Clock House Dental

Clock House Dental

Inspection Report

95 Heworth Village
York
North Yorkshire
YO31 1AN
Tel:01904 422918

Date of inspection visit: 12 April 2016
Date of publication: 25/05/2016

Overall summary

We carried out an announced comprehensive inspection on 12 April 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 not 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

Clock House Dental Practice is situated in Heworth Village area of York, North Yorkshire and is situated over three floors. Three surgeries are located on the ground floor of the practice and a further five are located on the first floor. There are eight dentists (two are the owners/ Clinical Directors), a team leader, seven dental nurses (three of which are trainees) four receptionists including a reception supervisor, a lead decontamination nurse and a Dental Hygiene Therapist.

The practice offers a mix of NHS and private dental treatments including preventative advice, routine restorative dental care, private Orthodontic treatments and Dental Implants.

The practice is open:

Monday - Friday 08:30 – 17:00

One of the practice owner/Clinical Directors 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.

On the day of inspection we received 21 CQC comment cards providing feedback. The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and were very pleased with the service. They found the staff to be helpful, gentle,

Summary of findings

patient and friendly. Also the staff had good communication skills, were efficient and they treated patients with dignity and respect in a clean and tidy environment.

Our key findings were:

- Staff had been trained to manage medical emergencies.
- Infection prevention and control procedures were in accordance with the published guidelines.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The practice sought feedback from staff and patients about the services they provided.

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

- Ensure COSHH risk assessments for all dental materials used within the practice are implemented.
- Ensure all practice risk assessments are implemented and reviewed including legionella and fire.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held, in particular Disclosure Baring Service checks (DBS).

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

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

- Review the practice protocol is implemented for receiving, sharing and acknowledging alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to the guidelines issued by the British Endodontic Society.
- Implement a detailed plan to review what the practice requires to meet best practice guidelines set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05).
- Review the practice confidentiality policy with regard to the use of CCTV cameras within the dental practice and ensure all information, assessments and signage are implemented as per the Information Commissioning Office (ICO) recommendations.
- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the process to ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD).
- Review the process to ensure all clinical staff have completed an up to date level two safeguarding adults and children course.

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 not providing safe care in accordance with the relevant regulations. The impact of concerns, in terms of clinical care is minor for patients using the service and the likelihood of this occurring in the future is low. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The practice did not have effective systems and processes in place to ensure all care and treatment was carried out safely.

There were systems in place for infection prevention and control, clinical waste management, dental radiography and management of medical emergencies. Some emergency equipment was not available or was out of date, including face masks, portable suction device, oropharyngeal airways and a self-inflating resuscitation bag. New equipment was ordered whilst the inspection was taking place and evidence of this was seen.

We saw all staff had received a variety of training in infection control. There was a decontamination area within a surgery and a full decontamination room. Guidance for staff on effective decontamination of dental instruments was in place.

Not all staff had received training in safeguarding adults and children; however staff knew how to recognise the signs of abuse and who to report them to including the registered provider and external agencies such as the local authority safeguarding team.

Staff were not always appropriately recruited and not always suitably trained and skilled to meet patients' needs. There were sufficient numbers of staff available at all times. Staff induction processes were in place but had not always been completed and a mentor system was not fully in place for new members of staff. We reviewed five of the newest members of staff's induction file and found information missing from the recruitment process, for example a DBS check had not been requested.

We reviewed the legionella risk assessment dated October 2013; changes to the premises had been made since this report and another report had not been completed to reflect this. There was evidence of regular water testing was being carried out although all the temperature had not reached the required temperature and nothing was in place to investigate this. Regular dip slide testing was in place but not all surgeries had evidence this had been completed. Where reviewing the results the dental nurse who reviewed the dip slides was not aware of the guidelines or reporting criteria and had not attended any training around Legionella risk management.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and recorded also any changes in risk factors were also discussed and recorded.

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused on prevention although the dentists were not aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Summary of findings

Patients dental care records provided information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options, relevant X-rays including grading and justification. The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

Are services caring?

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

Staff explained that enough time was allocated in order to ensure the treatment and care was fully explained to patients in a way which patients understood.

Comments we received from the 21 CQC comment cards providing feedback were positive about the care and treatment they received in the practice. They told us they were involved in all aspects of their care and were very pleased with the service. They found the staff helpful, gentle, patient and friendly. Also the staff had good communication skills, were efficient and they treated patients with dignity and respect in a clean and tidy environment.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone.

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had a ramp for patients requiring disability access and where possible reasonable adjustments had been made to accommodate patients with a disability or limited mobility.

The downstairs surgeries were available for patients who required one and all dentists could use one surgery as required accommodating their own patients.

The practice had a complaints process for patients who wished to make a complaint; however this was not accessible within the practice or within the various waiting areas. Staff recorded complaints and cascaded learning to staff. They also had patient advice leaflets available in the waiting room.

