

Sherwood Dental Centre

Sherwood Dental Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 11 November 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Sherwood Dental Centre was registered with the Care Quality Commission (CQC) on 4 September 2015. This

was following a change in the ownership arrangements at the practice. Sherwood Dental Centre is registered to provide regulated dental services to patients in north Nottingham and the surrounding areas. The practice provides both NHS and private dental treatment, with the most being NHS. Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice is open: Monday to Wednesday: from 8:30 am to 5:00 pm; Thursday: from 8:30 am to 7:00 pm; and Friday 8:30 am to 4:00 pm.

Access for urgent treatment outside of opening hours is through the NHS 111 telephone line.

The practice has four dentists; two dental hygienists; and five dental nurses, one of whom was a trainee dental nurse. There is a practice manager, three receptionists, and an administration assistant.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

We received feedback from 25 patients about the services provided. We saw that most of the feedback was positive, with only two negative comments. These related to the

Summary of findings

difficulty to access the practice with a pushchair, and a patient's dissatisfaction with the methods of payment available. All patients said they were happy with the service provided, and spoke positively about their clinical experience at this dental practice.

Our key findings were:

- The practice had effective systems to record accidents, significant events and complaints.
- Learning from any complaints and significant incidents were recorded and learning was shared with staff.
- All staff had received whistle blowing training and were aware of these procedures and the actions required.
- Patients provided positive feedback about the dental service.
- Patients said they were treated with dignity and respect.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies.
- Emergency medicines, an automated external defibrillator (AED) and oxygen were readily available. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control.
- Patients' care and treatment was planned and delivered in line with National Institute for Health and Care Excellence (NICE) guidelines.
- Patients were involved in making decisions about their treatment, and were able to ask questions.
- Options for treatment were identified and explored and discussed with patients.
- Patients' confidentiality was maintained.

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

- Make arrangements for the legionella risk assessment to be repeated.
- Check the X-ray machines in the practice to see if rectangular collimation is fitted, as recommended by the Ionising Radiation Regulations (Medical Exposure) Regulations (2000).
- Make arrangements to display the instructions beside the sharps bins, as recommended in the Health and safety (sharp instruments in healthcare) regulations 2013.

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 practice recorded accidents and significant events and learning points were shared with staff.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts and took appropriate action including sharing information with staff.

There was a lead member of staff for safeguarding vulnerable adults and children. Staff had been trained in safeguarding. There were clear guidelines for reporting concerns and to offer support and guidance over safeguarding matters.

The practice had the necessary emergency equipment including an automated external defibrillator (AED) and oxygen.

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

Infection control procedures followed published guidance to ensure that patients were protected from potential risks.

Equipment used in the decontamination process was maintained by a reputable company and regular frequent checks were carried out to ensure equipment was working properly and safely.

X-rays were mostly carried out safely in line with published guidance; however one X-ray machine needed to be checked to ensure it met the latest guidance. X-ray equipment was regularly serviced to make sure it was safe for use.

Are services effective?

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

Patients were clinically assessed before any treatment began. This included completing a health questionnaire.

The practice was following National Institute for Health and Care Excellence (NICE) guidelines for the care and treatment of dental patients. Particularly in respect of recalls, wisdom tooth removal and the use of antibiotics.

Dentists routinely discussed the use of alcohol and tobacco to help improve patients' oral health, and identify the risks associated with their use.

The practice had sufficient numbers of qualified and experienced staff to meet patients' needs.

There were clear procedures for referring patients to secondary care (hospital or other dental professionals).

Are services caring?

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

Staff actively worked in a way to protect patients' confidentiality.

Patients were treated with dignity and respect.

Staff were open and welcoming to patients at the dental practice.

Patients said they received good dental treatment and they were involved in discussions about their dental care.

Summary of findings

Patients said they were able to express their views and opinions.

Are services responsive to people's needs?

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

The practice appointments system was accessible to patients and met their needs. Patients who were in pain or in need of urgent treatment were usually seen the same day.

The practice had limited ability to meet the needs of patients with restricted mobility due to the limitations of the premises.

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

Are services well-led?

