

## Kings Heath Dental Practice

# Kings Heath Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 25 November 2015 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 not providing well-led care in accordance with the relevant regulations.

#### **Background**

Kings Heath Dental Practice has three dentists who each work part time, a dental hygienist, three dental nurses and three reception staff. Two of the dental nurses work flexible part time hours. All of the dental nurses are qualified and registered with the General Dental Council (GDC). The practice opens at 8.15am each morning from Monday to Friday and closing times vary between 6.30pm on Monday to 2pm on Fridays.

Kings Heath Dental Practice provides both NHS and private treatment for adults and children. The practice is situated in a converted residential property. There are four dental treatment rooms; and a separate room used to complete part of the decontamination process for cleaning, sterilising and packing dental instruments. There is also a reception and waiting area.

The practice owner is the registered manager. 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.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice, we also spoke with patients during the inspection. We received

# Summary of findings

feedback from 35 patients who provided an overall positive view of the services the practice provides. Three patients commented that there could occasionally be a wait to see the dentist after their appointment time but also praised the practice. All of the patients commented that the quality of care was good.

## Our key findings were:

- The practice had mechanisms in place to record significant events and accidents.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children
- The practice had enough staff to deliver the service.
- Some infection prevention and control systems were in place, although audits were not completed on a six monthly basis.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The practice kept up to date with current guidelines when considering the care and treatment needs of patients.
- Health promotion advice was given to patients appropriate to their individual needs such as smoking cessation or dietary advice.
- Patients felt involved in all treatment decisions and were given sufficient information, including details of costs to enable them to make an informed choice.
- The appointment system met the needs of patients and waiting times were kept to a minimum
- Feedback from 35 patients gave us a completely positive picture of a friendly, caring and professional service.
- The practice had implemented clear procedures for managing comments, concerns or complaints.

We identified regulations that were not being met and the provider must:

- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities. This should include lone working, systems to maintain and

monitor emergency medicine and equipment, staff training, clinical waste, infection prevention and control and fire systems including risk assessments. Where appropriate X-ray signage must be in place.

- Ensure that effective recruitment procedures are in place to assess the suitability of staff for their role. Not all the specified information (Schedule 3) relating to persons employed at the practice was obtained.

You can see full details of the regulations not being met at the end of this report.

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

- Establish a system for recording and monitoring of expiry dates of dental items used in the treatment of patients, for example rubber dam kits.
- Put into place a system to record and monitor medicine refrigerator temperatures.
- Review emergency medicines in line with the Guidance on Emergency Medicine as set out in the British National Formulary (BNF).
- Review lone working arrangements in accordance with the General Dental Council standards for the dental team in order to ensure the safety of staff and patients.
- Provide patients with a copy of any letter of referral to another dental service.
- Develop a system to monitor and record staff training, including induction to make sure that training is undertaken at appropriate intervals so that staff are competent to carry out the duties they are employed to perform and to meet their continuing professional development requirements.
- Provide evidence to demonstrate that actions identified in the legionella risk report are addressed and an updated assessment is undertaken by a company registered with the legionella control association as per the practice's protocol.
- Review staff awareness of dental water lines maintenance to prevent the growth and spread of legionella bacteria.
- Review the practices' risk logs to make sure that they are fully completed.
- Review standardised policies and amend these to meet the needs of the practice.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

Systems were in place for recording and reporting significant events and accidents and staff were aware who to report incidents and accidents to within the practice. A member of staff had recently been identified as the safeguarding lead and staff understood their responsibilities for reporting any suspected abuse. Medicines and equipment available for use in a medical emergency were being checked for effectiveness. However, we found that oropharyngeal airways were not available in all sizes. Medicines for use in an emergency were not all available on the premises as detailed in the Guidance on Emergency Medicines set out in the British National Formulary (BNF).

Infection control audits were being undertaken, although not 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.

### **Are services effective?**

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

The practice demonstrated that they followed professional guidance, for example, issued by the National Institute for Health and Care Excellence (NICE). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff were registered with the General Dental Council (GDC). Not all staff records were complete in relation to continuous professional development (CPD) and systems in place to monitor CPD were not robust. We found that staff had not had training in fire safety.

Patients told us that staff explained treatment options to ensure that they could make informed decisions about any treatment they received and records seen confirmed this.

