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# West House Orthodontic Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 28 June 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**

West House Orthodontic Practice is located in a residential suburb close to the centre of Birkenhead and comprises a reception and waiting room, four treatment rooms, two of which are on the ground floor, offices, storage and staff rooms. Parking is available outside the premises. The practice is accessible to patients with disabilities, impaired mobility and to wheelchair users.

The practice is a referral practice and provides specialist orthodontic treatment predominantly to children and young adults on an NHS basis, and to patients of all ages on a privately funded basis. Orthodontics is specialist dental treatment which corrects irregularities in the alignment of the teeth in order to improve the position, appearance and function of the teeth.

The practice opening times are Monday, Wednesday and Thursday 8.30am to 5.00pm, Tuesday 8.30am to 6.30pm and Friday 8.30am to 4.00pm. The practice is staffed by a principal dentist and an associate dentist, both of whom are specialist orthodontists, a practice manager, an orthodontic therapist, five dental nurses and one receptionist.

A dental service provider who is separately registered with the CQC shares this location. The practice facilities and staff are shared between the two providers.

# Summary of findings

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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 29 people during the inspection about the services provided. Patients commented that they found the practice excellent and well organised, and that staff were professional, friendly and caring. They said that they were always given good and helpful explanations about dental treatment and that the dentists listened to them. Patients commented that the practice was clean and comfortable, that appointments ran to time and all staff were very approachable.

## Our key findings were:

- The practice had procedures in place to record and analyse significant events and incidents and acted on safety alerts.
- Staff had received safeguarding training and knew the process to follow to raise concerns.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available.
- Premises and equipment were clean, secure and well maintained.
- Infection control procedures were in place and the practice followed current guidance.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards and guidance.
- Patients received explanations about their care, proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- We observed that patients were treated with kindness, dignity and respect, and their confidentiality was maintained.
- The appointment system patients' needs and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients and reasonable adjustments were made to enable patients to receive their care and treatment.
- The practice gathered the views of patients and took into account patient feedback.
- Staff were supervised, felt involved and worked as a team.
- Governance arrangements were in place for the smooth running of the practice and for the delivery of high quality person centred care.

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

- Review the storage of paper-based dental care records to ensure they are stored securely.
- Review the security of the decontamination room having due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: Code of Practice about the prevention and control of infections and related guidance.
- Review the practice's waste handling policy and procedures to ensure waste is stored securely in accordance with relevant regulations having due regard to guidance issued in the Department of Health, Health Technical Memorandum 07-01: Safe management of healthcare waste.
- Review staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's complaint handling procedures to ensure information is available about the further steps people can take to escalate their complaints, and information on who to complain to about private dental treatment.

# 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 had effective systems and processes in place to ensure that care and treatment were carried out safely, for example, there were systems in place for infection prevention and control, management of medical emergencies, dental radiography, and investigating and learning from incidents and complaints. Staff were aware of their responsibilities to report incidents. Safety alerts were received by the practice and acted on.

Staff had received training in safeguarding adults and children and knew how to recognise the signs of abuse and who to report them to.

Staff were suitably trained and skilled, and there were sufficient numbers of staff. We saw evidence of inductions for new staff and regular appraisals.

The practice had identified and assessed risks and put measures in place to reduce risks. Staff were aware of how to minimise risks. The premises was secure and well maintained; however there were limited means in place to prevent unauthorised access to the decontamination room and waste storage. The provider addressed this immediately after the inspection.

We found the equipment used in the practice, including medical emergency and radiography equipment, was well maintained and tested at regular intervals. The practice had emergency medicines and equipment available, including an automated external defibrillator and staff were trained in dealing with medical emergencies.

There were systems in place to reduce and minimise the risk and spread of infection and the premises and equipment were clean. The practice was cleaned regularly. Staff had received training in infection prevention and control. There was guidance for staff on effective decontamination of dental instruments which staff were following.

We saw that the practice was following current legislation and guidance in relation to X-rays to protect patients and staff from unnecessary exposure to radiation.

