

Oak Dental Care Ltd

# Oak Dental Care Limited - South Maghull

## Inspection Report

39 Liverpool Road South  
Maghull  
Liverpool  
L31 7BN  
Tel: 08445 769393  
Website: [www.oakdentalcare.co.uk](http://www.oakdentalcare.co.uk)

Date of inspection visit: 28 February 2017  
Date of publication: 04/04/2017

### Overall summary

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

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

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

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

### **Background**

Oak Dental Care Maghull is located within a ground floor premises. The premises comprise of five treatment rooms, reception and waiting area, decontamination room, office and staff facilities. There are no steps at the practice and it is accessible to patients with disabilities, impaired mobility and to wheelchair users. Parking is available on the nearby streets.

The practice provides general dental treatment to patients predominantly on an NHS basis but also on a private basis. The opening times are:

Monday – Friday 8.30am – 1pm and 2pm – 5pm

The practice is staffed by two dentists, two dental therapists, five dental nurses, one of whom is a trainee, a receptionist and a lead nurse who also acts as a practice manager.

The principal dentist of the organisation 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

# Summary of findings

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.

The practice is piloting the new NHS dental contract prototype. The prototype new approach has three key elements; It provides guidance on care (the pathway), measures the quality of the care delivered (a quality and outcomes framework) and, in the next prototype stage, will remunerate in a way that supports continuing care and prevention as well as activity.

We received feedback from 36 people during the inspection about the services provided. Patients were positive about all aspects of the care and treatment. Patients commented that they found the practice provided an excellent service and that staff were friendly, helpful and approachable. They said that they were always given helpful information about dental treatment and that the clinicians listened to them and were accommodating. Patients commented that the practice was clean and comfortable. Care, support and reassurance were given to nervous or anxious patients. Children were treated with care and felt comfortable and happy at the dentist. Emergency appointments were always available.

## Our key findings were:

- The practice had procedures in place to record accidents and incidents; however significant events were not always recorded and analysed fully or reviewed annually to identify themes and trends.
- Staff demonstrated knowledge and awareness of safeguarding, had received appropriate training, and they knew the processes to follow to raise concerns. Safeguarding policies and procedures were in need of updating to reflect relevant legislation and guidance.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients. Improvements were needed to the recruitment process to ensure all required information was held in respect of people employed at the practice.
- Staff followed current infection control guidelines for decontaminating and sterilising instruments. Improvements were needed to ensure risk assessments for infection control, such as Legionella and use of sharps were up to date and followed relevant guidance and legislation.

- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards, and guidance.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care.
- Patients were treated with kindness, dignity, and respect, and their confidentiality was maintained.
- The appointment system met the needs of patients, and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients, and reasonable adjustments were made to enable patients to receive their care and treatment.
- The practice gathered the views of patients and took their views into account.
- Staff were supervised, felt involved, and worked as a team.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available and checked for working order and expiry dates.
- Governance arrangements were in place for the smooth running of the practice. Most of these were operating effectively. Some policies and procedures were in need of review and updating and some of the risk assessments were not up to date.

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

- Review the significant event policy and procedures to include identification and analysis of significant events and untoward clinical incidents. Review significant events and complaints on a regular basis to identify themes and trends.
- Review the system for dealing with patient safety alerts and notices to include documenting actions taken appropriately.
- Review the protocol for maintaining accurate, complete and detailed records relating to employment of staff. This includes ensuring recruitment checks, including references, are carried out and recorded.
- Review the storage arrangements of clinical waste waiting to be collected outside the building.

# Summary of findings

- Review policies and procedures, ensuring they are up to date and in line with current legislation and guidance, include an issue and review date on them. Make sure staff are familiar with them and how to access them.
- Review the general and health and safety risk assessments to ensure they are up to date and reflect current situations including general environmental, Legionella and infection control risk assessments.
- Review the safer sharps policy and risk assessments to include consideration of implementing a safer sharps system.