Are services well-led?

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

There was a clearly defined management structure in place. The registered manager and team leader was responsible for the day to day running of the practice although they were not on site daily there was always someone available to talk to.

Staff reported the registered manager was approachable; they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent.

Summary of findings

The practice did not have regular staff meetings due to turn over of staff. We did see evidence of a staff meeting, peer review meeting and a nurses meeting although this process seemed to be new and the registered manager was working towards monthly meetings.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection prevention and control and X-rays. The X-ray audit findings were within the guidelines of the National Radiological Protection Board (NRPB).

They conducted patient satisfaction surveys and they were currently undertaking the NHS Friends and Family Test (FFT).

Clock House Dental

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 12 April 2016 and was led by a CQC Inspector and a specialist advisor.

We informed the NHS England area team and Healthwatch we were inspecting the practice; however we did not receive any information of concern from them.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the three dentists, four dental nurses and the practice co-ordinator. We saw policies, procedures and other records relating to the management of the service. We reviewed 21 CQC comment cards that had been completed.

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 policies and procedures in place to investigate, respond to and learn from significant events and complaints. Some staff were aware of the reporting procedures in place and were encouraged to raise safety issues to the attention of colleagues and the central team. We felt a little more training and availability to reporting of incidents could be embedded within the practice and this was fed back to the registered manager.

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The registered manager told us any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had five accidents reported in the last 12 months. They had all been recorded and acted upon in line with the practice policy. The practice told us they had two significant events within in the past 12 months however these had not been fully recorded and reported.

The registered manager told us they usually received alerts from an external agency by email from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. No evidence or awareness of any alerts were available on the day of the inspection and discussions about the latest information shared from the MHRA confirmed that the process in place was not effective. This was brought to the attention of the registered manager on the day of the inspection.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for safeguarding vulnerable adults and children using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. There was a new safeguarding lead to be implemented within the practice. This role would include providing support and advice to staff and overseeing the safeguarding procedures within the practice. On the day of the inspection there was no evidence all clinical staff were trained to level two.

The registered manager and staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The registered manager told us they routinely used a rubber dam when providing root canal treatment to patients although this was not in place through the practice. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient in line with guidance from the British Endodontic Society. This was brought to the attention of the registered manager to review safe systems with all team members.

The practice had a whistleblowing policy available within the practice. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations with the registered manager or team leader.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (an AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency, including an AED although some equipment was not available on the day of the inspection as per the 'Resuscitation Council UK' and British National Formulary guidelines. This included face masks, a portable suction device, oro pharyngeal airways and a self-inflating resuscitation bag. New equipment was ordered whilst the inspection was taking place and evidence of this was seen.

We saw the practice kept logs which indicated the medical oxygen cylinder and medical emergency medicines were checked weekly. This ensures the equipment was fit for use and the medication was within the manufacturer's expiry dates.

Staff recruitment

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their

Are services safe?

skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed the five newest members of staffs' recruitment files which showed this processes had not been followed.

We saw the five newest members of staff had not been checked by the Disclosure and Barring Service (DBS). The 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. All other staff had evidence in place to say this had been done as part of their induction and job offer. We brought this to the attention of the registered manager and they assured us they were going to register the practice as a whole. Evidence of this was seen the day after the inspection and confirmation of the newest members of staff had an application in place.

We recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw this policy was reviewed in June 2015.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. However no risk assessment were in place for each material. This was brought to the attention of the registered manager to implement as soon as possible.

All fire equipment had been checked in March 2016. There was no evidence of a fire drill being undertaken with staff although staff said this was done just not recorded. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients. The registered manager told us a fire risk assessment had been completed, although this was not available on the day of the inspection.

Infection control

The practice had a small decontamination area within one of the surgeries and a decontamination room on the first floor; these were set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination areas or surgery decontamination areas from the 'dirty' to the 'clean' zones. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination room, this included disposable gloves, aprons and protective eye wear. Although heavy duty gloves were not available in the surgery decontamination area.

We found the instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification, placed in an ultrasonic bath, re-inspected and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, dirty instruments were transported between the surgeries and the decontamination area in lockable boxes.

The practice needed to implement a detailed plan to review what the practice requires to meet best practice guidelines set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05).

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure that they were functioning properly within the decontamination area. In the surgery area there was missing information including automatic control test records and foil ablation testing for the ultrasonic bath validation.

Are services safe?

We saw from staff records all staff had received various infection prevention and control training at different intervals over the last year covering a range of topics including hand washing techniques.

There were adequate supplies of liquid soap, paper hand towels in the decontamination area and surgeries and a poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap was also available in the patient toilet.