No action



### Are services effective?

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

Current guidelines were followed in the delivery of dental care and treatment for patients.

Patients received an assessment of their dental needs which included assessing and recording their medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were fully explained and consented to. The practice kept detailed dental records of all treatment provided. The practice provided regular oral health advice and guidance to patients. Treatment provided focused on the needs of the individual.

Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved.

No action



# Summary of findings

Qualified staff were registered with their professional body, the General Dental Council. Staff received training and were supported in meeting the requirements of their professional regulator.

## Are services caring?

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

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

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed that staff were understanding and made them feel at ease. The practice had separate rooms available if patients wished to speak in private.

We found that treatment was clearly explained and patients were provided with information regarding their treatment and oral health. Patients were given time to decide before treatment was commenced. Patients commented that information given to them about options for treatment was helpful.

No action



## Are services responsive to people's needs?

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

Patients had access to appointments to suit their preferences, and emergency appointments were available on the same day. Patients could request appointments by telephone or in person.

The practice opening hours and out of hours appointment information was provided at the entrance to the practice and on the practice website.

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

The provider had taken into account the needs of different groups of people, for example, people with disabilities, impaired mobility, and wheelchair users and made the practice accessible. Staff had access to interpreter services where patients required these.

The practice had a complaints policy in place which was available from reception.

No action



## Are services well-led?

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

The provider had effective systems and processes in place for monitoring and improving services.

No action



# Summary of findings

The practice had a management structure in place and some staff had lead roles. Staff were aware of their roles and responsibilities within the practice. Staff reported that the provider was approachable and helpful, and took account of their views. The culture of the practice encouraged openness and honesty and staff told us they were encouraged to raise any issues or concerns.

There was a range of policies and procedures in place at the practice and protocols and procedures were in place to guide staff in undertaking tasks. Policies, procedures and protocols were regularly reviewed.

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

Staff were aware of the importance of confidentiality and understood their roles in this. Patient information was handled confidentially. Dental care records were complete, accurate and securely stored; however there were limited means in place to prevent unauthorised access to paper records. The provider addressed this immediately after the inspection.

The practice held regular staff meetings and these were used to share information to inform and improve future practice and gave everybody an opportunity to openly share information and discuss any concerns or issues.

# West House Orthodontic Practice

## 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.

The inspection took place on 28 June 2016 and was led by a CQC Inspector assisted by a dental specialist adviser.

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

During the inspection we spoke to the dentists, a orthodontic therapist, dental nurses and a receptionist. We reviewed policies, protocols and other documents and observed procedures. We reviewed 26 CQC comment cards which we had sent prior to the inspection for patients to complete about the services provided at the practice.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had procedures in place to report, record, analyse and learn from significant events and incidents; however the dentist told us no significant events had occurred. We discussed examples of significant events which could occur in dental practice and were assured that should one occur staff would follow the practice's procedures and improvements would be put in place to prevent re-occurrence.

Staff had an understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 and were aware of how and when to report. The practice had procedures in place to record and investigate accidents, and we saw examples of these in the accident book.

Staff had an understanding of their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs and in accordance with the statutory duty are given an apology and informed of any actions taken as a result. The provider knew when and how to notify CQC of incidents which could cause harm.

The practice received alerts from the Medicines and Healthcare products Regulatory Agency and Department of Health. These alerts identify problems or concerns relating to a medicine or piece of medical or dental equipment, or detail protocols to follow, for example, in the event of an outbreak of pandemic influenza. The managers brought relevant alerts to the attention of the staff. We saw that copies of relevant alerts were retained and actions taken in response to alerts were recorded.

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

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

The practice had a whistleblowing policy in place and staff were encouraged to bring safety issues and concerns to the attention of the provider.

The practice had a policy for safeguarding children and vulnerable adults. Staff we spoke to understood the policy. The principal dentist had a lead role for safeguarding and

provided advice and support to staff on safeguarding and oversaw procedures. Local safeguarding authority's contact details for reporting concerns and suspected abuse to were displayed in treatment rooms. Staff were trained to the appropriate level in safeguarding and were aware of how to identify abuse and follow up on concerns.