# 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.

The provider had systems and processes in place to ensure care and treatment were carried out safely, for example, there were systems in place for infection prevention and control and dental radiography. There was guidance for staff on the decontamination of dental instruments which they were following. Improvements were needed to ensure some risk assessments and policies and procedures were reviewed and up to date.

Staff were suitably trained and skilled but improvements were needed to the recruitment process.

The practice had emergency medicines and equipment available, including an automated external defibrillator and oxygen. Staff were trained in responding to medical emergencies.

We found the equipment used in the practice, including medical emergency and radiography equipment, was tested at regular intervals.

The premises were clean and properly maintained. The practice was cleaned regularly and there was a cleaning schedule in place identifying tasks to be completed. Clinical waste awaiting collection was not stored securely.

The practice was following current legislation and guidance in relation to X-rays, to protect patients and staff from unnecessary exposure to radiation.

The practice had a system in place to record accidents and incidents. Not all significant events were recorded and analysed. There was no overarching review of significant events and complaints in order to analyse themes and trends. MHRA and patient safety alerts were received and actioned where relevant, however the action taken was not documented.

NHS prescriptions were stored securely and their numbers logged to assist with security.

No action



### Are services effective?

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

The practice followed current guidelines when delivering dental care and treatment to patients.

Patients' medical history was recorded at their initial visit and updated at subsequent visits. Dentists then carried out an assessment of the patient's dental health and formulated a care pathway. A treatment plan was discussed and given to patients which detailed the treatments considered and agreed, together with the fees involved. Patients' consent was obtained before treatment was provided; and treatment focused on the patients' individual needs.

Staff provided oral health advice to patients and monitored changes in their oral health. Patients were referred to other services, where necessary, in a timely manner.

No action



# Summary of findings

Qualified staff were registered with their professional body, the General Dental Council, and were supported in meeting the requirements of their professional regulator and their continuing professional development. Staff received on-going training in a variety of subjects to assist them in carrying out their roles.

## Are services caring?

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

Patients commented that staff were caring and friendly. They told us they were treated with respect, and that they were happy with the care and treatment given.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment and to children. Patient feedback on CQC comment cards confirmed that staff were understanding and made them feel at ease.

The practice had separate rooms available if patients wished to speak in private.

We found that treatment was clearly explained, and patients were given time to decide before treatment was commenced.

No action



## Are services responsive to people's needs?

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

Patients had access to appointments to suit their preferences, and emergency appointments were available on the same day. Patients could request appointments by telephone or in person. The practice opening hours and the 'out of hours' appointment information was provided at the practice and in the practice leaflet. Patients received text message reminders for appointments.

The practice captured social and lifestyle information on the medical history forms completed by patients which helped the dentists to identify patients' specific needs and direct treatment to ensure the best outcome was achieved for the patient. Individual patient care pathways embedded guidelines, protocols and evidence-based care into everyday use.

The provider had taken into account the needs of different groups of people and put adjustments in place, for example, for people with disabilities, wheelchair users, and patients whose first language was not English. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records.

The practice had a complaints policy and procedures in place. This was in need of review and updating. The procedure was displayed in the waiting room.

No action



## Are services well-led?

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

Governance arrangements, systems and processes were in place for the smooth running of the practice. Most of these were operating effectively. Some policies and procedures were in need of review and updating and some of the risk assessments were not up to date.

No action



# Summary of findings

Staff reported that the provider, lead nurse and dentists were approachable and helpful, and took account of their views. Some staff had lead roles such as in infection prevention and control, decontamination and safeguarding.

The provider used a variety of means to monitor quality and safety at the practice and to ensure continuous improvement in the practice, for example, learning from complaints, audits, and patient feedback.

The provider had put in place a range of policies, procedures and protocols to guide staff in undertaking tasks and to ensure that the service was delivered safely. We found that some of these were not dated, or regularly reviewed. The policies were not readily accessible to staff as they were held in different formats and places throughout the practice

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete, accurate, and securely stored. Patient information was handled confidentially.

The practice held regular staff meetings, and these gave everybody an opportunity to openly share information and discuss any concerns or issues.

