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Holly Tree House Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 26 October 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The practice is located on the ground floor of premises to the north of Nottingham city centre. The practice provides mostly private dental treatments (70%). There is a small car park to the front of the practice or there is street parking in the nearby area. There are three ground floor treatment rooms, although only two are in regular use.

The practice provides regulated dental services to both adults and children. Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are – Monday: 8:30 am to 5:30 pm; Tuesday: 8:30 am to 7 pm; Wednesday: 8:30 am to 5:30 pm; Thursday: 8:30 am to 5:30 pm; Friday: 8:30 am to 1 pm and Saturday by arrangement

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

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

The practice has one dentist; one dental hygienist; two dental therapists; and four qualified dental nurses. Dental nurses also worked on the reception desk when required.

We received positive feedback from 51 patients about the services provided. This was by speaking with patients and through comment cards left at the practice prior to the inspection.

Our key findings were:

- The premises were visibly clean and there were systems and processes in place to maintain the cleanliness.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Information relating to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 needed to be improved.
- Patients commented they had no problem getting an appointment that suited their needs.
- Patients were able to access emergency treatment when they were in pain.
- Patients provided positive feedback about their experiences at the practice. Patients said they were treated with dignity and respect; and the dentist involved them in discussions about treatment options and answered questions.
- Patients' confidentiality was protected.
- There were systems to record accidents, significant events and complaints, and where learning points were identified these were shared with staff.
- The records showed that apologies had been given for any concerns or upset that patients had experienced at the practice.

- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns.
- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.

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

- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review its responsibilities to the needs of people with a disability and the requirements of the Equality Act 2010 and consider installing a hearing induction loop to assist patients and visitors who used a hearing aid.
- Review its audit protocols and where applicable 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.

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.

All staff had received up-to-date training in safeguarding vulnerable adults and children. There were clear guidelines for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary. Information regarding safeguarding was displayed throughout the practice.

Information relating to Control of Substance Hazardous to Health (COSHH) Regulations 2002 needed to be suitably documented.

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

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

The practice was visibly clean and had infection control procedures to ensure that patients were protected from potential risks. Regular audits of the decontamination process were as recommended by the current guidance.

X-ray equipment was regularly serviced and inspected to make sure it was safe for use.

No action



Are services effective?

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

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

Improvements were required to ensure discussions held with patients or identified risks such as those posed by smoking, diet and alcohol. dental care records did not always record

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

The practice had systems in place for making referrals to other dental professional when it was clinically necessary.

No action



Are services caring?

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

Patient confidentiality was maintained and dental care records were stored securely.

No action



Summary of findings

Feedback from patients identified staff were friendly, and treated patients with care and concern. Patients also said they were treated with dignity and respect.

There were systems for patients to be able to express their views and opinions.

Are services responsive to people's needs?

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

Patients who were in pain or in need of urgent treatment could usually get an appointment the same day.

The practice had two ground floor treatment rooms which allowed easy access for patients with restricted mobility or mothers with prams or pushchairs.

A formal disabled access audit in line with the Equality Act (2010) was completed to consider the needs of patients with restricted mobility after this inspection.

The practice did not have an induction hearing loop to assist patients who used a hearing aid.

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

There were systems and processes to support patients to make formal complaints.

No action



Are services well-led?

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

There was a clear management structure at the practice. Staff were aware of their roles and responsibilities within the dental team, and knew who to speak with if they had any concerns.

The practice had a system for carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided. This system was not always effective.

There were examples of policies and procedures which had not been kept under review.

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

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

No action



Holly Tree House 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.

We carried out an announced, comprehensive inspection on 26 October 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked for information to be sent, this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies.

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

We reviewed policies, procedures and other documents. We received feedback from 51 patients about the dental service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems for recording and investigating accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. The practice had an accident reporting policy and an accident book to record any accidents to patients, visitors or staff. Documentation showed there had been no recorded accidents in the twelve months up to this inspection. The last recorded accident being in October 2015 and being a minor injury to a member of staff. We saw that learning points had been identified and shared with staff.