The clinicians were assisted at all times by a dental nurse.

We observed that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Records contained a medical history which was completed or updated by the patient and reviewed by the clinician prior to the commencement of dental treatment and at regular intervals of care. The clinical records we saw were well structured and contained sufficient detail to demonstrate what treatment had been prescribed and completed, what was due to be carried out next and details of alternatives. Records were maintained electronically and on paper. We saw that electronic records were secure; however paper records were stored in unlocked drawers. The provider assured us the security of paper records would be improved and submitted details of the arrangements for this immediately after the inspection.

### Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. All staff had received basic life support training as a team and this was updated annually. Staff described to us how they would deal with a variety of medical emergencies.

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

The practice stored emergency medicines and equipment centrally in the practice and staff could tell us where they were located.

One member of staff was additionally trained to provide first aid.



# Are services safe?

## Staff recruitment

The provider used the skill mix of staff in a variety of clinical roles to deliver care in the best possible way for patients, for example, staff included two dentists, (specialists in orthodontics), an orthodontic therapist, three dental nurses with enhanced skills in taking impressions of the teeth and three with enhanced skills in taking X-rays.

The practice had a recruitment policy and recruitment procedures in place, which reflected the requirements of current legislation. The practice maintained recruitment records for most members of staff. We reviewed a number of these records and saw most of the prescribed information was present, for example, evidence of qualifications, evidence of registration with their professional body, the General Dental Council, where required, evidence of indemnity and evidence that Disclosure and Barring checks had been carried out where appropriate. The provider did not have evidence of indemnity or qualifications available for one of the dentists but assured us this would be requested. Staff employment records were stored securely to prevent unauthorised access.

The practice had a comprehensive induction programme in place. The most recently recruited member of staff confirmed an induction had taken place.

Responsibilities were shared between staff, for example, there were lead roles for infection control and safeguarding. Staff we spoke to were aware of their own competencies and skills.

## Monitoring health and safety and responding to risks

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

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk specific assessments. A range of other policies, procedures, protocols and risk assessments were in place to inform and guide staff in the performance of their duties and to manage risks at the practice. Policies, procedures and risk assessments were regularly reviewed.

We saw evidence of a control of substances hazardous to health risk assessment. Staff maintained a file containing details of products used at the practice and retained details to inform staff what action to take in the event of a

chemical spillage, accidental swallowing or contact with the skin. Measures were identified to reduce risks, for example, the use of personal protective equipment for staff and patients and the secure storage of chemicals.

We saw that the practice had carried out a sharps risk assessment. The provider had implemented a range of measures to mitigate the risks associated with the use of sharps, for example, a sharps policy identifying responsibility for the dismantling and disposal of sharps. Sharps bins were suitably located in the clinical areas to allow appropriate disposal. The provider had implemented a safer sharps system to dispose of used needles. The sharps policy also detailed procedures to follow in the event of a sharps injury. These procedures were displayed in the treatment rooms for quick reference. Staff were familiar with the procedures and could describe the action they would take should they sustain an injury.

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

We saw that a fire risk assessment had been carried out. The provider had implemented measures to manage and mitigate the risks associated with fire, for example, safety signage was displayed and fire-fighting equipment was available. We did not see evidence of training in fire safety for staff however staff were aware of the procedure to follow in the event of a fire.

## Infection control

The practice had an overarching infection control policy in place underpinned by policies and procedures which detailed decontamination and cleaning tasks. Procedures were displayed in appropriate areas such as the decontamination room and treatment rooms for staff to refer to.

One member of staff had a lead role for infection prevention and control.

The practice undertook infection control audits six monthly and we saw evidence of these. We saw that actions resulting from auditing had been carried out.