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

The practice was carrying out audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

There was an annual programme of audits and review to follow.

The practice needed to update its legionella risk assessment.

Patients were able to express their views and comments. Where necessary and appropriate the practice took action to address any issues raised by patients.

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

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 11 November October 2015. The inspection team consisted of two Care Quality Commission (CQC) inspectors and a dental specialist advisor. Before the inspection we reviewed information we held about the provider together with information that we asked them to send to us in advance of the inspection. During our inspection visit, we reviewed a range of policies and procedures and other documents including dental care records. We spoke with seven members of staff, including members of the management team.

Prior to the inspection we asked the practice to send us information which we reviewed. This included the

complaints they had received in the last 12 months, their latest statement of purpose, the details of the staff members, their qualifications and proof of registration with their professional bodies.

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

During the inspection we spoke with two dentists, the practice manager, two dental nurses and two receptionists. We reviewed policies, procedures and other documents. We received feedback about the dental service from 25 patients.

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 procedures for investigating, responding to and learning from accidents, significant events and complaints. Documentation showed the last recorded accident had occurred in November 2015, this being a minor injury to a member of staff. The injury was caused by a piece of equipment, and the practice had taken steps to ensure the risk of the accident happening again had been significantly reduced.

We saw documentation that showed the practice was aware of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). The practice manager said that there had been no RIDDOR notifications made, although they were aware how to make these on-line. We saw the minutes of staff meetings which showed that health and safety matters had been discussed, and learning points shared.

The practice had one recorded significant event in the last year, this related to an issue with an agency dental nurse working at the practice. The incident was well documented and the practice had learned from the incident.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) and informed health care establishments of any problems with medicines or healthcare equipment. The practice manager demonstrated how the alerts were received and information was shared with staff if and when relevant. The practice had not received any relevant alerts during the past year which required action.

Reliable safety systems and processes (including safeguarding)

The practice had a safeguarding vulnerable adults and children policy which had been reviewed in June 2015. The policies identified how to respond to any concerns and how to escalate those concerns. Information including a flow chart and the relevant local telephone numbers were

on display in staff areas of the practice. Discussions with staff showed that they were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary.

The practice manager was the identified lead for safeguarding in the practice and had received training in child protection to support them in fulfilling that role. Staff training records showed that all staff at the practice had undertaken training in safeguarding adults and children having completed the training in January 2014. We saw that refresher training for all staff had been booked to take place on 8 December 2015. There had been no recorded safeguarding incidents at the practice on file.

The practice had a policy and procedure to assess risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The policy directed staff to identify and risk assess each substance at the practice. Steps to reduce the risks included the use of personal protective equipment (gloves, aprons and masks) for staff, and the safe and secure storage of hazardous materials. There were data sheets from the manufacturer on file to inform staff what action to take if an accident occurred for example in the event of any spillage or a chemical being accidentally splashed onto the skin.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 27 August 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

Discussions with dentists and examination of patients' dental care records identified the dentists were using rubber dams routinely when completing endodontic treatments (these are procedures used to treat infection at the centre of the tooth for example: root canal treatments.) Best practice guidelines from the British Endodontic Society say that dentists should be using rubber dams. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth during treatment.

Medical emergencies

The dental practice had emergency medicines and oxygen to deal with any medical emergencies that might occur. These were located in a secure central location, and all staff members knew where to find them. The medicines were as recommended by the 'British National Formulary'

Are services safe?

(BNF). We checked the medicines and found them all to be in date. We saw the practice had a system in place for checking and recording expiry dates of medicines, and replacing when necessary.

At the time of our inspection one dental nurse had completed a first aid at work course in January 2015. Their training certificate was on display within the practice. The practice manager said that a second dental nurse was also going to complete this training so that there was first aid cover when the first nurse was not at the practice.

There was a first aid box; we saw it was well stocked and the contents were in date. It was stored in a secure central location and all staff were aware of its location. Records showed that the first aid box contents were being checked weekly by the staff.

Resuscitation Council UK guidelines suggest the minimum equipment required includes an AED and oxygen which should be immediately available. The practice had an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Records showed all staff had completed basic life support and resuscitation training on 6 October 2015.