### **Are services caring?**

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

We observed staff being welcoming and friendly when patients came in to book an appointment. We received feedback from 35 patients. Patients praised all staff and gave a positive view of the service; three patients who confirmed that they were happy with the service also said that occasionally there was an extended wait to see the dentist. Patients commented that treatment was explained clearly and staff said that dentists always took their time to explain treatment to patients. Patient records were stored securely and patient confidentiality was well maintained.

### **Are services responsive to people's needs?**

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

The service was aware of the needs of the local population and took these needs into account in how the practice was run. Patients had good access to appointments, including emergency appointments, which were available on the same day. Staff had access to translation services, if required. Patients were invited to provide feedback via the 'Friends and Family' Test and the test results had been reviewed by the practice and an action plan developed.

There was a clear complaints procedure and information about how to make a complaint was available for patients to see. We were told no complaints had been received in the past year.

# Summary of findings

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

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

There were limited governance arrangements in place to guide the management of the practice and systems in place to protect patients and staff from risk of harm were not robust. For example staff were completing documented checks to ensure that equipment required in an emergency was all available and in good working order; however, one piece of equipment had passed its expiry date. Standardised policies and procedures and risk assessments were in place, although not all of these had been adapted to meet the needs of the practice. Some risk assessments had not been fully completed and recruitment records were incomplete. One fridge contained out of date dental materials and there was no system for monitoring to ensure that these materials were within their expiry date or being stored at the appropriate temperature.

Appropriate signage was not available on doors to demonstrate rooms in which X-ray equipment was being used. The principal dentist had undertaken a legionella risk assessment but had not completed the actions identified to reduce the risk of spread of legionella bacteria. One member of staff could not demonstrate the correct procedure for flushing of dental water lines and there were no systems in place to monitor that this was being completed correctly. Systems in place for monitoring staff training were not effective and staff had not undertaken any training regarding fire safety.

# Kings Heath Dental Practice

## Detailed findings

### Background to this inspection

We carried out an announced, comprehensive inspection on 25 November 2015. The inspection took place over one day and was carried out by a lead inspector and a dental specialist adviser.

We informed NHS England area team that we were inspecting the practice, however there were no immediate concerns from them.

During our inspection visit, we reviewed policy documents and staff records. We spoke with six members of staff, including the management team. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments, and

computer system that supported the patient treatment records and patient dental health education programme. We reviewed comment cards completed by patients and spoke to three patients. Patients gave very positive feedback about their experience at the practice.

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

We discussed the systems in place for accident, incident and significant event reporting. An accident reporting book was available but there had been no accidents recorded within the previous 12 months. The principal dentist told us that they had recently introduced a computerised system for recording accidents. Staff spoken with said that there had been no accidents, including sharps injuries at the practice.

A file was available which contained protocols and policies to guide staff on the action to take to report incidents and significant events including reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) to the health and safety executive. The principal dentist told us that any complaints received would be recorded as a significant event. However the practice had not received any complaints. Significant event reporting forms had been completed by staff and we saw that learning points and action taken was recorded. We saw the minutes of practice meetings which discussed significant events.

A member of reception staff told us about systems in place for receiving and disseminating information from national alerts regarding patient safety. These were received at the practice, printed off and given to the principal dentist for review. Discussions were held with staff as appropriate to ensure they were acted upon.

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

A member of reception staff acted as the safeguarding lead. We were told that this lead role had been allocated within the last week. However, staff spoken with were aware who to speak with within the practice about child or adult safeguarding issues. We saw training records which demonstrated that all staff had completed safeguarding vulnerable adults and child protection training.

A flow chart detailing action to take regarding child protection and safeguarding adults was on display in the reception. Contact details for local safeguarding authorities was also on display this also recorded details of who to contact out of normal office hours.

The safeguarding vulnerable adults and child protection policies recorded contact details to report any suspicions

of abuse, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities. We saw that safeguarding was a topic for discussion at practice meetings.

We discussed the systems in place for prevention of needle stick injuries. 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. The practice had a detailed protocol in place regarding needle stick injuries and the action to take should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked about the instruments which were used during root canal treatment. One dental nurse told us 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 looked at a rubber dam kit and saw that the equipment had passed its expiry date.