The practice had not been required to make any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reports although staff said they were aware how to make these if and when required.

The practice had a serious incident policy which had been reviewed in October 2016. The policy contained guidance for staff on identifying a significant event and keeping suitable records about any such event. Records at the practice showed that significant events had been identified and logged with the last event recorded in May 2015 when a member of staff became unwell. The record showed all significant events had been analysed and discussed with staff as appropriate.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. These were received by the principal dentist analysed and discussed in staff meetings as appropriate. The most recent alert had been received in October 2016 and related to a medicine for rheumatoid arthritis. Staff said this was not relevant to the practice but had been filed for information. The practice also received Central Alerting System (CAS) alerts which related to medicines.

Staff at the practice were aware of the Duty of Candour. This is where the practice is open and honest and informed patients when they had been affected by something that had gone wrong. An apology and an explanation should be offered and patients informed of the actions taken as a result. Staff while aware of their duty could not identify any

examples where this had been put into effect. 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. The principal dentist was aware of when and how to notify CQC of incidents which cause harm.

Reliable safety systems and processes (including safeguarding)

The practice had policies for safeguarding vulnerable adults and children. The policies identified how to respond to and escalate any safeguarding concerns. The relevant safeguarding contact telephone numbers for both children and vulnerable adults were available for staff and patients in the waiting room. Discussions with staff showed that they were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary. The principal dentist said there had been no safeguarding referrals made by the practice.

The principal dentist was the identified lead for safeguarding in the practice. They had received enhanced training in safeguarding to level two on 21 February 2013 for safeguarding adults and safeguarding children on 20 November 2013 to support them in fulfilling that role. We noted this training was due to be refreshed. We saw evidence that all staff had completed safeguarding training during 2014. Refresher training through internal staff meetings had been delivered during 2015. Following the inspection we were sent certificates for three members of staff including the principal dentist which identified they had received updated safeguarding training to level two during October 2016.

The practice had guidance relating to the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. This identified the risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. There were risk assessments for all products but only a limited number of copies of manufacturers' product data sheets in the COSHH file. Data sheets provided information on how to deal with spillages or accidental contact with chemicals and advised what protective clothing to wear.

The practice had an up to date Employers' liability insurance and Public liability certificates which was due for

Are services safe?

renewal on 11 June 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969. Both certificates were displayed behind reception.

The practice had a sharps policy which informed staff how to handle sharps (particularly needles and sharp dental instruments) safely. The policy had been reviewed in July 2016. We were informed the practice used a recognised system for handling sharps safely in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy. However, we did not see this during the inspection. There were instructions for staff in each clinical area regarding the safe management and handling of sharps.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) We saw the sharps bins were wall mounted in clinical areas which followed the guidance which indicated sharps bins should not be located on the floor, and should be out of reach of small children. Sharps bins were signed and dated. The National Institute for Healthcare Excellence (NICE) guidelines: 'Healthcare-associated infections: prevention and control in primary and community care' advise – sharps boxes should be replaced every three months even if not full. Signing and dating allowed the three month expiry date to be identified. The clinical waste contractor who serviced the practice collected sharps bins on a three monthly basis.

Discussions with the dentist identified the dentists were using rubber dams when providing root canal treatment to patients. This was in line with guidance from the British Endodontic Society. A rubber dam is a thin, square 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 (treatment involving the root canal of the tooth) 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. We saw the practice had a supply of rubber dam kits in the practice including latex free rubber dams.

Medical emergencies

The dental practice had equipment in preparation for any medical emergencies that might occur. This included

emergency medicines and oxygen which were located in a secure central location. We checked the medicines and found they were all in date. There were robust systems in place to check expiry dates and monitor that equipment was safe and working correctly.

There was a first aid box in the practice. However, we saw some of the contents had passed their use by date. The principal dentist informed us the first aid box had been replaced following our inspection. We saw that two members of staff were booked on to first aid training in December 2016.

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

Three staff members had completed basic life support and resuscitation training on 8 September 2016. Other staff members had completed the necessary training elsewhere in the past 12 months.