# Oak Dental Care Limited – South Maghull

## 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 took place on 28 February 2017 and was led by a CQC inspector accompanied by a dental specialist adviser.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included details of complaints they had received in the last 12 months, their latest statement of purpose, and staff details, including their qualifications and professional body registration number where appropriate. We also reviewed information we held about the practice.

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

During the inspection we spoke to the lead dental nurse, lead dentist, dental nurses and the receptionist. We reviewed policies, protocols and other documents and observed procedures. We also reviewed CQC comment cards which we had sent prior to the inspection for patients to complete about the services provided 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

The provider had procedures in place to record accidents and incidents. Staff were familiar with the accident reporting process. Significant events or untoward clinical incidents were not always recorded and analysed fully. There was no overarching review of significant events in order to identify themes and trends. The provider told us they would review the significant event procedures and educate staff on what constitutes a significant event and the process for learning from such events.

Staff had an understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations (RIDDOR) 2013 and were aware of how and what to report.

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

The practice received safety alerts from the Medicines and Healthcare products Regulatory Agency and Department of Health Central Alerting System (CAS). These alerts identify problems or concerns relating to medicines or equipment, or detail protocols to follow, for example, in the event of an outbreak of pandemic influenza or recall of medical products. We saw that copies of alerts were retained. We found actions taken in response to relevant alerts were not recorded.

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

We saw that the practice had systems, processes and practices in place to keep people safe from abuse.

The provider had a whistleblowing policy in place with an associated procedure to enable staff to raise issues and concerns.

The provider had policies for safeguarding children and vulnerable adults; these were basic in detail and in need of review and updating to reflect current legislation and guidance. The provider undertook the lead role for safeguarding and provided advice and support to staff where required. Local safeguarding authority's contact details for reporting concerns and suspected abuse were

displayed. Staff were trained to the appropriate level for their role in safeguarding, and were aware of how to identify abuse and follow up on concerns. The clinicians were assisted at all times by a dental nurse.

We observed that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Patients completed a medical history form at their first visit and this was reviewed by the clinician at subsequent visits. The dental care records we looked at were well structured and contained sufficient detail to demonstrate what treatment had been prescribed and completed, and what was due to be carried out.

We saw that staff followed recognised guidance and current practice to keep patients safe, for example, we reviewed the provider's protocols for root canal treatment. We checked whether the dentists used a rubber dam routinely. We were told that a rubber dam was routinely used to protect the patient's airway during root canal treatment. This was documented in the dental records we reviewed. A rubber dam is a thin, rectangular sheet used in dentistry to isolate the operative site from the rest of the mouth.

### Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. Staff had received training in medical emergencies and basic life support and this was updated annually. This training enabled the practice to undertake the training as a team and in simulated emergency situations. One of the staff was also trained in the provision of first aid.

The practice had emergency medicines and equipment available in accordance with the Resuscitation Council UK and British National Formulary guidelines. Staff had access to oxygen and an automated external defibrillator (AED) on the premises, in accordance with Resuscitation Council UK guidance and the General Dental Council standards for the dental team. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). We saw records to show that the medicines and equipment were checked regularly.

The practice stored emergency medicines and equipment centrally and staff were able to tell us where they were located.



# Are services safe?

## Staff recruitment

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, foundation dentists, dental therapists and dental nurses, to deliver care in the best possible way for patients.

The provider maintained recruitment records for each member of staff. We reviewed the record for the newest member of staff and saw all the required information was present except for written references. The provider told us this person had previously worked at the practice and therefore felt they didn't need to obtain formal references. We also reviewed a number of records for longer term staff and saw these contained, where relevant, evidence of the following; qualifications, registration with their professional body, the General Dental Council, indemnity insurance, Hepatitis B immunisation status and evidence that Disclosure and Barring checks had been carried out. We found some records did not have written references documented. The practice had not documented any verbal references taken up and told us they would rectify this and record them.

Staff recruitment and employment records were stored securely to prevent unauthorised access.