We saw all sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was stored securely for collection outside of the practice and collected regularly. The practice had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed all clinical staff had received inoculations against Hepatitis B, or were in the process of receiving this from occupational health. It is recommended that people who are likely to come into contract with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. New members of staff new to healthcare had received the required checks as stated in the Green Book, Chapter 12, Immunisation for healthcare and laboratory staff.

We reviewed the last legionella risk assessment report dated October 2013; changes to the premises had been made since this report and another report had not been completed to reflect this. Legionella is a term for particular bacteria which can contaminate water systems in buildings. The registered manager told us no recommended water testing including hot and cold temperature checks were being carried out, although one member of staff showed us some results, showing none of the hot water taps were reaching the required temperature and this had not been reported in accordance to the risk assessment. Staff were not fully aware of the Legionella requirements including how to record the findings of the dip slide tests for dental unit water lines (DUWL) and no one had completed a nominated individual training course.

Equipment and medicines

We saw that Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) had been undertaken in June 2015 although no certificate was available we had to rely on stickers placed on equipment throughout the practice, this was brought to the attention of the registered provider on the day of the inspection.

Some materials were stored in the fridge but no evidence of any temperature checks were in place on the day of the inspection. This was brought to the attention of the registered provider to implement as soon as possible.

The practice displayed fire exit signage. We saw the fire extinguishers had been checked in March 2016 to ensure they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves, the compressors and X-ray equipment which showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured the equipment remained fit for purpose.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Other than emergency medicines the practice held no other medicines. The prescription pads were stored securely and there was a log in place.

Radiography (X-rays)

The X-ray equipment was located in an each surgery. Evidence was available on the day of the inspection to ensure X-rays were carried out safely as local rules were available. The staff knew who the RPA was for the practice in order to report and faults with the X-ray equipment.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which would state how the X-ray machine needed to be operated safely. The local rules were displayed with each piece of equipment the contact details of the Radiation Protection Advisor was in place.

We saw not all of the staff were not up to date with their continuing professional development training in respect of dental radiography. This was brought to the attention of the registered manager.

The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The registered manager told us they undertook an annual quality audit of the X-rays taken. We saw the results of the January 2016 audit and the results were not clinician

Are services safe?

specific so there was no way of knowing if they were in accordance with the National Radiological Protection Board (NRPB). Action plans and learning outcomes were not in place to improve the procedure and reduce the risk of having to re-take X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date paper and electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each appointment in order to monitor any changes in the patient's oral health.

The practice recorded the medical history information within the patients' dental care records for future reference. In addition, the staff told us they discussed patients' lifestyle and behaviour such a social history including diet advice and daily oral hygiene routines and where appropriate offered them health promotion advice with the dental hygiene and therapist, this was recorded in the patients' dental care records.

During the course of our inspection we discussed patient dental care records with the staff and reviewed dental care records to confirm the findings. We found they were in accordance with the guidance provided by the Faculty of General Dental Practice. For example, evidence of a discussion of treatment needs with the patient was routinely recorded. The practice recorded medical histories had been up dated prior to treatment. Soft tissue examinations, diagnosis and a full assessment of each patient's needs had also been recorded.

At all subsequent appointments patients were asked to review and update a medical history form. This ensured the dentists and hygiene therapist was aware of the patients' present medical condition before offering or undertaking any treatment.

The dentists told us they always discussed the diagnosis with their patients and parents or guardian and, where appropriate, offered them any options available for treatment and explained the costs if required. By reviewing the dental care records we found these discussions were recorded but the treatment plan was not always signed or scanned into the patients' dental care records.

Patients' oral health was monitored throughout the practice This was followed up accordingly; these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the dental care records the dentists were following the NICE guidelines on recalling patients for check-ups.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray, a grade of each X-ray and a detailed report was recorded in the patient's dental care record.

Patients requiring specialist treatments that were not available at the practice, such as conscious sedation or NHS orthodontics, were referred to other dental specialists. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice and the NHS fees for treatment. Staff told us they offered patients information about effective dental hygiene and oral care in the surgeries or with the dental hygiene therapist.

The dentists told us they offered patients oral health advice and provided preventative treatment, although they were not all aware of the Department of Health's policy, the 'Delivering Better Oral Health' toolkit, this included fluoride applications. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay.

Patients were given advice regarding maintaining good oral health. Patients who had a high rate of dental decay were also provided with a detailed diet advice leaflet which included advice about snacking between meals, hidden sugars in drinks and tooth brushing. Patients who had a high rate of dental decay were also prescribed high fluoride toothpastes to help reduce the decay process.

The practice worked closely with the dental hygiene therapist to ensure oral health advice for all patients could be accessible within the guidelines.

Staffing

Are services effective?

(for example, treatment is effective)

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran, new staff members to the practice told us they felt help and support was not fully in place, and the induction process could have been more in depth to discuss the role and responsibilities more.

