

## Whitecross Dental Care Limited

# Mydentist - Lowmoor Road - Kirkby in Ashfield

## Inspection Report

Lowmoor Road  
Kirkby-in-Ashfield  
Nottinghamshire  
NG17 7DA  
Tel: 01623 753050  
Website: [www.mydentist.co.uk](http://www.mydentist.co.uk)

Date of inspection visit: 25 October 2016  
Date of publication: 12/12/2016

### Overall summary

We carried out an announced comprehensive inspection on 25 October 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

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

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

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

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

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

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

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

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

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

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

### **Background**

The practice is located in ground floor premises in the town centre of Kirkby-in-Ashfield in north Nottinghamshire. The practice provides mostly NHS dental treatments (95%). There is free time limited car parking in the area or street parking a short walk away. There are five treatment rooms all of which are located on the ground floor.

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

The practice's opening hours are – Monday to Thursday: 8:30 am to 5:30 pm; Friday: 8:30 am to 5 pm. The practice is closed at the weekend.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message or by telephoning the 111 NHS service. This information is displayed on the door of the practice and in the waiting room.

The practice manager is the registered manager. A registered manager is a person who is registered with the

# Summary of findings

Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice has four dentists; one dental hygienist/therapist; seven qualified dental nurses; one receptionist; and one practice manager. Dental nurses also worked on the reception desk when required.

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

## **Our key findings were:**

- The premises were visibly clean and there were systems and processes in place to maintain the cleanliness.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients commented they had no problem getting an appointment that suited their needs.
- Patients were able to access emergency treatment when they were in pain.
- Patients provided positive feedback about their experiences at the practice. Patients said they were treated with dignity and respect; and the dentist involved them in discussions about treatment options and answered questions.
- Patients' confidentiality was protected.
- There were systems to record accidents, significant events and complaints, and where learning points were identified these were shared with staff.
- The records showed that apologies had been given for any concerns or upset that patients had experienced at the practice.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns.
- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

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

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

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

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

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

No action



### Are services effective?

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

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

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

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

No action



### Are services caring?

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

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

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

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

No action



# Summary of findings

## Are services responsive to people's needs?

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

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

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

A formal disabled access audit in line with the Equality Act (2010) had been completed to consider the needs of patients with restricted mobility. The patient toilet was not accessible to patients who used a wheelchair.

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

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

No action



## Are services well-led?

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

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

The practice had a system for carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided. Policies and procedures had been kept under review.

The practice had a Duty of Candour policy to guide staff when things had gone wrong, and to ensure staff were open and honest. Apologies and explanations had been given when things had gone wrong.

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

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

No action



# Mydentist - Lowmoor Road - Kirkby in Ashfield

## 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 25 October 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

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

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

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

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had systems for recording and investigating accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed there had been four recorded accidents in the twelve months up to this inspection. The last one being a minor injury to a member of staff. We saw that learning points had been identified and shared with staff, and appropriate action taken including making a risk rating for each accident.

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

The significant event folder contained guidance for staff on identifying a significant event and keeping suitable records about any such event. There had been no significant events logged during 2016. The last recorded significant event was in July 2015 when a patient became upset in the practice. The record showed the significant events had been analysed and changes had been made at the practice as a result.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. These were received by the practice manager and analysed and discussed in staff meetings as appropriate. The most recent alert had been received in October 2016 and related to a type of Automatic External Defibrillator (AED) which had failed to deliver a shock. The practice also received Central Alerting System (CAS) alerts which related to medicines.

A review of the information in the accident folder identified that patients were told when they had been affected by something that had gone wrong. The organisation had a Duty of Candour policy which was accessible to all staff. Patients had received an apology and been informed of the actions taken as a result of things going wrong. The practice manager was aware of when and how to notify CQC of incidents which cause harm. Duty of candour is a requirement under The Health and Social Care Act 2008

(Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity.

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

The practice had policy for safeguarding vulnerable adults and children. The policy had been reviewed and updated in October 2016. The policy identified how to respond to and escalate any safeguarding concerns. The relevant contact telephone numbers and a flow chart were available for staff in the policy and on display in the staff room. Discussions with staff showed that they were aware of the safeguarding policy, knew who to contact and how to refer concerns to agencies outside of the practice when necessary. The practice manager said there had been no safeguarding referrals made by the practice. However, the safeguarding team had been contacted at head office for advice, although this did not result in any further action being taken.

The practice manager was the identified lead for safeguarding in the practice. They had received enhanced training in child protection to level two on 29 December 2015 and on 9 February 2016 to support them in fulfilling that role. We saw evidence that all staff had completed safeguarding training to level two during 2016.

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

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 1 April 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969. The certificate was displayed behind reception.