The practice had an induction programme in place for new staff to familiarise themselves with practice policies and procedures. The most recently recruited member of staff confirmed an induction had taken place and described what was included in it.

## Monitoring health and safety and responding to risks

The provider had systems in place to assess, monitor, and mitigate risks, with a view to keeping patients and staff safe.

The practice had an overarching health and safety policy statement in place; this was out of date and in need of updating. A range of other policies, procedures, protocols and risk assessments were in place to inform and guide staff in the performance of their duties, and to manage risks at the practice. Policies, procedures and risk assessments were not reviewed on a regular basis and some of these were out of date, such as environmental and infection control risk assessments and safeguarding and complaints policies.

We reviewed the practice's control of substances hazardous to health (COSHH) file. Staff maintained records of products

used at the practice, for example dental materials and cleaning products, and retained manufacturer's product safety details to inform staff what action to take in the event of, for example, spillage, accidental swallowing, or contact with the skin.

We saw that the provider had carried out a sharps risk assessment however this was not dated and was in need of review to include consideration of implementation of a safer sharps system. The provider had not implemented a safer sharps system for the control of used needles; dentists took responsibility for use, dismantling and disposal of sharps such as disposable needles. Sharps bins were suitably located in the clinical areas to allow appropriate disposal.

There was a procedure in place to follow in the event of an injury from a sharp instrument. This was displayed in the treatment rooms for quick reference. Staff were familiar with the procedures and able to describe the action they would take should they sustain an injury.

The provider also ensured that clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

We saw that a fire risk assessment had been carried out but was not reviewed annually. The provider had arrangements in place to mitigate the risks associated with fire, for example, one of the staff undertook a lead role for fire safety, safety signage was displayed, fire-fighting equipment was available, and fire drills were carried out regularly. The evacuation procedure to be followed in the event of a fire was displayed and staff were familiar with it.

We saw the business continuity risk assessment included the use of the neighbouring practices in the event of the premises not being suitable for use. The plan did not include details of all staff, contractors and emergency numbers should an unforeseen emergency or failure of utilities occur.

## Infection control

The practice had an overarching infection prevention and control policy in place, underpinned by policies and

# Are services safe?

procedures which detailed decontamination and cleaning tasks. Procedures were displayed in appropriate areas such as the decontamination area and treatment rooms for staff to refer to. Some of these were not dated or were in need of review.

One member of staff had a lead role for infection prevention and control and decontamination and provided guidance to staff where required.

Staff undertook infection prevention control training annually and infection prevention and control audits every six months. Any actions identified in the audits were documented and addressed.

We observed that there were adequate hand washing facilities available in the treatment rooms, the decontamination room, and in the toilet facilities. Hand washing protocols were displayed appropriately near hand washing sinks.

We observed the decontamination process and found it to be in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 Decontamination in primary care dental practices, (HTM 01-05).

The practice had a dedicated decontamination room which was designated for staff only and secured by a lock to prevent unauthorised access. Appropriate controls were in place to minimise the risks from the decontamination process in accordance with recommended guidance in HTM01 05. The decontamination room and treatment rooms had clearly defined dirty and clean zones to reduce the risk of cross contamination. Staff used sealed containers to transfer used instruments from treatment rooms to the decontamination room. Staff followed a process of cleaning, inspecting, sterilising, packaging and storing of instruments to minimise the risk of infection. Staff wore appropriate personal protective equipment during the decontamination process.

We observed that instruments were stored in drawers in the treatment rooms. We looked at the packaged instruments in these drawers and found that the packages were sealed and marked with the expiry date.

Staff showed us the systems in place to ensure the decontamination process was tested, and

decontamination equipment was checked, tested, and maintained in accordance with the manufacturer's instructions and HTM 01-05. We saw records of these checks and tests.

Staff changing facilities were available and staff wore their uniforms inside the practice only.