# Are services safe?

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

We observed the decontamination process and found it to be in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 Decontamination in primary care dental practices, (HTM 01-05). The practice had a dedicated decontamination room; however there was no means to prevent unauthorised access. The provider assured us the security of the room would be improved and submitted details of the arrangements for this immediately after the inspection. The decontamination room and treatment rooms had clearly defined dirty and clean zones to reduce the risk of cross contamination. Staff used sealed boxes to transfer used instruments from the treatment rooms to the decontamination room. Staff followed a process of cleaning, inspecting, sterilising, packaging and storing of instruments to minimise the risk of infection. Staff wore appropriate personal protective equipment during the decontamination process. Packaged instruments were dated with an expiry date in accordance with HTM 01-05 guidance.

We observed that instruments were stored in drawers in the treatment rooms. We looked at the packaged instruments in the treatment rooms and found that packages were sealed and marked with an expiry date which was within the recommendations of the Department of Health.

Staff showed us the systems in place to ensure the decontamination process was tested and decontamination equipment was checked, tested and maintained in accordance with the manufacturer's instructions and HTM 01-05, and we saw records of these checks and tests.

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

The practice had had a Legionella risk assessment carried out in 2011 to determine if there were any risks associated with the premises; however it was not regularly reviewed. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Actions were identified in the assessment but these had not all been carried out appropriately, for example, we saw records of

checks and testing on water temperatures which assisted in monitoring the risk from Legionella but they were carried out annually instead of monthly as recommended. The dental water lines and suction unit were cleaned and disinfected daily, in accordance with guidance, to prevent the growth and spread of Legionella bacteria.

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

The practice had an environmental cleaning policy and procedures in place. Cleaning was the responsibility of a cleaner and the dental nurses. The practice had a cleaning schedule in place identifying tasks to be completed, daily, weekly and monthly. The practice used a colour coding system to assist with cleaning risk identification in accordance with National specifications for cleanliness : primary medical and dental practices, issued by the National Patient Safety Agency. We observed that the practice was clean, and treatment rooms and the decontamination room were clean and uncluttered. We saw that cleaning equipment was not stored appropriately.

The segregation and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste; however waste was not stored securely whilst awaiting collection. The provider submitted details of the arrangements to improve the security of the storage of waste immediately after the inspection. The practice had arrangements for all types of dental waste to be removed from the premises by a contractor. Spillage kits were available for contaminated spillages.

## Equipment and medicines

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

Staff responsible for stock control showed us the recording system for the prescribing, storage, stock control and recording of medicines.

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

# Are services safe?

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

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

We saw that the practice was storing NHS prescription pads securely and in accordance with current guidance and operated a system for checking deliveries of blank NHS prescription pads. Private prescriptions were printed out when required following assessment of the patient.

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

The practice maintained a radiation protection file which contained the required information. The providers who shared the premises liaised annually to review and discuss radiography arrangements and procedures.

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

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

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

We saw evidence of regular auditing of the quality of the X-ray images which demonstrated the practice was acting in compliance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER), and patients and staff were protected from unnecessary exposure to radiation.

Dental care records confirmed that X-rays were justified, reported on and quality assured in accordance with IR(ME)R, current guidelines by the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentists carried out consultations, assessments and treatment in line with National Institute for Health and Care Excellence, Faculty of General Dental Practice, Department of Health, General Dental Council and British Orthodontic Society guidelines. The dentists described to us how examinations and assessments were carried out. Patients completed a medical history form which included detailing health conditions, medicines being taken and allergies, as well as details of their dental and social history. The dentists then carried out a detailed examination and assessment. Following the examination treatment was discussed with the patient and options and costs explained. Follow-up appointments were scheduled to individual requirements. Details of the treatments carried out were documented

We saw that the Index of Treatment Need, (IOTN), was used to assess children under 18 years of age who had been referred to the practice, to determine their eligibility for NHS orthodontic treatment. The accurate use of the IOTN requires specialist training.

The principal dentist and associate dentist had attended training in the use of the peer assessment index, (PAR), and were calibrated to carry out assessments to determine the PAR ratings for each dentist. (The PAR index is a robust way of assessing the standard of orthodontic treatment that an individual orthodontist is achieving. The index is designed to look at the results of a group of patients rather than an individual patient. A mean PAR score improvement of greater than 70% represents a very high standard of treatment). We saw that the mean PAR score improvement for the principal dentist was 88%. We also saw evidence that the dentist had performed well in the NHS external validation assessment.