The practice had a sharps policy which informed staff how to handle sharps (particularly needles and sharp dental instruments) safely. The policy had been reviewed in November 2015. We saw the practice used a recognised

# Are services safe?

system for handling sharps safely in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy. Practice policy was that only dentists handled injection needles. We saw there were devices in each clinical area for the safe removal and disposal of needles and sharps. There were clear instructions for staff in each clinical area regarding the safe management and handling of sharps

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

Discussions with dentists and a check of dental care records identified the dentists were using rubber dams when providing root canal treatment to patients. This was in line with guidance from the British Endodontic Society. A rubber dam is a thin, square sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment (treatment involving the root canal of the tooth) is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured. We saw the practice had a supply of rubber dam kits in the practice including latex free rubber dams.

## Medical emergencies

The dental practice had equipment in preparation for any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the medicines and found they were all in date. There were robust systems in place to check expiry dates and monitor that equipment was safe and working correctly.

There was a first aid box in the practice and we saw evidence the contents were being checked regularly. Two members of staff had completed a first aid at work course which was valid until August 2017 and November 2018 respectively.

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

All staff at the practice had completed basic life support and resuscitation training on 5 October 2016. We saw certificates to evidence that staff had completed this training.

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

## Staff recruitment

The practice had a recruitment policy which was dated 1 June 2016. We looked at the staff recruitment files for five staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We found that all members of staff had received a DBS check. The practice was routinely taking references for new members of staff and were keeping a record of interview notes. We discussed the records that should be held in the recruitment files with the practice manager and saw the practice recruitment policy and the regulations had been followed.

## Monitoring health & safety and responding to risks



# Are services safe?

The practice had a health and safety policy which had been reviewed in December 2015. The policy identified the practice manager as the lead person who had responsibility within the practice for different areas of health and safety. As part of this policy there was a comprehensive document which contained risk assessments. For example there were risk assessments for: asbestos, fire safety and manual handling.

The practice had a fire and emergency procedure which had been reviewed in December 2015. Records showed that fire extinguishers had been serviced in December 2015. The practice had a fire risk assessment which had been reviewed in September 2016. We saw there was an automatic fire detection system including emergency lights installed within the premises which had been serviced on 10 August 2016. The fire evacuation procedure was displayed within the practice for patients and staff. Records showed the practice held a fire drill twice a year, with the last one completed on 19 May 2016. The practice had appointed fire marshals from within the staff team and we saw certificates to evidence their training which was valid for three years and due to be renewed in June 2017.

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.

A Business Continuity Plan which had been reviewed and updated in December 2015 was available in the practice and a copy was held off site. This identified the steps for staff to take should there be an event which threatened the continuity of the service.

## Infection control

The practice had an infection control policy and a decontamination policy which had both been reviewed in December 2015. A copy of the policy was available to staff in the decontamination room. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures.

Records showed that regular six monthly infection control audits had been completed. This was as recommended in the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection

control and decontamination of equipment. The last audit was completed on 18 October 2016 and scored 95%. This audit identified issues with the older dental chairs. We saw evidence the chairs were being replaced and orders had been placed. The audits had been analysed and an action plan produced from the audit.

The practice had a clinical waste contract, and waste matter was collected regularly. Clinical waste was stored securely away from patient areas while awaiting collection. The clinical waste contract also covered the collection of amalgam, a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had a spillage kit for mercury which was within its use by date. The practice bodily fluids spillage kit had been used and was being replaced.

There was a decontamination room. This was where dental instruments were cleaned and sterilised. There were clear clean and dirty areas within the room. and pouched sterilised instruments were stored centrally in the clean room. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear. The practice was latex free to avoid any potential latex allergy. Daily check sheets were completed by nurses in the decontamination room.

The practice had one ultrasonic bath. An ultrasonic bath is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound and a liquid. As a backup (if the ultrasonic cleaner failed), the practice used a manual cleaning method. Within the decontamination room there was a box with all of the equipment needed for this including a digital thermometer, long handled brushes and heavy duty gloves. After cleaning, instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in one of the practice's autoclaves (a device for sterilising dental and medical instruments). The practice had non-vacuum steam autoclaves which were designed to sterilise unwrapped or solid dental instruments. At the completion of the sterilising process, all instruments were dried, placed in pouches and dated with a use by date. During the inspection we saw one autoclave was not in use due to not being validated. The other broke down during the inspection and arrangements were made to repair the



# Are services safe?

machine that day, and ensure there were sufficient clean and sterile instruments in the practice to continue seeing patients. We saw the risk assessment the practice had completed for this situation.