The provider had a Legionella risk assessment carried out in 2012 to determine if there were any risks associated with the premises. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). This was in need of review and updating, following the inspection the practice told us they had arranged a date for this to be undertaken by a competent person within the following week. Actions to reduce the likelihood of Legionella developing were identified in the assessment and these had been carried out by staff, for example, we saw records of checks on water temperatures. Staff described to us the procedures for the cleaning and disinfecting of the dental water lines and suction equipment. This was in accordance with guidance to prevent the growth and spread of Legionella bacterium.

The treatment rooms had sufficient supplies of personal protective equipment for staff and patient use.

The practice had a cleaning policy in place, with an associated cleaning schedule identifying tasks to be completed and timescales for their completion. Cleaning of the non-clinical areas was currently the responsibility of the dental staff and the dental nurses were also responsible for cleaning the clinical areas in between patients. We observed that the practice was clean, and treatment rooms and the decontamination room were clean and uncluttered. The practice followed current HTM 01 05 guidance on cleaning.

The segregation and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. The practice had arrangements for all types of dental waste to be removed from the premises by a contractor. Spillage kits were available for contaminated spillages. We observed that clinical waste awaiting collection was stored insecurely outside of the building. The practice told us they would rectify this immediately and secure the waste storage bins.

## Equipment and medicines

# Are services safe?

We saw that the provider had systems, processes and practices in place to protect people from the unsafe use of materials, medicines and equipment used in the practice.

We saw contracts for the maintenance of equipment, and recent test certificates for the

decontamination equipment, the air compressor and the X-ray machines. The practice carried out regular portable appliance testing, (PAT). PAT is the name of a process under which electrical appliances are routinely checked for safety.

We saw records to demonstrate that fire detection and fire-fighting equipment, for example, the fire alarm and extinguishers were regularly tested.

We saw that the practice was storing NHS prescription pads securely in accordance with current guidance. They maintained records of the serial numbers for prescriptions issued and void.

## **Radiography (X-rays)**

We saw that the provider was acting in compliance with the Ionising Radiations (Medical Exposure) Regulations 2000, IR(ME)R, current guidelines from the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines.

The practice maintained a radiation protection file which contained the required information.

The provider had appointed a Radiation Protection Advisor and a Radiation Protection Supervisor. We saw that the Health and Safety Executive had been notified of the use of X-ray equipment on the premises.

We saw a critical examination pack for the X-ray machines. Routine testing and servicing of the X-ray machines had been carried out in accordance with the current recommended maximum interval of three years.

We observed that local rules were displayed in areas where X-rays were carried out. These included specific working instructions for staff using the X-ray equipment.

Dental care records confirmed that X-rays were justified, graded and reported on. We saw evidence of regular auditing of the quality of the X-ray images.

We saw evidence of recent radiology training for relevant staff in accordance with IR(ME)R requirements.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentists carried out consultations, assessments, and treatment in line with current National Institute for Health and Care Excellence guidelines (NICE), Faculty of General Dental Practice, (FGDP), guidelines, the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention', and General Dental Council guidelines.

The dentists described to us how examinations and assessments were carried out and care pathways were planned. Patients completed a medical history form with details of their health conditions, medicines being taken, and allergies, as well as details of their dental and social history. The dentists then carried out an examination. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Following the examination the diagnosis was discussed with the patient and treatment options and costs explained. Follow-up appointments were scheduled to individual requirements.

We checked dental care records to confirm what was described to us and found that the records were complete, clear, and contained sufficient detail about each patient's dental treatment. Details of medicines used in the dental treatments were recorded which would enable a specific batch of a medicine to be traced to the patient in the event of a safety recall or alert in relation to a medicine.

We saw evidence that the dentists used current guidelines issued by the NICE Dental checks: intervals between oral health reviews to assess each patient's risks and needs, and to determine how frequently to recall them.

### Health promotion and prevention

We saw that staff adhered closely to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. We saw that tailored preventive dental advice, and information on diet, and lifestyle was given to patients in order to improve their health outcomes. Where appropriate, fluoride treatments were prescribed. Information in leaflet form and on displays in the waiting room was available in relation to improving oral health and lifestyles, for example, smoking cessation and reduction in sugar consumption.