Staff told us they had good access to on-going online training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised in house training including medical emergencies. This was in place to help staff keep up to date with current guidance and new requirements. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents. Staff also felt they could approach the registered manager at any time to discuss continuing training and development as the need arose.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics and sedation.

The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records. The dentists kept a log of the referrals which had been sent and when a response had been received.

The practice also had a process for urgent referrals for suspected malignancies.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment although some staff were not aware of Gillick and Fraser competency.

There was no evidence on the day of the inspection any staff had completed training or had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment. This was brought to the attention of the registered manager.

We saw in dental care records that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given time to consider and make informed decisions about which option they preferred. The practice also gave patients with complicated or detailed treatment requirements more time to consider and ask any questions about all options, risks and cost associated with their treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from the patients was positive and they commented they were treated with care, respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were not always maintained for patients who used the service on the day of inspection due to CCTV cameras in place throughout the practice. During the inspection we found CCTV cameras and no signage to ensure patients were aware of this. CCTV cameras were located in each surgery and no effort was made to ask patients for consent for filming. No information for was available to suggest a policy, risk assessment or registration with the Information Commissioning Office (ICO) had been sought. A referral to the ICO was made to share our findings and see if they felt they needed to investigate this matter further. The practice did assure us they would switch all CCTV off until more information and guidance was in place.

We observed staff were helpful, discreet and respectful to patients. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper documentation was stored in locked cabinets.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Staff told us how the dentists would provide treatment options including benefits and possible risks of each option. Patients were also informed of the range of treatments available and information leaflets were available within the practice, including periodontal leaflets.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished.

The patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

Reasonable adjustments had been made to the premises to accommodate disabled patients. There was an accessible toilet with hand rails in place. There was step free access to the premises at the front of the building and automatic doors. Three surgeries on the ground floor could all accommodate a wheelchair.

The practice had equality and diversity policy to support staff to provide an understanding to meet the needs of patients. The practice also had access to translation services for those whose first language was not English.

Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet and on the practice website.

The opening hours are:

Monday - Friday 08:30 – 17:00

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent patients would be seen the same day. The patients told us when they had required an emergency appointment this had been organised the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service on the telephone answering machine or to the private out of hour's number.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The team leader was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the registered manager to ensure responses were made in a timely manner.

We looked at the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The practice had received 10 complaints in the last year, we saw evidence all complaints had been dealt with in line with the practice's procedure. This included acknowledging the complaint and providing a formal response.

The complaints procedure was not displayed in the waiting rooms. This was brought to the attention of the registered manager and this was rectified immediately.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place including various policies and procedures for monitoring and improving the services provided for patients. Staff were aware of their roles and responsibilities within the practice.

The patient dental care record audit had been undertaken following the guidance provided by the Faculty of General Dental Practice in February 2016. This was clinician specific however no action plans or leaning outcomes were in place.

We saw the results of the January 2016 X-ray audit where no action plans and learning outcomes had been implemented to continuously improve the procedure and reduce the risk of re-taking of X-rays. The audit was not clinician specific and the grades had been collated as a practice so each clinician could not ensure they were working within the required guidelines in accordance with the National Radiological Protection Board (NRPB).

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us that they felt supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly where relevant.

The practice said they held staff meetings involving all staff members although these was not held regularly. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

All staff were aware of whom to raise any issue with and told us the registered manager and team leader were approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice and the delivery of high quality care was part of the practice's ethos.

Learning and improvement

The practice had quality assurance processes in place to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as dental care records and infection prevention and control audit.

Staff told us they were encouraged to complete training relevant to their roles to ensure essential training was completed; this included medical emergencies and basic life support, infection prevention and control and radiography. Full records to support core CPD training were not available on the day of the inspection.

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council through an online facility provided by the registered providers and though external courses.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out patient satisfaction surveys and a comment box in the waiting room. The satisfaction survey included questions about whether the dentist greeted them, helped them feel at ease, communicated costs and answered any questions which they had. Patient satisfaction surveys were completed for the practice in order to aim to identify any specific areas which a dentist could improve.

The registered manager explained the practice had a good longstanding relationship with their patients. The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12: Safe Care and Treatment** **The registered provider failed to assess the risks to the health and safety of service users of receiving the care or treatment.** **The registered provider failed to do all that is reasonably practicable to mitigate any such risks.** **The registered provider failed to assess the risk of, and prevention, detecting and controlling the spread of infections, including those that are health care associated.** Regulation 12(1)(2)(a)(b)(h)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The registered provider failed to ensure recruitment procedures were established and operated effectively to ensure that persons employed meet the conditions.** **The registered provider failed to ensure DBS check information was available in relation to each such Person employed - with the information specified in schedule three.** Regulation 19(2)(3)(a)