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

Staff recruitment

The practice had a recruitment policy which had been reviewed in September 2015. We looked at the staff recruitment files for seven staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Are services safe?

We found that all members of staff had received a DBS check. We discussed the records that should be held in the recruitment files with the principal dentist and saw the practice recruitment policy and the regulations had been followed.

Monitoring health & safety and responding to risks

The practice had a health and safety policy which had been reviewed in September 2016. The policy identified the principal dentist as the lead people who had responsibility within the practice for different areas of health and safety. As part of this policy environmental risk assessments had been completed. For example there were risk assessments for: the use of gas cylinders, fire safety and electricity.

Records showed that fire extinguishers had been serviced in December 2015. The practice had a fire risk assessment which had been reviewed in January 2016. We saw there was a fire detection system within the premises and records showed that staff were completing daily fire safety checks. The fire evacuation procedure was displayed within the practice for patients and staff. Records showed the practice held a fire drill once a year, with the last one completed on 29 February 2016.

The practice had a health and safety law poster on display in the staff room. Employers are required by law (Health and Safety at Work Act 1974) to either display the Health and Safety Executive (HSE) poster or to provide each employee with the equivalent leaflet.

Infection control

The practice had an infection control policy which had been reviewed in October 2016. A copy of the policy was available to staff in the policy file. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures.

Records showed that regular six monthly infection control audits had been completed. This was as recommended in the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment. The last audit was completed on 24 August 2016. This had scored 98%. The audits had been analysed and action points recorded. In addition the Area Team from NHS England completed an infection control audit at the practice every two years.

The practice had a clinical waste contract, and waste matter was collected regularly. Clinical waste was stored securely away from patient areas while awaiting collection. The clinical waste contract also covered the collection of amalgam, a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had spillage kits for mercury and bodily fluids. The principal dentist informed us the mercury spillage kit was replaced following our inspection.

Dental instruments were cleaned in the treatment rooms. A separate room was being converted to a decontamination room. This was where dental instruments were sterilised in an autoclave (a device for sterilising dental and medical instruments). Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear. The practice was latex free to avoid any potential latex allergy. Daily check sheets were completed by nurses during the decontamination process.

The practice used manual cleaning to clean dental instruments. We saw a long handled brush as identified in the guidance (HTM 01-05) was used for manual cleaning. We noted the water temperature during manual cleaning was being monitored and recorded to demonstrate the water was at the correct temperature (less than 45 degrees centigrade). HTM01-05 identifies that water temperature should not exceed 45 degrees centigrade during manual cleaning as higher temperatures bind protein to the instruments. After cleaning instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in one of the practice's autoclaves. The practice had two steam autoclaves which were designed to sterilise unwrapped or solid dental instruments. At the completion of the sterilising process, all instruments were dried, placed in pouches and dated with a use by date.

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

The practice had a policy for dealing with blood borne viruses. There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had

Are services safe?

received blood tests to check the effectiveness of that inoculation. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

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

Equipment and medicines

The practice kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing (PAT) had been completed on electrical equipment at the practice in December 2015. The pressure vessel checks on the compressor which produced the compressed air for the dental drills had been completed in December 2015. Records showed the autoclaves had also been serviced in September 2016. This was in accordance with the Pressure Systems Safety Regulations (2000). An electrical installation condition report dated 30 May 2014 and valid for five years identified the electric systems within the practice had been inspected and tested. Certification in the practice identified the gas boiler had been inspected and serviced in July 2016.

The practice had all of the medicines needed for an emergency situation, as recommended in the British National Formulary (BNF).

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

Radiography (X-rays)

There was a Radiation Protection file which contained the relevant information and records relating to the X-ray machines and their safe use on the premises.

The practice had two intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth) and one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the entire jaw and lower skull.

X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

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

The practice had critical examination documentation for both intra oral X-ray machines. Critical examinations are completed when X-ray machines are installed to document they have been installed and are working correctly.