We checked dental care records to confirm what was described to us and found that the records were complete, clear and contained sufficient detail about each patient's dental treatment. We saw patients' signed treatment plans containing details of treatment and associated costs, where appropriate. Patients confirmed in CQC comment cards that dentists were clear about treatment options.

### Health promotion and prevention

We saw that staff adhered closely to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is used by dental teams for the prevention of dental disease in primary and secondary care settings. Tailored preventive dental advice and information was given to patients in order to improve health and treatment outcomes for them. This included advice on dental hygiene procedures, diet and lifestyle. Where appropriate fluoride treatments were prescribed. Adults and children attending the practice were advised during their consultation of steps to take to maintain good oral health. Tooth brushing techniques were explained to them in a way they understood. The dental care records we observed confirmed this. We saw that oral health information was delivered to patients in a variety of formats, visual, written and verbal.

Patients commented on CQC comments cards that they were given excellent prevention and oral health advice.

### Staffing

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

The practice had a training plan in place which outlined details of training for staff and included the mandatory General Dental Council topics, health and safety and a variety of generic and role specific topics. We saw staff were supported to meet the requirements of their professional registration.

The practice used various training methods to deliver training to staff, for example lunch and learn sessions, external courses and online learning.

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

The practice carried out staff appraisals annually. We noted the appraisals were a two way process with actions identified in them. Staff confirmed appraisals were used to identify training their needs. Staff we spoke to were aware of their own abilities and competencies and confirmed their colleagues were supportive.

Qualified dental professionals are required to be registered with the General Dental Council, (GDC), in order to practice dentistry. To be included on the register dental

# Are services effective?

(for example, treatment is effective)

professionals must be appropriately qualified and meet the GDC requirements relating to continuing professional development, (CPD). We saw that the qualified dental professionals were registered with the GDC.

The GDC highly recommends certain core subjects for CPD, such as cardio pulmonary resuscitation safeguarding, infection control and radiology. Checks were carried out on most dental professionals to ensure they were up to date with their CPD. We reviewed a number of staff records and found these contained a variety of CPD, including the core GDC subjects, and a wide range of other subjects demonstrating that they were meeting the requirements of their professional registration.

## Working with other services

The practice had effective arrangements in place for referrals. We saw evidence of good communication with the referring dentist at all stages in the patient's treatment. Clinicians were aware of their own competencies and knew when to refer patients requiring treatment outwith their competencies. Information was shared appropriately when patients were referred to other health care providers.

We saw examples of internal referrals, for example, to the orthodontic therapist and these followed recognised guidelines.

## Consent to care and treatment

The clinicians described how they obtained valid informed consent from patients by explaining their findings to them and keeping records of the discussions. Patients were given

a treatment plan after consultations and assessments, and prior to commencing dental treatment. The patient's dental care records were updated with the proposed treatment once this was finalised and agreed with the patient. The signed treatment plan and consent form were retained in the patients' dental care records. The plan and discussions with the clinicians made it clear that a patient could withdraw consent at any time and that they had received an explanation of the type of treatment, including the alternative options, risks, benefits and costs.

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

The dentist explained that they would not normally provide treatment to patients on their examination appointment. We saw that the dentist allowed patients time to think about the treatment options presented to them.

The clinicians told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken. Clinicians demonstrated a good understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The clinicians we spoke to had no knowledge of the MCA but assured us they would address this.

# Are services caring?

## Our findings

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

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

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

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We saw that services were planned and delivered to meet the needs of people. The practice was well maintained and provided a spacious, comfortable environment and the provider had a programme of maintenance in place.

We saw that the practice tailored appointment lengths to patients' individual needs and patients could choose from morning, afternoon or evening appointments.

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

The provider had a system in place to gather the views of patients and carried out patient surveys annually. Staff told us that patients were always able to provide verbal feedback and this was captured and analysed by the practice.