The practice had a strong focus on oral health promotion and prevention and the dental therapists carried out a full range of preventive treatment to all patients where necessary. We observed good co-operation and treatment planning between the dentists and dental therapist.

### Staffing

We observed that staff had the skills, knowledge, and experience to deliver effective care and treatment.

New staff and trainees undertook a programme of induction and supervision before being allowed to carry out any duties at the practice unsupervised.

The provider carried out staff appraisals regularly for all staff. We noted the appraisals were a two way process. We saw that the most recent appraisals had not been signed or dated by staff and the appraiser.

All qualified dental professionals are required to be registered with the General Dental Council, (GDC), in order to practice dentistry. Registration requires dental professionals to be appropriately qualified and to meet the requirements relating to continuing professional development, (CPD). We saw that the qualified dental professionals were registered with the GDC.

We saw staff were supported to meet the requirements of their professional registration. The GDC highly recommends certain subjects for CPD, such as medical emergencies and life support, safeguarding, infection prevention and control, and radiology. The practice encouraged staff to access online learning and provided face to face training sessions.

### Working with other services

We reviewed the practice's arrangements for referrals. Clinicians referred patients to a variety of secondary care and specialist options if the treatment required was not provided by the practice, not within the clinician's competency, or in response to patient preference.

Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines. Referral outcome letters were first seen by the dentists to see if action was required then stored in the patient's dental care records.

### Consent to care and treatment

# Are services effective?

(for example, treatment is effective)

The clinicians described how they obtained valid, informed, consent from patients by explaining their findings to them and keeping records of the discussions. Patients' treatment plans and pathways were discussed with them after consultations and assessments, and prior to commencing dental treatment. The patient's dental care records were updated with the proposed treatment once this was finalised and agreed with the patient. Signed consent forms were retained in the patients' dental care records. The plan and discussions with the clinicians made it clear that a patient could withdraw consent at any time, and that they had received an explanation of the type of treatment, including the alternative options, risks, benefits, and costs.

The clinicians described to us how they obtained verbal consent at each subsequent treatment appointment. We saw this confirmed this in the dental care records we looked at.

NHS and private treatment costs were displayed in the waiting room along with information on dental treatments to assist patients with treatment choices.

The dentists explained that they would not normally provide treatment to patients on their examination appointment unless they were in pain, or their presenting condition dictated otherwise. We saw that the clinicians allowed patients time to think about the treatment options presented to them.

The clinicians told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken. Clinicians demonstrated an understanding of Gillick competency. (Gillick competency is a term used in

medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The clinicians had an understanding of the principles and application of the MCA.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Feedback given by patients on CQC comment cards demonstrated that patients felt they were always treated with kindness and respect, and staff were friendly, caring, helpful and accommodating. The practice had separate rooms available should patients wish to speak in private. Treatment rooms were situated away from the main waiting area, and we saw that the doors were closed at all times when patients were with the clinicians. Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment and of children. Several patients confirmed in CQC comment cards that staff put them at ease.

We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

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

The dentists discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records. CQC comment cards we reviewed told us treatments were always explained in a language patients could understand. Patients commented that they were listened to. Patients confirmed that treatment options, risks, and benefits were discussed with them and that they were provided with helpful information to assist them in making an informed choice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We saw evidence that services were planned and delivered to meet the needs of people.

The practice was well maintained and provided a comfortable environment. The provider had a maintenance programme in place to ensure the premises were maintained to a high standard on an on-going basis.

We saw the clinicians tailored appointment lengths to patients' individual needs.

The practice captured social and lifestyle information on the medical history forms completed by patients. This enabled clinicians to identify any specific needs and direct treatment to ensure the best outcome was achieved for the patient. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records which helped them treat patients individually.

We saw the provider gathered the views of patients when planning and delivering the service via regular surveys, comments and feedback.

### Tackling inequity and promoting equality

The provider had taken into account the needs of different groups of people, for example, people with disabilities and people whose first language was not English. The practice was able to offer translation services if the need arose.