### Medical emergencies

The practice had some arrangements in place to deal with medical emergencies, although these were not robust. Medicine, oxygen and an automated external defibrillator (AED), (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm), were available and regular checks were made on all of this equipment. However we saw that one set of pads had expired in January 2015 and there were no paediatric pads for use with the AED. We were told following the inspection that new pads had been purchased. Oropharyngeal airways were not available in all sizes as required. (Oropharyngeal airways are medical devices used to maintain or open a patient's airway). Staff were signing records to demonstrate that they had checked the AED and that it was in good working order and within its expiry dates. Records did not include information regarding oropharyngeal airways.

# Are services safe?

The practice did not have all of the emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. For example the practice did not have any glucagon, adrenaline or midazolam. The medicines available were checked and all were within their expiry dates. Following the inspection we received confirmation that the correct emergency medicines were all now available as required. The expiry dates of medicines were monitored using a monthly check sheet which enabled the staff to replace out of date medicines and promptly. Staff spoken with were aware of the location of the emergency equipment and medicine. Staff had attended training within the last 12 months to maintain their competence in dealing with medical emergencies.

The practice had first aid kits available for use. These were checked to ensure that first aid items were within their expiry date and available for use. The principal dentist and some members of reception staff had undertaken emergency first aid at work training and these staff were designated first aiders.

## Staff recruitment

One of the reception staff was responsible for staff rotas and monitoring staff absences. Systems were in place to ensure there was always sufficient staff on duty to provide an uninterrupted service. This included part time staff who worked additional hours to cover pre-planned annual leave. Part time staff or agency dental nurses were used to cover any unplanned absence. Sufficient numbers of staff were on duty to ensure that the reception area was not left unmanned at any time and we saw that there was enough staff to support dentists during patient treatment. However we were told that the dental hygienist worked alone without the support of a dental nurse. The practice had not considered lone working and the principles of the General Dental Council (GDC) standards for the dental team.

We checked three staff recruitment files, including the file of the staff member most recently employed. We saw that recruitment processes were not robust. For example not all recruitment files seen contained signed contracts of employment. The files for the staff employed in 2011 and 2013 did not contain any references. Where applicable these files contained details of the staff member's professional registration and immunisation status.

We saw that Disclosure and Barring Service checks (DBS) were on file. These had been completed during the dental nurses and hygienists previous employment. One of the DBS checks had been defaced (torn) so that it did not display the reference number or other important details. (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).

Newly employed staff had a period of induction to familiarise themselves with practice procedures before being allowed to work unsupervised. Staff spoken with said that an in-depth induction was provided and dental nurses did not work unsupervised until they were considered to be competent.

We saw induction records and probation reviews. Two of the induction records that we saw had not been fully completed and probation review forms were left blank.

## Monitoring health & safety and responding to risks

The practice had some arrangements in place to monitor health and safety and deal with foreseeable emergencies. A health and safety policy was available and a health and safety law poster was on display in the staff room. The practice had a general risk log and had conducted a health and safety risk assessment. Standardised documentation was used and we saw that not all of the information had been completed so we could not be sure that all risks to patients, staff and visitors had been identified or mitigating action taken.

The practice had recently purchased standardised policies and procedures and we were told that these were being amended to contain details relevant to the practice. A standardised fire risk assessment had been completed, this had not been adapted to meet the needs of the practice nor did it record any information regarding staff training.

Fire safety systems were not robust. For example no evidence was provided to demonstrate that staff had received fire training and staff spoken with confirmed that they had not received any recent training. The principal dentist told us that fire safety checks were being undertaken. We saw a fire safety check form. However, this form did not clearly record what was checked, by whom and when. The frequency of these checks was unclear. Forms were not dated. An external agency had recently serviced the fire extinguishers in the practice.



# Are services safe?

## Infection control

We discussed the systems in place to reduce the risk and spread of infection. Environmental cleaning was carried out each day by a cleaner employed by the practice. We saw that cleaning equipment was available in accordance with the national colour coding scheme. A cleaning audit had been completed; however, the audit had not been fully completed, dated or signed by the person completing the audit.

We saw that infection control audits were not completed on a six monthly basis in accordance with HTM 01-05 guidance. We saw that not all work surfaces were free from damage which may present an infection control risk.