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

The practice had a policy for dealing with blood borne viruses. This had been reviewed in December 2015. There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received blood tests to check the effectiveness of that inoculation. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

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

## Equipment and medicines

The practice kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing (PAT) had been completed on electrical equipment at the practice in April 2016. There was a landlord's gas safety certificate dated 13 May 2016. An electrical installation condition report had been completed in August 2015 this was valid for five years. We saw that the identified actions had been completed. The pressure vessel checks on the compressor which produced the compressed air for the dental drills had been completed in May 2016. Records showed the autoclaves had also been serviced in September 2016. This was in accordance with the Pressure Systems Safety Regulations (2000).

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

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

## Radiography (X-rays)

There was a Radiation Protection file which contained the relevant information and records relating to the X-ray machines and their safe use on the premises. This included a radiation protection file policy which had been reviewed in December 2015.

The practice had one intraoral X-ray machine (intraoral X-rays concentrate on one tooth or area of the mouth) and one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the entire jaw and lower skull. Both machines were located in a specific X-ray room, as no X-rays were taken in the treatment rooms.

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 the area where X-rays were carried out.

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

The practice had critical examination documentation for both X-ray machines dated 7 September 2010. Critical examinations are completed when X-ray machines are installed to document they have been installed and are working correctly.

Records showed the X-ray equipment had been inspected in October 2016. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years. The regulations also required providers to inform the Health and Safety Executive (HSE)

## Are services safe?

that X-rays were being carried out on the premises. Documentary evidence dated 8 June 2009 confirmed this had been completed following a major refurbishment of the practice.

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

All patients were required to complete a medical history form and the dentist considered each patient's individual

circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant. The patients provided a digital signature in the treatment room to confirm any information that might influence them having an X-ray.

Dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings. We saw that the Faculty of General Dental Practice (FGDP UK) guidelines: 'selection criteria for dental radiography' (2013) were being followed.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice held electronic dental care records for each patient. Dental care records contained information about the assessment, diagnosis, and treatment and also recorded the discussion and advice given to patients by dental healthcare professionals. The care records showed a thorough examination had been completed, and identified with risk factors such as smoking and diet for each patient.

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

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

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

### Health promotion & prevention

The practice had one waiting room where posters and leaflets relating to good oral health and hygiene were on display.

Children seen at the practice were offered fluoride varnish application and fluoride toothpaste if they were identified as being at risk. This was in accordance with the government document: 'Delivering better oral health: an

evidence based toolkit for prevention.' This has been produced to support dental teams in improving patients' oral and general health. There were leaflets in the waiting room which gave information to patients about fluoride varnish.

Discussions with the dentist showed they had a good knowledge and understanding of 'delivering better oral health' toolkit. We saw a copy of this document in the practice.

We saw several examples in patients' dental care records that the dentist had provided advice on the harmful effects of smoking, alcohol and diet and their effect on oral health. With regard to smoking, the dentist had particularly highlighted the risk of dental disease and oral cancer. The dental care records contained an oral cancer risk assessment.

### Staffing

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

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

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

Records at the practice showed that all staff had an annual appraisal. As part of the appraisal process staff completed a review of their own learning objectives and identified the

# Are services effective?

(for example, treatment is effective)

CPD they had completed. Staff completed a personal development plan as part of the appraisal process. The practice held one to one meetings with clinical staff to discuss progress and clinical performance. We also saw evidence of new members of staff having an induction programme.

## **Working with other services**

The practice made referrals to other dental professionals based on risks or if a service was required that was not offered at the practice. The practice used the Intermediate minor oral surgery (IMOS) service for minor surgery such as wisdom tooth removal. The practice also made referrals for orthodontics (where badly positioned teeth are repositioned to give a better appearance and improved function) and sedation. Children who required multiple extractions and patients with special needs were referred to community services.

Where there was suspected oral cancer the referral was fast tracked to the local hospital for specialist treatment. These referrals were made in-line with the recommended two week window for urgent suspected cancer referrals.

## **Consent to care and treatment**

The practice had a consent policy which had been reviewed in November 2015. This made reference to the Mental Capacity Act 2005 (MCA). The issue of capacity was explored within the guidelines and this included making best interest decisions as identified in the MCA. The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves.

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

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

# Are services caring?

## Our findings

During the inspection we observed staff speaking with patients both on the phone and face to face. We saw that staff were polite, helpful and had a welcoming approach. We saw that staff spoke with patients with due regard to dignity and respect.

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

We saw examples that showed patient confidentiality was maintained at the practice. For example the reception desk could not be overlooked so that information with the receptionist was secure. Patients' dental care records were held securely and password protected.

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

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

The practice offered mainly NHS treatment and the costs were clearly displayed in the practice, with posters in the waiting rooms and at reception. Private fees were also on display in the reception area.

We spoke with the three dentists about how patients had their diagnosis and dental treatment discussed with them. The dentists demonstrated in the patient care records how the treatment options and costs were explained and recorded. Patients were given a written copy of the treatment plan which included the costs. We noted that patients' dental care records identified the diagnosis and treatment options discussed with patients.