Records showed the two intra oral X-ray machines were less than three years old and the OPG machine was 14 years old. The OPG X-ray equipment had been inspected in April 2016. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years. The regulations also required providers to inform the Health and Safety Executive (HSE) that X-rays were being carried out on the premises. Documentary evidence dated 22 November 2004 confirmed this had been completed. The X-ray developer had been serviced in August 2016.

The practice used both digital and analogue (non-digital). Staff said the analogue images were often clearer although digital X-rays relied on lower doses of radiation. Therefore reducing the risks to both the patients and staff.

We saw that both intraoral X-ray machines were fitted with rectangular collimation in line with current guidance. Rectangular collimation is a specialised metal barrier attached to the head of the X-ray machine. The barrier has a hole in the middle used to reduce the size and shape of the X-ray beam, thereby reducing the amount of radiation the patient received and the size of the area affected.

Are services safe?

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

Patients' dental care records showed that information related to X-rays were recorded in line with guidance from

the Ionising Radiation (Medical Exposure) Regulations 2000. We saw that the X-rays were graded to record their quality. This was in accordance with the Faculty of General Dental Practice (FGDP UK) guidelines: 'selection criteria for dental radiography' (2013) and the National Radiological Protection Board (NRPB) guidelines.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice held paper dental care records for each patient. Improvements were required to ensure the dental care records contained clear information about the assessment, diagnosis, and treatment. Discussion and advice given to patients by dental healthcare professionals was not always recorded and risk factors such as smoking and diet were not always highlighted for each patient.

Patients at the practice completed a medical history form which was checked by the dentist in the treatment room with the patient. The form was part of the patients' dental records and was used to capture any changes to the patients' medical history. Patients provided a signature in the treatment room to confirm the medical history form was correct. The patients' medical histories included any health conditions, medicines being taken and whether the patient had any allergies.

The dental care records showed that the dentist assessed the patients' periodontal tissues (the gums) and soft tissues of the mouth once patients reached age 18. The dentist used the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.

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

Health promotion & prevention

The practice had one waiting room where posters and leaflets relating to good oral health and hygiene were on display. Some of these were aimed at children, for example:

'fizzy drinks and you teeth' a leaflet which explained the amount of sugar as a percentage and the pH levels (acidity). The leaflet also mentioned that cola drinks contained the strong phosphoric acid.

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

In August 2015 the practice organised a children's' dental fun day. This was aimed at children who were registered at the practice, although also open to children who were not. The practice organised quizzes about oral health and provided the children with 'goody bags' of dental products and information. Photographs in the practice showed children role playing as dentists and nurses while staff said this was a good way to make visiting the dentist fun and building positive relationships.

Staffing

The practice had one dentist; one dental hygienist; two dental therapists; and four qualified dental nurses. Dental nurses also worked on the reception desk when required. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC. On the day of our inspection we also saw evidence of current professional indemnity cover for all relevant staff.

Records within the practice showed there were sufficient numbers of staff to meet the needs of patients attending the practice for treatment.

We looked at staff training records for three staff members and these showed that staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, radiography (X-rays), infection control and safeguarding.

Are services effective?

(for example, treatment is effective)

Records at the practice showed that all staff had an annual appraisal. We also saw evidence of new members of staff having an induction programme.

Working with other services

The practice made referrals to other dental professionals based on risks or if a service was required that was not offered at the practice. We saw the practice referred to the clinical assessment service where referrals were sorted and triaged. The practice made referrals to the Maxillofacial Department at Queens Medical Centre (QMC) or the Intermediate minor oral surgery service for difficult extractions or complex cases. The practice also made referrals for orthodontics (where badly positioned teeth are repositioned to give a better appearance and improved function) and sedation. Children who required multiple extractions were referred to community services.

The dentist had not had to make a referral for suspected oral cancer. However, they were aware of the referral pathway to fast track referrals to the local QMC. These referrals would be made in-line with the recommended two week window for urgent suspected cancer referrals.

Consent to care and treatment

The practice had a consent policy and Mental Capacity Act 2005 (MCA) guidance for staff. The issue of capacity was

explored within the guidelines and this included making best interest decisions as identified in the MCA. The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves.

