practice. Staff had signed a document to confirm that they had read this policy.

Guidance was available regarding the action to take when a complaint was received, for example recording all details and passing the information to the complaint lead or in their absence the deputy. Staff spoken with were knowledgeable about how to handle a complaint and confirmed that all complaints received would be forwarded to the complaint lead.

Patients were given information on how to make a complaint. We saw that a copy of the complaints policy was on display in the waiting area, and a specific complaint leaflet was available from the reception desk. Patients were also able to complain through the practice website if they preferred through the 'contact us' section.

We were told that no written complaints had been received at the practice during 2015/16. We saw that information had been recorded regarding verbal complaints and these were discussed with staff during practice meetings. Complaints were a standing agenda item at each monthly practice meeting.



Are services well-led?

Our findings

Governance arrangements

Systems were in place for monitoring and improving the quality of services provided for patients.

The practice had policies and procedures in place to support the management of the service, and these were readily available for staff to reference in the administration office. These included health and safety, complaints, safeguarding and infection control policies. Staff spoken with were aware of the location of policies and confirmed that they were always available when needed.

Staff had been given a number of policies during their induction to the practice and had signed documentation to demonstrate that they had read and would work in accordance with all of the practice's policies.

The practice had clear lines of responsibility and accountability. Each staff member had been assigned an individual responsibility such as infection control, safeguarding and complaints. The name of the lead staff member was recorded on the individual policy and was on a list displayed in the administration office. Each staff member had a yearly plan which detailed action to take on a month by month basis to ensure they met their duties as a lead. For example reviewing policies, undertaking risk assessments, staff update training.

As well as regular scheduled risk assessments, the practice undertook clinical audits. These included six monthly infection prevention and control audits, audits regarding clinical record keeping dated September 2016, radiography dated August 2016 and referral tracking dated July 2016. Other risk assessments seen regarding impression taking and disinfection did not record a date. We saw evidence to demonstrate that all audits and risk assessments were reported on and action plans completed.

Leadership, openness and transparency

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff were aware of who held lead roles within the practice such as complaints management, safeguarding and infection control. A list of staff with details of their lead role was on display in the administration office. Details of actions to be taken by staff each month to fulfil these lead roles was also

recorded for staff. The culture of the practice was open and supportive. Staff told us that they worked well as a team, provided support for each other and were praised by the management team for a job well done.

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 said that they felt supported and involved at the practice. We were told that the management team were open and approachable and always available to provide advice and guidance. Staff felt that they worked well as a team but would speak with the practice manager or another member of the management team if they had any issues they wanted to discuss.

Learning and improvement

The practice had a structured plan in place to audit quality and safety. We saw that infection control audits were completed on a six monthly basis and the practice achieved 99% compliance at the last audit. Other audits included radiography and record card. Patient feedback was also obtained.

Action plans were recorded as required and we saw evidence to demonstrate that the findings of audits were discussed with staff during practice meetings. A dental nurse was the designated lead for clinical audit at the practice and clinical staff spoken with were aware who held this lead role.

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Staff confirmed that they were encouraged and supported to undertake training. We were told that in-house and on-line training was provided and staff were able to undertake post graduate training as appropriate.

Staff said that support was provided to enable them to complete training. We were shown individual training files for staff which contained their CPD logs. These were kept at the practice and monitored to ensure support was provided to staff whenever necessary. Annual appraisal meetings were held and personal development plans (PDP) available for all staff. However not all of the PDPs seen had been dated or signed by staff.

Practice meetings were held on a monthly basis. We were shown minutes of meetings which demonstrated that a variety of topics such as complaints, sharps injuries and



Are services well-led?

accidents were discussed. Meetings were usually minuted and comprehensive. Staff said that if they were unable to attend the meeting they received a copy of the minutes and were briefed upon the discussions held. Copies of minutes were kept in a file in the administration office and were readily available for staff.

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

The practice had systems in place to seek and act on feedback from patients including those who had cause to complain. For example the Friends and Family Test (FFT), comment forms and complaints. Patients were able to contact the practice via their website to leave comments or ask questions. The friends and family test is a national programme to allow patients to provide feedback on the services provided.

Satisfaction surveys were given to patients on an annual basis; the results were reviewed and discussed at a practice meeting.

We looked at the FFT results for September 2016 and saw that 19 patients had responded, 13 of these patients were extremely likely to recommend the practice and 3 were likely. Patients also recorded positive feedback regarding the expert dentist, friendly staff, patients felt well looked after and clear explanations were given.

The practice's website contained a link to the Care Quality Commission's (CQC) website where patients were able to complete a 'share your knowledge' form. Before this inspection CQC received 22 positive share your knowledge forms.