We spoke with staff about medical emergencies and what action they would take. Staff said they had received training, and medical emergencies had been discussed in team meetings. Staff were able to describe the actions to take in relation to various medical emergencies including a cardiac arrest (heart attack).

Staff recruitment

We looked at the personnel files for six staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff personnel files. This includes: proof of identity; checking the prospective staff members' skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks

identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We found that all members of staff had received a DBS check, and in the records we sampled all had been completed within the last five years. We discussed the records that should be held in the personnel files with the practice manager, and saw the practice recruitment policy and the regulations had been followed.

We found there were sufficient numbers of suitably qualified and skilled staff working at the practice to meet the needs of the patients.

Monitoring health & safety and responding to risks

The practice had a health and safety policy and environmental risk assessments which had been reviewed in June 2015. Risks to staff and patients had been identified and assessed, and the practice had introduced measures to reduce those risks. For example: the risks posed by latex; and manual handling had all been risk assessed

The practice had other specific policies and procedures to manage other identified risks. For example: a waste management contract and policy for handling clinical waste; fire safety policies and procedures and COSHH procedures. Records showed that fire detection and fire fighting equipment such as fire alarms and emergency lighting were regularly tested. The fire extinguishers had last been serviced in October 2015.

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

Staff training records identified that staff had received up-to-date training in health and safety matters, including fire training.

Infection control

Infection control within dental practices should be working towards compliance with Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' This

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document sets out clear guidance on the procedures that should be followed; records that should be kept; staff training; and equipment that should be available. Following HTM 01-05 would comply with best practice.

The practice had an infection control policy which had been updated in June 2015. The policy described how cleaning should be completed at the premises including the treatment rooms and the general areas of the practice. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures. Records showed staff training in infection control had been completed on 20 January 2015 for all staff.

The practice had identified a dental nurse who was the decontamination lead. As a result the practice had one person overseeing the process, and ensuring that records were completed, and any changes to policy or updates to HTM 01-05 were known and acted upon.

An infection control audit had been completed in August 2015, and the records showed that six monthly audits were undertaken routinely. An action plan from the August 2015 audit had been produced as the practice scored 98%.

The practice employed an external company to clean the dental practice. However, the provider informed us that due to concerns about the quality of the cleaning the contract with this company had been cancelled. During the inspection we saw evidence of cleaning materials not being stored correctly, and an increased risk of cross infection as a result. The provider said the practice would be employing their own cleaner going forward, as this would give greater control and accountability.

The practice used sharps bins (secure bins for the disposal of needles, scalpel blades or any other instrument that posed a risk of injury through cutting or pricking.) The bins were located out of reach of small children. The health and safety executive (HSE) had issued guidance: 'Health and safety (sharp instruments in healthcare) regulations 2013', and the practice were mostly following the guidance. However, the instructions for the use of sharps boxes were not displayed as recommended in the regulations.

We saw that some dentists were using a mixture of disposable safe sharps syringes with rubber guards and

re-usable syringes. Other preferred not to use safe sharps and rubber guards as the dentists concerned felt there was a greater risk using the safe syringe system. We saw that a risk assessment for this practice was put in place.

The practice had a clinical waste contract, and waste was collected on a regular weekly basis. Clinical waste was stored securely while awaiting collection. The clinical waste contract also covered the collection of amalgam (dental fillings) which contained mercury and was therefore considered a hazardous material. The practice had spillage kits for both mercury and bodily fluids, these were in date and located centrally, so all staff could access them if needed.

The practice had a dedicated decontamination room that had been organised in line with HTM 01-05 guidance. The decontamination room had defined clean and dirty areas to reduce the risk of cross contamination and infection. There was an area for bagging clean and sterilised dental instruments and date stamping them in the clean area of the room. There was a clear flow of instruments through from the dirty to the clean area. Staff wore personal protective equipment during the process to protect themselves from injury. These included gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). The practice had two ultrasonic baths. These are pieces of equipment specifically designed to clean dental instruments through the use of ultrasound and water. After the ultrasonic bath, instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in an autoclave (a device for sterilising dental and medical instruments). A dental nurse demonstrated the decontamination process and we saw the procedures used followed the practice policy. We inspected a random sample of bagged instruments using the illuminated magnifying glass. All of the instruments we inspected were clean and free from any debris.