We saw how consent was recorded in the patients' dental care records. The records showed the dentist had discussed the treatment plan with the patients, which allowed patients to give their informed consent. The practice used the FP17DC form to record consent for NHS patients. The FP17DC form is the standard form used by the NHS to record consent and record the treatment plan. For private patients the practice printed a personalised treatment plan which included the costs and which the patient signed to demonstrate their consent.

The consent policy made reference to obtaining consent from children under the age of 18. We talked with dental staff about this and identified they were aware of Gillick competency. This refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During the inspection we observed staff speaking with patients. We saw that staff were welcoming, friendly and had a professional approach. We saw that staff spoke with patients with due regard to dignity and respect.

The reception desk was located within the waiting room. We asked reception staff how patient confidentiality was maintained at reception. Staff said that details of patients' individual treatment were never discussed at the reception desk. In addition if it were necessary to discuss a confidential matter, there were areas of the practice where this could happen such as an unused treatment room. Signs informing patients of this were prominently displayed in the waiting room.

We saw examples that showed patient confidentiality was maintained at the practice. For example the reception desk could not be overlooked so that information with the receptionist was secure. There were notices to remind reception staff of the need to protect patient confidentiality. Patients' dental care records were held securely. There was a poster in the foyer explaining to patients that confidentiality was a high priority and inviting them to speak to staff if they had any concerns about confidentiality in the practice.

Involvement in decisions about care and treatment

We received positive feedback from 52 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by talking with patients in the practice.

The practice offered mainly private treatment (70%) and the costs for both private and NHS treatment were clearly displayed in the waiting room.

We spoke with the dentist about how patients had their diagnosis and dental treatment discussed with them. We saw that discussions were not always recorded and it was not always clear what advice and options the patient had been given. Patients were given a written copy of the treatment plan which included the costs.

Where necessary the dentist gave patients information about preventing dental decay and gum disease. In particular the dentist had highlighted the risks associated with smoking and diet. However, this was not always clearly recorded in the dental care records. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was located on the ground floor of premises to the north of Nottingham city centre. The practice provided mostly private dental treatments (70%). There was a small car park to the front of the practice or there was street parking in the nearby area. There were three ground floor treatment rooms, although only two were in regular use.

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

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

Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient the same day. To facilitate this the practice made a specific appointment slots available for patients who were in pain or in need of emergency treatment.

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

Tackling inequity and promoting equality

The practice had an equality and diversity and human rights policy which had been reviewed in September 2015.

Patient areas were situated on the ground floor. There were three ground floor treatment rooms although one was rarely used. The treatment rooms allowed patients with restricted mobility easy access for treatment. The treatment rooms were large enough for patients to manoeuvre a wheelchair or push chair.

The practice had a ground floor toilet which was suitable for patients with restricted mobility. The toilet a grab handle, a hot air hand dryer and a pull cord to summon assistance if needed.

The practice had a policy relating to disabled access in line with the Equality Act (2010). However, a formal access audit had not been completed at the time of the inspection. We received a completed access audit the day after the inspection which identified that the practice was fully accessible to patients with restricted mobility or who were using a wheelchair. The practice could accommodate

patients with restricted mobility; with level access from the street to the ground floor treatment rooms. There was ramped access to the rear door of the practice and a bell so patients could alert reception staff they needed to enter via the rear door. The practice did not have a hearing induction loop to assist patients who used a hearing aid. The Equality Act requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices.

Access to the service

The practice's opening hours were – Monday: 8:30 am to 5:30 pm; Tuesday: 8:30 am to 7 pm; Wednesday: 8:30 am to 5:30 pm; Thursday: 8:30 am to 5:30 pm; Friday: 8:30 am to 1 pm and Saturday by arrangement

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

A notice on the reception desk informed patients that a text message reminder service was available. Patients were urged to ensure the practice had their correct mobile telephone number if they wanted to receive this service. Patients who used this service received a text reminder three working days before their appointment was due. Patients who did not receive a text message were either reminded by e mail or letter which was sent out just before their appointment was due.