### Tackling inequity and promoting equality

The provider had taken into account the needs of different groups of people, for example, people with disabilities, impaired mobility, and wheelchair users.

The practice was located in a converted residential property. Parking was available outside the practice. The practice was accessible to people with disabilities,

impaired mobility and to wheelchair users. The practice was accessed by an automatic door, and the waiting room, reception and two treatment rooms were situated on the ground floor.

Toilet facilities were located on the ground floor and were accessible to people with disabilities, impaired mobility, wheelchair users and patients with prams. The provider had installed an alarm to call for assistance should the patient require it.

The provider offered interpretation services to patients whose first language was not English and to patients with impaired hearing.

We saw that provision was made for patients to arrange appointments by telephone or in person and patients could choose to receive appointment reminders by a variety of methods.

### Access to the service

We saw evidence that patients could access treatment and care in a timely way. The practice opening hours and out of hours appointment information were displayed at the entrance to the practice. Emergency appointments were available daily. Patients confirmed that advice and emergency appointments were always available.

### Concerns and complaints

The practice had a complaints policy and procedure which was not displayed but was available from reception. No details of the Dental Complaints Service, (DCS), were included. The DCS investigates complaints in relation to treatment provided privately. The complaints procedure was not provided on the practice's website.

# Are services well-led?

## Our findings

### Governance arrangements

The practice was managed by the provider and a practice manager. Some staff had lead roles. We saw that staff had access to suitable supervision and support in order to undertake their roles effectively, and there was clarity in relation to roles and responsibilities.

The provider had systems and processes in place for monitoring and improving the services provided for patients and these were operating effectively.

The provider had arrangements in place to ensure risks were identified, understood and managed, for example, the provider had carried out risk assessments and put measures in place to mitigate these risks. We saw that most risk assessments and policies were regularly reviewed to ensure they were current and up to date with regulations and guidance.

The provider had arrangements in place to ensure that quality and performance were regularly considered. They used a variety of means to monitor quality and performance and improve the service, for example, via the analysis of patient feedback, audits and complaints. The practice undertook a range of audits, for example, record keeping, infection control and waiting times.

Dental professionals' continuing professional development was monitored by the provider and staff were supported to meet the requirements of their professional regulator.

Staff were aware of the importance of confidentiality and understood their roles in this.

### Leadership, openness and transparency

We saw systems in place to support communication about the quality and safety of the service, for example, staff meetings.

The practice held staff meetings every three months and minutes of the meetings were recorded. The meetings were scheduled in advance to maximise staff attendance. We saw a structured agenda was in place and this included regular items, for example, patient feedback, incidents and training updates. The management team met weekly on an informal basis to discuss any issues for the week ahead.

The provider operated an open door policy and staff we spoke to said they could speak to the manager or provider if they had any concerns and that both were approachable and helpful.

### Learning and improvement

The provider used quality assurance measures to encourage continuous improvement for example, auditing. The practice had a plan in place to audit quality and safety beyond the mandatory audits for infection control and X-rays. We saw that actions resulting from auditing were carried out, for example, there was evidence of discussion of audit findings in staff meetings. We saw evidence to show the audit process was functioning well. Most audits had clearly identified actions and we saw that these were carried out.

The provider gathered information on the quality of care from patient feedback and used this to evaluate and improve the service. Annual structured patient surveys were carried out and a suggestion box for patient comments was available in the waiting room.

Staff confirmed that learning from complaints, incidents, audits and feedback were discussed at staff meetings to share learning to inform and improve future practice. Staff said they were encouraged to challenge any aspect of practice which caused concern.

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

We saw evidence to show that people who use the service and staff were engaged and involved. The practice had a system in place to seek the views of patients about all areas of service delivery. The provider made NHS Family and Friends Test forms available in the waiting room for patients to indicate how likely they were to recommend the practice.

Staff said they could provide feedback to the provider at any time. Staff were encouraged to bring suggestions to staff meetings. Staff said they were listened to and felt valued and involved.