The practice had two steam autoclaves. These were designed to sterilise non wrapped or solid instruments. At the completion of the sterilising process, instruments were dried, packaged, sealed, stored and dated with an expiry date.

We checked the equipment used for cleaning and sterilising was maintained and serviced regularly in

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accordance with the manufacturer's instructions. There were daily, weekly and monthly records to demonstrate the decontamination processes to ensure that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

Staff files showed that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. People (staff) who are likely to come into contact with blood products, or are at increased risk of needle stick injuries should receive these vaccinations to minimise the risk of contracting blood borne infections. A needle stick injury is a puncture wound similar to one received by pricking with a needle.

The practice had a policy for assessing the risks of legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. This was to ensure the risks of legionella bacteria developing in water systems were identified and measures taken to reduce the risk of patients and staff developing legionnaires' disease.

Records showed that the practice had a risk assessment carried out in September 2012. The risk assessment showed the practice was a high risk with regard to legionella. The practice manager said they would arrange for a new legionella risk assessment to be completed, and would send the necessary documentation to CQC when this had been completed.

The practice was recording water temperatures monthly to monitor the risks associated with legionella. In addition the practice was flushing the water lines used in the treatment rooms. This was done for two minutes at the start of the day, and for 30 seconds between patients, and again at the end of the day. A concentrated chemical liquid was used for the continuous decontamination of dental unit water lines was used to reduce the risk of legionella bacterium developing in the water lines. We discussed the flushing of water lines with two dental nurses who described the actions taken.

Equipment and medicines

The practice had an equipment maintenance file which contained all of the necessary records relating to servicing of equipment. The records showed that equipment at the practice was maintained and serviced in line with manufacturer's guidelines and instructions. Portable

appliance testing (PAT) had taken place on electrical equipment with the last testing recorded as 26 June 2015. Fire extinguishers were checked and serviced by an external company and staff had been trained in the use of equipment and evacuation procedures. Records showed the fire extinguishers had been serviced annually.

Medicines used at the practice were stored and disposed of in line with published guidance. Medicines were stored securely and there were sufficient stocks available for use. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. The practice purchased a refrigerator exclusively for medicines shortly after the inspection visit, and sent us photographic evidence. In addition the practice manager said the temperature of the medicines refrigerator would be monitored and recorded. This was because temperature sensitive medicines would be stored within the refrigerator.

Prescription pads at the practice were numbered and a log was kept. Numbered prescription pads were stored securely when not in use.

Radiography (X-rays)

The dental practice had three intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth). X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

The practice had a radiation protection file which contained documentation to demonstrate the X-ray equipment had been maintained at the intervals recommended by the manufacturer. Records showed the last time the X-ray equipment was tested and serviced was October 2015.

The local rules identified the practice had a radiation protection supervisor (RPS) (the principal dentist) and a radiation protection advisor (RPA) (a company specialising in servicing and maintaining X-ray equipment). The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and by qualified staff only. Staff members authorised to carry out X-ray procedures were clearly identified. The measures in place protected people who required X-rays to be taken as part of their treatment.

Are services safe?

The emergency cut-off switch for one X-ray machine was not ideally located a suitable distance away from the X-ray machine. After the inspection the provider sent us photographic evidence that showed the relocation of the emergency cut-off switch. Every room in which an X-ray machine was located had appropriate signage on the door, to inform that an X-ray machine was located within.

We discussed the use of X-rays with two dentists. This identified the practice monitored the quality of its X-ray images and had records to demonstrate this. The practice had introduced the use of digital X-ray images two weeks before our inspection. Digital X-rays rely on lower doses of radiation, and do not require the chemicals to develop the images required with conventional X-rays.

We saw that one X-ray machine did not have rectangular collimation. The Ionising Radiation Regulations (Medical Exposure) Regulations 2000 recommend the use of

rectangular collimation to limit the radiation dose a patient receives during routine dental X-rays. Rectangular collimation is a specialised metal barrier attached to the head of the X-ray machine. The barrier has a hole in the middle used to reduce the size and shape of the X-ray beam, thereby reducing the amount of radiation the patient received and the size of the area affected. We brought this to the attention of the provider.