One of the dental nurses was the designated lead for infection prevention and control. There was no documentary evidence available to demonstrate that all staff had undertaken training regarding infection prevention and control within the last 12 months. However, staff spoken with were aware of the infection prevention and control procedures to follow for the decontamination of dental instruments and we were told that infection prevention and control training was undertaken during the induction of newly employed staff. Staff spoken with were able to describe the end to end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient and demonstrated how the working surfaces, dental unit and dental chair were decontaminated. Each treatment room had the appropriate routine personal protective equipment (PPE) available for staff and patient use. Patients we spoke with confirmed that dental staff wore PPE during any checks or treatment they carried out.

It was noted that the dental treatment rooms, waiting area, reception and toilets were visibly clean, tidy and clutter free. Patients spoken with and comment cards received confirmed that the practice was always clean. Hand washing facilities were available including wall mounted liquid soap and gels and paper towels in each of the treatment rooms and toilets.

The practice did not have a separate decontamination room for instrument processing. The process of cleaning was split between two rooms. A dental nurse demonstrated the decontamination process from taking the dirty instruments through to clean and ready for use again. The

practice used an ultrasonic cleaner for the initial cleaning process, following inspection using an illuminated magnifying examination lens they were placed in an autoclave (a machine used to sterilise instruments). The practice used a steam autoclave. When instruments had been sterilized they were pouched and stored appropriately until required.

Spill kits were available; these are used to treat any spillage of mercury, blood or bodily fluid to reduce the potential for spread of infection.

There was appropriate use and monitoring of single use instruments and staff spoken with were aware of which instruments were for single use only.

A member of staff spoken with did not demonstrate that 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). The methods discussed by staff were not in line with current HTM 01 05 guidelines. The principal dentist described the correct methods and confirmed that they would ensure that staff were following these guidelines.

We reviewed the practice's legionella management protocol. This recorded that a legionella risk assessment should be performed by a company registered with the legionella control association. We saw that the practice had completed an internal legionella risk assessment and were therefore not working in accordance with their protocol. The risk assessment completed in January 2015 recorded that the risk for the practice was low as water leaving and returning to the water heater was checked monthly and adjustments made if temperatures were low. The records used to demonstrate that water temperatures were checked were not complete as they did not record the water temperature.

We observed that clinical waste bags were securely stored away from patient areas. Consignment notices demonstrated that clinical waste was removed from the premises on a regular basis by an appropriate contractor. We saw one white bag that contained clinical waste. The practice was therefore not working in accordance with HTM 07-01 (The Safe Management of Healthcare Waste



# Are services safe?

Memorandum), which is the best practice guidelines published by The Environment Agency for the healthcare sector. The Principal dentist was aware of the requirements for correct storage of clinical waste.

## Equipment and medicines

The practice maintained a file of information regarding equipment in use, for example service records and maintenance contracts. We saw that the autoclave and the practices' X-ray machines had been serviced and calibrated as required. The practice's X-ray developing machine was last serviced in 2012.

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. The practice did not dispense any medicines. Prescription pads were stored securely.

We saw a number of items such as porcelain repair kit and some dental cement which had expired in 2014. These items were disposed of during the inspection. The practice did not have any systems for checking the expiry date of these items.

## Radiography (X-rays)

We checked the radiation protection records and looked at the X-ray machines at the practice. We saw four intra-oral X-ray machines. However, we saw that not all of the treatment room doors displayed notices conforming to legal requirements to inform patients that X-ray machines were located in the room.

We were shown a radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 IR (ME)R. This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The principal dentist acted as the Radiation Protection Supervisor. We saw that a copy of the local rules was on display on each treatment room wall.

We saw the critical examination packs of all X-rays sets used in the practice. We also saw the radiation protection service contract and current maintenance logs for all equipment. X-ray audits had been completed for each dentist within the last 12 months.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We spoke with two dentists who described to us how they carried out their assessment. We were told that new patients to the practice were asked to complete a medical history form prior to any consultation. The medical history questionnaire asked patients to disclose any health conditions, medicines being taken and any allergies suffered. The information was recorded on the patient's electronic record. We saw evidence that the medical history was updated at subsequent visits. Patients we spoke with confirmed that they were always asked about their medical history and asked to review and sign medical history forms.

We saw evidence that the Faculty of General Dental Practice (FGDP) guidelines were observed regarding clinical examination and record keeping. We reviewed four dental care records and saw that 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). Dental care records seen showed that the findings of the assessment and details of the treatment carried out were recorded appropriately.