The practice had a website at: www.hollytreehousedentalpractice.co.uk. Patients were able to access up-to-date information about the practice, treatments and opening times through the practice website.

Concerns & complaints

The practice had a complaints procedure for patients which had been reviewed in August 2015. The procedure explained how to complain and identified time scales for complaints to be responded to, and other agencies to contact if the complaint was not resolved to the patients satisfaction.

Information about how to complain was displayed in the waiting rooms and was available as a leaflet for patients to take away with them.

Are services responsive to people's needs?

(for example, to feedback?)

From information received before the inspection we saw that there had been no formal complaints received in the 12 months prior to this inspection. Documentation within the practice showed complaints received prior to October 2015 had been handled appropriately and in a timely way.

Are services well-led?

Our findings

Governance arrangements

Following the inspection the provider sent evidence that policies and procedures were kept under review as part of the practice's system for monitoring compliance. Staff said if they had any concerns they would raise these with the principal dentist. We spoke with two members of staff who said they liked working at the practice and the size of the team made for a close working relationship. Staff said there was a supportive approach from the principal dentist.

We saw a selection of dental care records to assess if they were complete, legible, accurate, and secure. The dental care records we saw did not always record in sufficient detail the discussions relating to treatment options or that the harmful effects of smoking and diet had been discussed.

Leadership, openness and transparency

We saw that full staff meetings were scheduled throughout the year. Staff meetings were minuted and minutes were available to all staff. When there were learning points to be shared with staff we saw evidence these had been discussed and shared as appropriate.

Discussions with staff showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

The practice had an underperformance and whistleblowing policy which had been reviewed in October 2016. The whistleblowing policy identified how staff could raise any concerns they had about colleagues' under-performance, conduct or clinical practice. This was both internally and with external agencies.

The practice had introduced a duty of candour policy in September 2016. This had been shared with staff and was due to be discussed at the October 2016 staff meeting. The policy led the practice to be open and honest in their dealings with patients. The principal dentist could not identify any specific examples where this had needed to be put into effect.

Learning and improvement

There were a range of audits completed throughout the year. This was for clinical and non-clinical areas of the practice. The audits identified both areas for improvement,

and where quality had been achieved. Examples of completed audits included: Regular six monthly infection control audits with the last completed on 24 August 2016. This was in line with the published guidance (HTM 01-05). In addition the Area Team from NHS England completed an infection control audit every two years. In addition audits had been completed for patients' medical histories (which had highlighted the need to update the forms, and they had been amended as a result.) Also dental care records had been audited, however, this was using a format provided by an external company and had not identified the issues with record keeping established during this inspection. The principal dentist said they would carry out a re-audit of the dental care records to look at the issues identified.

The practice ensured that all staff underwent basic life support and resuscitation training on an annual basis. Staff were supported to attend refresher training regarding infection control, safeguarding of children and vulnerable adults and dental radiography (X-rays). Staff development was by means of internal training, staff meetings and attendance on external courses.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals are required to complete 150 hours over the same period. We saw that key CPD topics such as IRMER (related to X-rays) and safeguarding had been completed by all relevant staff.

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

The practice had its own patient satisfaction survey. Copies of blank forms together with second class pre-paid business envelopes with the practice address were also available for patients' use. The analysis of the results showed most patients were very satisfied. One point raised was that some patients were uncertain about speaking at the reception desk which was located in the waiting room. In response more notices were erected within the practice informing patients they could speak confidentially with staff away from the reception/ waiting area.

Are services well-led?

The practice had a NHS Friends and Family Test (FFT) comment box which was located in the reception area. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS England. The most recent data in the practice related to September 2016 and showed 14 patients had responded and 100% said they would recommend the practice to their family and friends.

The latest information on the NHS Choices website: www.nhs.uk showed 20 patients had responded and 95% said they would recommend the practice to their friends and family. The NHS Choices website had six patient reviews dating back to January 2014, majority of which were positive. . Five reviews had been received in the 12 months up to this inspection. The provider had responded to the patient reviews and had offered patients the opportunity for further discussion.