All patients were required to complete medical history forms and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant. Patients' notes showed that information related to X-rays was recorded in line with current guidance from the Faculty of General Dental Practice (UK) (FGDP-UK). This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice stored information about the assessment, diagnosis, treatment and advice of dental healthcare professionals provided to patients. We reviewed the dental care records for five patients. We found that an up to date medical history had been taken on each occasion.

Patients' medical histories including any health conditions, current medicines being taken and whether the patient had any allergies were taken for every patient attending the practice for treatment. If the dentist wanted to take an X-ray and the patient was of child bearing age, the possibility of being pregnant was also discussed.

Records showed comprehensive assessment of the periodontal tissues (the gums and soft tissues of the mouth) had been undertaken. These had been recorded using the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums. Practice policy was to carry out a BPE for all patients from the age of 12 years.

We saw that dentists used nationally recognised guidelines on which to base treatments and develop longer term plans for managing patients' oral health. Records showed that treatments had been relevant to the symptoms or findings, treatment options were explained and that adequate follow up had been arranged.

We spoke with two dentists, and a dental nurse who said that each patient had their dental treatment and diagnosis discussed with them. Treatment options and costs were explained before treatment started. We received feedback from patients on the day of the inspection and nine patients made specific reference to being involved in discussions about treatment options. The patients we saw in the practice said treatment options were always discussed and explanations given.

Where relevant, information about preventing dental decay was given to improve the outcome for the patient. Patients' dental care records were updated with the proposed treatment after discussing the options. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines.

Discussions with dentists showed they were aware of NICE guidelines, particularly in respect of recalls of patients, antibiotic prescribing and wisdom tooth removal. A review of dental care records identified that the dentists were following NICE guidelines in their treatment of patients.

Health promotion & prevention

We saw a range of literature in the waiting room and reception area about the services offered at the practice. There were also leaflets about ways to improve patients' oral health, and posters about the effect certain foods could have on dental health.

We saw examples in patients' notes that advice on smoking cessation, alcohol and diet had been discussed. With regard to smoking dentists had highlighted the risk of periodontal disease and oral cancer. Patients' alcohol consumption was recorded where this could have an effect on dental health.

Public Health England had produced an updated document in 2014: 'Delivering better oral health: an evidence based toolkit for prevention'. Following the guidance within this document would be evidence of up to date thinking in relation to oral healthcare. Discussions with dentists showed they were aware of the Department of Health 'Delivering better oral health' document and used it in their practice.

Staffing

The practice had four dentists; two dental hygienists; and five dental nurses, one of whom was a trainee dental nurse. There was a practice manager, three receptionists, and an administration assistant.

Prior to the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

We reviewed staff training records and saw staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the General Dental Council (GDC). The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to

Are services effective?

(for example, treatment is effective)

develop their dental skills and knowledge. Examples of training completed included: 3rd Molar educational risk management, Partial denture module, and child protection training.

The practice appraised the performance of its staff with annual appraisals. We saw evidence in six staff files that appraisals had been taking place. We also saw evidence of new members of staff having an induction programme. We spoke with two members of staff who said they had received an annual appraisal with the practice manager, and had been able to discuss their learning and development needs.

Working with other services

If circumstances prevented the practice from meeting the needs of individual patient's referrals to other dental professionals were made. For example referral for treatment at the dental hospital if the problem required more specialist attention. Following treatment by the 'other' dental professional(s) the practice monitored patients after their treatment. This was to ensure they had received satisfactory treatment and had the necessary after care after treatment at the practice. The practice usually referred to the maxillofacial department at the Queens Medical Centre in Nottingham for complicated wisdom tooth removals or suspected oral cancer.

The practice did not provide conscious sedation, and patients who required this service were also referred to other practices. This would particularly apply to nervous patients who required sedation to help them relax.

There were difficulties with providing access for patients with restricted mobility due to the constraints of the building. Therefore patients with restricted mobility or using a wheelchair had been referred to other dental surgeries in the past with better access.