The principal dentist told us that they always discussed the diagnosis and treatment options with patients. Costs involved in treatment were explained. Dental records seen demonstrated that patients had been informed of treatment options and costs. Patient feedback confirmed that they were given enough information to enable them to make an informed decision.

The dentists working in the practice carried out consultations, assessments and treatment in line with recognised general professional guidelines. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines. Follow up appointments were scheduled in line with NICE recommendations.

### Health promotion & prevention

Adults and children attending the practice were advised during their consultation of steps to maintain a healthy mouth. Where relevant, preventative dental information was given in order to improve the outcome for the patient. Tooth brushing techniques and advice on how to use

dental floss and disclosing tablets were explained to patients. Preventative care was provided including the use of fluoride varnish. We were told that high concentration fluoride toothpastes were prescribed for adult patients at high risk from dental decay. The principal dentist told us that lifestyle information was obtained as part of the initial consultation and health promotion advice was offered where appropriate. Patients confirmed that the dentist had asked them about their diet, smoking status and alcohol intake. The practice were providing preventative care and advice as per the delivering better oral health toolkit. (Delivering better oral health is an evidence based toolkit to support dental teams in improving their patient's oral and general health).

The patient waiting area contained a range of information that explained the services offered at the practice and the NHS fees for treatment. Literature in leaflet form was available that explained how to reduce the risk of poor dental health. Leaflets regarding looking after gums, the effects of smoking on oral health and head and neck cancer signs were available. Free samples of toothpaste were available

### Staffing

Staff recruitment files seen contained training certificates and continuing professional development (CPD) logs. CPD is a compulsory requirement of registration as a general dental professional. Staff told us that they were responsible for ensuring their CPD was up to date. Dental nurses are required to undertake 150 hours of CPD within a five year period. The practice did not have a method of quickly identifying training undertaken by staff or monitoring to ensure staff were up to date with the CPD requirements. From a review of staff recruitment files we saw that all staff had received training in basic life support but other areas of staff training including fire safety, health and safety and equality and diversity had not been provided. Staff had signed a document to confirm that they had read and understood the practice's policies regarding this but staff spoken with confirmed that they had not received formal training for these topics. Not all staff had undertaken infection prevention and control training but we were told that this training was completed during induction.

The principal dentist told us that all staff received an annual appraisal. Reception staff spoken with said that they had received their first appraisal since working at the

# Are services effective?

(for example, treatment is effective)

practice recently. These staff told us that they were responsible for organising their own training which they arranged and booked. We were told that reception staff had recently undertaken a sign language course and two receptionists were booking themselves onto a management course.

Staff told us that they worked well as a team and provided support and advice for each other. We were told that staff could also speak with a dentist to assist with any issues or concerns. Policies and procedures were available to all staff. Records showed professional registration with the GDC was up to date for all staff.

## **Working with other services**

The principal dentist explained that they would refer patients to other dental specialists when necessary. Patients who required oral surgery or sedation would be referred to Birmingham Dental Hospital, the Queen Elizabeth Hospital or community services. A referral letter was then prepared and sent to the treatment provider; patients were not given a copy of their referral letter. The

practice had not developed a protocol regarding referral to other services. Patients were requested to contact the practice if they had not received an appointment within six weeks of their initial referral.

## **Consent to care and treatment**

We discussed consent with the principal dentist. We were told that verbal consent was always sought prior to any treatment. We reviewed four patient records and saw that consent was obtained on each occasion as required. There was a consent policy for staff to refer to if necessary.

We saw evidence to demonstrate that some clinicians and the dental hygienist had undertaken training regarding the Mental Capacity Act (MCA) and its relevance to dental practice. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The principal dentist said that if there was any doubt about a patient's ability to understand or consent to the treatment, then treatment would be postponed and further advice sought.

# Are services caring?

## Our findings

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

We discussed confidentiality with reception staff. Staff spoken with were aware of the steps to take to keep personal information confidential. We were told that if patients wished to speak to a member of staff in private this could be accommodated in any of the rooms not being used at the time. We observed staff were welcoming and professional when patients arrived for their appointment. Staff treated patients with dignity and respect.

Patients' clinical records were stored electronically and in paper format. Paper records were securely stored in lockable cabinets. Computers were password protected to prevent unauthorised access. Practice computer screens at reception were not overlooked which ensured patients' confidential information could not be viewed. Feedback from patients confirmed that they were treated with respect and privacy; dignity was always maintained. The waiting area was situated away from the reception area which helped to ensure that conversations held at the reception desk could not be heard by patients waiting to be seen.

Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the rooms which protected patients' privacy.

The comment cards we received and the patients we spoke with all commented positively on staff's caring and friendly attitude. We were told that dentists were professional, kind and informative. Two patients who had moved out of the area continued to use this dental practice as they were extremely happy with the service provided.

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

The practice provided treatment plans to their patients receiving NHS treatment which detailed indicative costs. A poster detailing NHS and private treatment costs was displayed in the reception area.

Comments made by patients who completed the CQC comment cards confirmed that patients were involved in their care and treatment and treatment options were always explained. Staff told us that dentists took their time to explain treatment to patients. Two of the four patient clinical records seen recorded the treatment options discussed with patients. All recorded details of costings and treatment plans.

# 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 looked at the appointment schedules for patients and found that patients were given adequate time slots for appointments of varying complexity of treatment. Staff told us that patients were usually seen within ten minutes of their allocated appointment time. Patients did not raise any concerns regarding the ability to get through to the practice on the telephone. Emergency appointments were available on the same day that patients telephoned the practice.

### Tackling inequity and promoting equality

The practice had access to a translation service for patients whose first language was not English. We were told that currently one patient used the translation service. Two of the reception staff had completed a sign language course which helped communication with the patients who would benefit from this. Staff told us that they knew their patients well and had systems in place where communication could be difficult.

A portable ramp was used when needed to help those with mobility difficulties as there was a small step to gain access to the front of the building. The practice did not have a disabled toilet and the only patient toilet was located on the first floor of the building. Staff said that alternative arrangements such as use of the staff toilet were made for patients who were unable to access the first floor toilet.

We were told that where possible those patients who had mobility difficulties were given an appointment on a day when the ground floor dental surgery could be used. However, if this day was not suitable alternative arrangements could be made.

We saw that the practice had an equality and diversity policy but staff had not received equality and diversity training.

### Access to the service

The practice is open each morning from Monday to Friday at 8.15am and closes for a 30 to 45 minute lunch break each day; apart from Fridays when the practice closes at 2pm. The practice closes at different times each day with

the earliest being 2pm on Friday and the latest being 6.30pm on Mondays. The practice is also open on a Saturday morning from 9am to 1pm. The routine opening hours were on display within the practice and were available on the practice leaflet and website. However information on the website differed from the information given on the day of inspection. Out of hours dental service information including Christmas opening times were on display in the waiting room.

Patients could access the service in a timely way by making their appointment either in person or over the telephone. Patients were able to book their appointment up to six months in advance. We were told that a text message reminder service was in place with patients receiving a text reminder 48 hours before their appointment. When treatment was urgent, patients would be seen on the same day. Feedback from three patients said that occasionally there could be an extended wait at the surgery before being seen by the dentist.

### Concerns & complaints

Information was on display in the waiting room giving patients information about how to complain. The practice leaflet gave details of who to speak to within the practice if patients wished to make a complaint. Information also guided patients to contact the General Dental Council (GDC) and the patient advice and liaison service (PALS) if they were not happy with the outcome of any complaint investigation. We were told that the practice had not received any formal written complaints. We saw that a complaint log was available but no complaints had been recorded. Staff spoken with were aware that there was a complaint log available. Staff said that if patients were unhappy they would try to resolve the issue immediately. A meeting would be offered with the principal dentist.

A new complaint policy had recently been introduced; this had not been dated to show the date of implementation. The principal dentist was the designated lead for investigating and responding to patient complaints and staff were aware who held this role.

The complaint file contained sample letters to patients which would be used if a complaint were received at the practice. We were told that complaints would be discussed at practice meetings.

# Are services well-led?

## Our findings

### Governance arrangements

The practice did not have robust governance arrangements in place. Standardised documentation was used for assessment of risk and we saw that not all of the information had been completed in this document. We could therefore not be sure which risks had been identified or what actions had been taken to mitigate them. A standardised fire risk assessment had been completed; this had not been adapted to meet the needs of the practice. The legionella risk assessment was completed by the principal dentist and actions recorded to mitigate risks were not being undertaken. For example water temperatures were not being recorded.

Standardised policies had been purchased and some of these had been implemented. However, not all had been personalised to meet the needs of the practice and not all contained a date of implementation or review.