The practice was accessible to people with disabilities, mobility difficulties, and to wheelchair users. Staff provided assistance should patients require it. The practice was on the ground floor of the building with ramp access to the front door, wide doorways and an accessible toilet. Parking was available on adjacent streets.

The practice made provision for patients to arrange appointments by telephone or in person, and patients could choose to receive appointment reminders by a variety of methods including text messages. Where patients failed to attend their dental appointments, staff contacted them to re-arrange the appointment and to establish if the practice could assist by providing adjustments to enable patients to receive their treatment.

### Access to the service

We saw that patients could access treatment and care in a timely way. The practice opening hours, and the 'out of hours' appointment information, were displayed at the entrance to the practice, provided in the practice leaflet, and on the practice website. Emergency appointments were available daily.

### Concerns and complaints

The practice had a complaints policy and procedure which was available in the waiting room and in the practice leaflet. This was not dated and was in need of review. The practice had not received any complaints in the last 12 months but we were told they would follow the process and policies in the event of complaints arising.



# Are services well-led?

## Our findings

### Governance arrangements

We reviewed the provider's systems and processes for monitoring and improving the services provided for patients and found most of these were operating effectively.

The provider had implemented a full range of policies and procedures to guide staff in the performance of their duties. We found some of these were not dated and some were not reviewed and audited on a regular basis. They varied in format and were not easily located in one place or in places for staff to refer to.

The provider had carried out risk assessments and put some measures in place to mitigate risks. We found that some risk assessments were not regularly reviewed to ensure they were up to date with regulations and guidance (for example Legionella, and environmental risk assessments).

The provider used a variety of means to monitor quality and performance and improve the service, for example, via the analysis of patient feedback and carrying out audits, beyond the mandatory audits for infection control and X-rays.

Dental professionals' CPD was monitored by the provider to ensure they were meeting the requirements of their professional registration. Staff were supported to meet these requirements by the provision of training and access to online education and updates.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained electronically. Electronic records were password protected and data was backed up daily.

### Leadership, openness and transparency

Staff were supported in their roles by the lead nurse and lead dentist at the practice. The provider visited the practice and was available for support and guidance. There was clarity in relation to roles and responsibilities. Staff had a variety of lead roles and were aware of their own competencies, skills, and abilities.

The culture of the practice encouraged candour, openness and honesty. The lead dentist and nurse operated an open door policy and staff said they could speak to them if they had any concerns, and that they were approachable and helpful. Staff confirmed their colleagues were supportive.

The practice held staff meetings every two months. The meetings were scheduled in advance to maximise staff attendance and dedicated time set aside for them to take place. We saw recorded minutes of the meetings, and noted that items discussed included clinical and non-clinical issues.

### Learning and improvement

The provider used quality assurance measures, for example, auditing, to encourage continuous improvement in all aspects of service delivery. We saw that the audit process was functioning well. Audits we reviewed included record keeping, X-rays, infection prevention and control, waste, fire safety and human resources. Where appropriate, audits had clearly identified actions, and we saw that these had been carried out.

The provider gathered information on the quality of care from a range of sources, including patient feedback, the NHS Family and Friends Test and NHS Choices, and used this to evaluate and improve the service.

Staff confirmed that learning from complaints, accidents, audits, and feedback was discussed at staff meetings to share learning in order to inform and improve future practice. We saw meeting minutes which confirmed this.

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

We saw that people who used the service and staff were engaged and involved. The provider had a system in place to seek the views of patients about all areas of service delivery, carried out regular patient surveys, and looked at the results to identify areas for improvement. A suggestion box for patient comments was also available in the waiting room.

The provider made NHS Friends and Family Test forms available in the waiting room for patients to indicate how likely they were to recommend the practice. We saw the reported results from the last few months which indicated patients were likely and extremely likely to recommend this practice. Comments from feedback were displayed and acted upon where relevant.



## Are services well-led?

Staff told us they felt valued and involved. They were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.