The practice kept pro-forma letters for referrals to the various other services. Copies of these were seen, and all of

the relevant information had been recorded. There was a separate two week 'rule' pro-forma letter for referring patients with suspected oral cancer. This was to ensure the patient was seen quickly, and an early diagnosis was made. Other examples of when a referral might be made were: difficult or complicated clinical issues and cases where the patients' needs were beyond the clinical capacity of staff in the practice.

Consent to care and treatment

The practice had a consent policy which had been reviewed in June 2015. We saw evidence that patients were given a copy of their treatment plan and a consent form which they signed to signify their consent with the agreed treatment. For NHS patients this was through the standard FP17 DC form. This being the form all NHS patients' sign, being both the 'personal dental treatment plan' and the consent to treatment form. For private patients a treatment plan and estimate was printed with space for the patient to sign to show their consent.

Discussions with dentists showed they were aware of and understood the use of Gillick competency for young persons. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment without the need for parental permission or knowledge. The practice consent policy provided information about Gillick competencies. The practice policy on consent made reference to Gillick competencies.

The consent policy also had a description of competence or capacity and how this affected consent. The policy linked this to the Mental Capacity Act 2005 (MCA). Staff training records showed staff had attended training with regard to the MCA 2005. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from patients both through Care Quality Commission (CQC) comment cards and by talking to patients in the practice. Feedback was positive with patients saying they had confidence in the dentists. Several patients made specific reference to the staff treating them with dignity and respect.

We took time to observe how the staff spoke with patients and whether they did so in a dignified and respectful manner. Our observations were of patients being treated politely, and in a professional manner.

We discussed confidentiality with reception staff, who told us that they were aware of the need for maintaining confidentiality when conversations were held in the reception area. The reception desk was located in waiting room, which made confidentiality difficult. Staff said that an unused treatment room was usually available if needed, which allowed for confidential discussions.

Our observations were that confidentiality was maintained within the practice. When asked patients said they had no concerns about their confidentiality being breached. We saw that patient records, both paper and electronic were held securely either under lock and key or password protected on the computer.

Involvement in decisions about care and treatment

Feedback from patients was positive about the practice, and their experiences of care and treatment. Several patients commented they had been involved in discussions about their treatment, and said they were able to ask questions and voice their opinions. We asked about the costs of any treatment, and patients said the costs were explained and identified at the beginning of the process, so they were aware of what the treatment would cost.

The practice website described the range of services offered to patients. The practice offered both private and NHS treatments and both sets of costs were clearly displayed in the practice and were available on the practice website.

Dental care records we reviewed demonstrated that staff recorded the information they had provided to patients about their treatment and the options open to them. Patients we spoke with said that dental staff always explained things clearly, and in a way that they could understand. Patients received a written treatment plan which clearly outlined their treatment and the cost involved.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice operated an appointment system which patients said met their needs. When patients were in pain or where treatment was urgent the practice made efforts to see the patient the same day. Feedback from three patients made specific reference to being seen quickly when they were in pain, or in an emergency situation. General feedback from patients was positive about being able to get an appointment at a time that suited them individually. Two patients also made reference to the late opening times on a Thursday being really helpful.

When new patients attended the practice they were asked to complete a medical and dental health questionnaire. This allowed the practice to gather important information about the patient's previous and current dental and medical history including any medication being taken. For returning patients the medical history was updated so the dentists could respond to any changes in health status.

Tackling inequity and promoting equality

The practice had considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. The building was an older building and was not fully accessible. The front door to the practice was reached by climbing up two steps. The practice manager said the council had refused permission to install a permanent ramp, and a temporary ramp had been stolen from outside the front door. This made it difficult for patients in wheelchairs to access the practice. There was a ground floor treatment room, which provided level and step free access once inside the practice. There were no ground floor toilet facilities for patients, due to the restrictions of the building. Information on the NHS Choices website detailed the limitations for patients with restricted mobility. However, this information was not available on the practice web site. Discussions with the practice manager identified that there were plans to update the web site.