We also noted that systems in place to monitor emergency medicines and equipment were not effective. Staff had been completing records regarding checks made the automated external defibrillator (AED) but a set of pads for use with the AED had expired in January 2015. There were no checks made on defibrillator pads with only adult sizes being available. Following this inspection we were told that the practice had purchased new pads for use with the AED. Not all recommended sizes of oropharyngeal airways were available. Staff were not monitoring fridge temperatures to ensure that any medicines stored in the fridge were stored in accordance with manufacturer's instructions. The expiry date had passed on some items stored in the fridge such as a tooth whitening kit and dental cement. There was no system in place to check the expiry date on these items.

The practice undertook a limited amount of clinical and non-clinical audits including infection prevention and control and an audit of radiography both of which had been completed within the last 12 months. However, infection prevention and control audits had not been undertaken on a six monthly basis which was not in accordance with HTM 01-05. We did not see evidence of any other audits which would form part of a system of improvement and of learning.

### Leadership, openness and transparency

There was a management structure in place to ensure that responsibilities of staff were clear. The principal dentist was in charge of the day to day running of the service when he was at the premises and dentists took responsibility at all other times. Staff told us that lead roles had very recently been allocated to them. Training was planned to ensure staff were able to carry out lead roles. Staff confirmed that they were looking forward to taking responsibility for these roles and were clear about their roles and responsibilities and who within the practice held other delegated lead roles, such as complaints, infection control and safeguarding.

We found staff to be caring towards the patients and committed to the work they did. The staff we spoke with all told us they enjoyed their work and they said that team working was important. Staff confirmed that they worked well together and supported each other. The registered provider was aware of their responsibility to comply with the duty of candour.

### Learning and improvement

The dentists, dental hygienist and all three dental nurses were registered with the GDC. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Dentists and dental nurses completed some training to support their continuous professional development (CPD). We saw copies of training certificates, however the system in place to monitor and ensure that staff were completing the required number of CPD hours to maintain their professional development in line with the requirements set by the General Dental Council (GDC) was not robust.

Training information we saw showed that training regarding health and safety, fire safety and equality and diversity had not been completed by staff. The systems in place for monitoring to ensure staff completed appropriate training within required timescales were not effective.

Staff meetings were held on a regular basis and we saw minutes of meetings to confirm this. As well as documented meetings, informal meetings were held on a daily basis as and when issues arose.

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

We spoke with staff about the methods used to obtain feedback from patients and from staff who worked at the



## Are services well-led?

practice. We were told that the friends and family test (FFT) had been introduced and staff were encouraging patients to complete these. The friends and family test is a national programme to allow patients to provide feedback on the services provided. A poster entitled “we are listening to your feedback” was on display in the waiting room. This recorded that the April FFT patients reported that they were happy overall with the service provided but had commented that they were waiting too long to be seen by the dentist. The practice had responded to this stating that longer appointments were being allocated, any treatments would not be booked at the end of the day and emergencies would only be booked at a time when the dentist had a gap in their appointment schedule. This demonstrated that the practice were listening to patient feedback and taking action to address issues raised.

The most recent FFT results were available on the NHS Choices website; we saw that 83% of people who completed this survey (six patients) would recommend the dental practice.

We were told that the practice had undertaken patient satisfaction surveys in the past; we looked at satisfaction surveys and saw that generally positive responses were received. The satisfaction surveys were not dated and it was therefore not possible to identify when these surveys were completed.

A suggestions box was available in the waiting room. Staff confirmed that this was regularly reviewed but they were not sure what happened with the information obtained.

All the CQC comment cards were complimentary about the services, although three patients commented positively about the service but also said that there could occasionally be a long wait to see the dentist. We saw that the practice held regular practice meetings which were minuted and gave staff an opportunity to share information and discuss any concerns or issues. well-led

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The practice did not have effective systems in place to;</p> <p>Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities. This should include lone working, systems to maintain and monitor emergency equipment, clinical waste, infection prevention and control and fire systems including risk assessments. Where appropriate X-ray signage must be in place.</p> <p>Ensure that effective recruitment procedures are in place to assess the suitability of staff for their role. Not all the specified information (Schedule 3) relating to persons employed at the practice was obtained.</p> <p>Regulation 17 (1)(2)(a)(b)(d)</p>