Where necessary the dentist gave patients information about preventing dental decay and gum disease. In particular the dentist had highlighted the risks associated with smoking and diet, and we saw examples of this recorded in the dental care records. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice was located in ground floor premises in the town centre of Kirkby-in-Ashfield in north Nottinghamshire. The practice provides mostly NHS dental treatments (95%). There are a number of pay and display car parks in the area or street parking a short walk away. There are five treatment rooms all of which are located on the ground floor.

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

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

Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient the same day. To facilitate this the practice had sit and wait appointment slots available for patients who were in pain.

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

### Tackling inequity and promoting equality

The practice had an equality and diversity policy which had been reviewed in December 2015.

Patient areas were situated on the ground floor. There were five ground floor treatment rooms all of which allowed patients with restricted mobility easy access for treatment. The treatment rooms were large enough for patients to manoeuvre a wheelchair or push chair.

The practice had a ground floor toilet which was suitable for patients with restricted mobility although not for those using a wheelchair.

Large print leaflets were available on request.

The practice had information relating to access in line with the Equality Act (2010) A formal access audit had been completed in October 2016 which identified that the practice was accessible to patients with restricted mobility

or who were using a wheelchair with ground floor treatment rooms and level access from the street. However, the toilet was not accessible for wheelchair users. The practice had a hearing induction loop to assist patients who used a hearing aid. The Equality Act requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices.

### Access to the service

The practice's opening hours were – Monday to Thursday: 8:30 am to 5:30 pm; Friday: 8:30 am to 5 pm. The practice was closed at the weekend.

Access for urgent treatment outside of opening hours was by telephoning the practice and following the instructions on the answerphone message or by telephoning the 111 NHS service. This information was displayed on the door of the practice and in the waiting room.

The practice had a text message reminder service and patients received a text reminder two working days before their appointment was due. Patients also received confirmation telephone calls the day before their appointment was due. The practice manager said that when the practice's computer system was upgraded in December 2016 the text message service would improve.

### Concerns & complaints

The practice had a complaints procedure which covered both private and NHS patients. Guidance for staff was available in the complaints handling file. This had been updated in September 2016. The procedure explained how to complain and identified time scales for complaints to be responded to. The procedures also identified other agencies to contact if the complaint was not resolved to the patients satisfaction. This included the complaints service (for private patients), NHS England and the Health and Parliamentary Ombudsman.

Information about how to complain was displayed in the waiting room.

From information received before the inspection we saw that there had been five formal complaints received in the 12 months prior to this inspection. Documentation within the practice showed the complaints had been handled appropriately and in a timely way.



# Are services well-led?

## Our findings

### Governance arrangements

We saw a number of policies and procedures at the practice and saw they had been reviewed and where relevant updated during the year up to this inspection. Staff said if they had any concerns they would raise these with the practice manager. We spoke with four members of staff who said they liked working at the practice and they were well supported. Staff said there was a supportive approach from management at the practice and the wider organisation with personal development encouraged.

We saw a selection of dental care records to assess if they were complete, legible, accurate, and secure. The dental care records we saw contained sufficient detail and identified patients' needs, care and treatment.

### Leadership, openness and transparency

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

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

The practice had an underperformance and whistleblowing policy which had been reviewed in September 2016. The whistleblowing policy identified how staff could raise any concerns they had about colleagues' under-performance, conduct or clinical practice. This was both internally and with external agencies. A copy of the policy was available in the induction pack for all staff a copy of which every staff member had received.

The organisation's duty of candour policy was contained within the incident reporting procedure. The policy had been reviewed in July 2021. The information held within the procedure led the practice to be open and honest in their dealings with patients.

Information about the duty of candour was displayed on the notice board in the staff room.

### Learning and improvement

There were a range of audits completed throughout the year. This was for clinical and non-clinical areas of the practice. The audits identified both areas for improvement, and where quality had been achieved. Examples of completed audits included: Regular six monthly infection control audits with the last two having taken place in May 2016 and October 2016. Audits of dental care records and prescribing for each dentist had been completed in January 2016. Radiography (X-rays) had also been audited in January 2016, with dates for re-audits identified. We saw that all audits had been reported on and there were action plans in place for each one.

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

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

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

The practice had its own patient satisfaction survey which was completed on a rolling basis. The analysis of the latest results for October 2016 identified that patients 19 patients had responded and most were happy with their treatment.

The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS England. The latest information showed 88% of patients would recommend the practice to their family and friends.

The NHS Choices website: [www.nhs.uk](http://www.nhs.uk) had seven patient reviews recorded in the year up to this inspection. These



## Are services well-led?

were four positive comments and three negative comments. The provider had responded to the patient reviews and had offered patients the opportunity for further discussion.