The practice had good access to all forms of public transport, being situated on a main road and bus route. Car parking was available either on the street or in a public car park behind the practice.

There was a portable hearing induction loop situated in the waiting room. A hearing induction loop enabled a person wearing a hearing aid to hear more clearly by simple adjustment of their hearing aid. The Equity Act (2010) required where 'reasonably possible' hearing loops to be installed in public spaces.

Access to the service

The practice was open on:

Monday to Wednesday from 8:30 am to 5:00 pm; Thursday from 8:30 am to 7:00 pm; Friday 8:30 am to 4:00 pm

The late opening on a Thursday gave patients who worked 9:00 am to 5:00 pm the opportunity to receive treatment without taking time off work.

The arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays were displayed in the waiting room area and in the practice leaflet. Access for urgent treatment outside of opening hours was usually through the NHS 111 telephone line. In addition a private out-of-hours service was available for members of a private dental plan scheme.

Concerns & complaints

There was a complaints procedure for patients that explained the process to follow when making a complaint. Details of how to make a complaint were displayed in the practice and explained on the practice website and in the practice leaflet. Staff said they were aware of the procedure to follow if they received a complaint.

From information received prior to the inspection we saw that there had been a number of formal complaints received in the past 12 months. However, the majority related to a time before the ownership and management of the practice changed in September 2015. Records within the practice showed that the complaints had been handled in a timely manner, and evidence of investigation into the complaints and the outcomes were recorded.

Are services well-led?

Our findings

Governance arrangements

We saw that audits were planned throughout the year. The practice manager demonstrated how they kept track of when audits were due, and how information was analysed and shared with staff. We saw examples of: a medical history audit, a record card audit, consent, patient surveys and referrals to specialist services all having been audited. We saw that information from the audits was held on file, analysed and improvements made as a result. For example medical history forms had been updated following an audit.

We reviewed a number of policies and procedures and saw they had been reviewed to ensure they were up-to-date. For example the policies for safeguarding adults and children, health and safety, infection control and consent had all been reviewed in June 2015.

Leadership, openness and transparency

There was an experienced practice manager who had a diploma in leadership and management.

We saw minutes of meetings where information was shared and issues discussed. In addition we saw the practice had a training plan which identified how often training should be updated, and where this information was known the dates were inserted.

There was a staff handbook which gave every staff member the relevant core information they would need for working at the practice, including access to policies and procedures

Staff said they were confident they could raise issues or concerns at any time with the practice management team without fear of discrimination. All staff we spoke with said the practice was a relaxed and friendly place to work. Staff told us that they could speak with the practice manager or the principal dentist if they had any concerns. Staff members said they felt part of a team, were well supported and knew what their role and responsibilities were.

When we reviewed the complaints information at the practice, we saw that patients who had complained had received a letter noting the practice was sorry to hear of the patients' concerns and offering an apology.

Staff were aware of how to raise concerns about their place of work under whistle blowing legislation. We saw that the practice had a whistle blowing policy, and all staff had access to the policy.

Learning and improvement

The practice had an annual planner, which showed that audits were scheduled in advance. We saw that the practice was carrying out regular audits and using this information to monitor and make improvements in both clinical and non-clinical areas of its practice.

Staff were supported to maintain their continuing professional development as required by the General Dental Council. Documentation at the practice showed that training opportunities were available to all staff, and this was encouraged by the management team. Staff said they had good access to training; this was a mixture of in-house and some external training too.

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

The practice had an NHS Friends & Family (F&F) box in the waiting room. In April 2015 the NHS introduced the F&F test to all NHS care and treatment services. Patients were invited to provide feedback, including how likely they were to recommend the service to their friends and family. There had been 17 responses during October 2015; with the majority (13) saying they were highly likely to recommend the practice. Analysis of the F&F information over time showed mostly positive comments.

Information within the practice identified that learning from complaints had been shared with staff, and acted upon.

The last practice survey was completed in August 2015. The practice aimed for 20 surveys per dentist, and the last survey produced a 50% return from patients. Analysis of the surveys showed positive comments, and we saw evidence that the analysis had been shared with staff. Where necessary and appropriate the practice took action to address any issues raised by patients.