Spires Dental Practice

# Spires Dental Practice

## Inspection Report

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## Overall summary

We carried out this announced inspection on 12 February 2020 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

**Our findings were:**

**Are services safe?**

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

**Are services effective?**

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

**Are services caring?**

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

**Are services responsive?**

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

**Are services well-led?**

We found this practice was not providing well-led care in accordance with the relevant regulations.

**Background**

Spires Dental Practice is in Lichfield, Staffordshire and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available in pay and display car parks near the practice, some time restricted parking is available on the road opposite the practice.

# Summary of findings

The dental team includes two dentists, five dental nurses, including a lead nurse, practice co-ordinator and two trainee dental nurses, three dental hygiene therapists and one receptionist. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 43 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, two dental nurses, one dental hygiene therapist, the receptionist and the practice co-ordinator. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday from 9am to 3pm, Tuesday 9am to 5pm, Wednesday 9am to 7pm, Thursday 9am to 5pm, Friday 8.30am to 4.30pm, Saturday 8am to 12pm.

**Our key findings were:**

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Some equipment to be used in a medical emergency was not available, this was ordered on the day of inspection.
- The provider had some systems to help them manage risk to patients and staff. We noted some areas of risk that had not been identified; these required further oversight.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children, although some staff required update training regarding safeguarding.
- The provider had staff recruitment procedures which mostly reflected current legislation. References or other evidence of previous satisfactory conduct were not available for all staff. The practice did not have proof that some staff were adequately protected against the risk of hepatitis B and there was no risk assessment in place regarding this.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received, and of the staff who delivered it.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs. The practice provided extended opening hours two days per week and were accommodating to patients' needs at other times.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

**Full details of the regulation the provider was not meeting are at the end of this report.**

There were areas where the provider could make improvements. They should:

- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Take action to ensure the service takes into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

# Summary of findings

- Improve and develop staff awareness of the requirements of the Mental Capacity Act 2005 and Gillick competence. Ensure all staff are aware of their responsibilities under the Act and the principle as it relates to their role.

# 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?**<br>We found this practice was providing safe care in accordance with the relevant regulations. | **No action** ✓ |
| **Are services effective?**<br>We found this practice was providing effective care in accordance with the relevant regulations. | **No action** ✓ |
| **Are services caring?**<br>We found this practice was providing caring care in accordance with the relevant regulations. | **No action** ✓ |
| **Are services responsive to people's needs?**<br>We found this practice was providing responsive care in accordance with the relevant regulations. | **No action** ✓ |
| **Are services well-led?**<br>We found this practice was not providing well-led care in accordance with the relevant regulations. | **Requirements notice** ✗ |

# Are services safe?

## Our findings

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

**Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. All staff were given a copy of this information and had signed to confirm that they had read this. Various resources and reporting flow charts were available for staff. Staff were aware that the practice co-ordinator and lead dental nurse were the safeguarding leads and were the first point of call if they wished to report any suspicions of abuse.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. We discussed the safeguarding application, (a free resource for healthcare professionals to increase their awareness and understanding of safeguarding requirements), and the lead nurse downloaded this on their telephone and confirmed that this would be discussed with dentists. The safeguarding app gave up to date information including contact details for local safeguarding authorities.

We did not see evidence to demonstrate that all staff had received safeguarding training. We were told that some staff had not completed any training within the last three years and required update training.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The practice's safeguarding policy made reference to adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff training information sent to us before this inspection did not demonstrate that all staff had recently completed infection prevention and control training or received updates as required. We were told that some staff required update training.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05 although some improvements were required. We saw that some ready for use pouched instruments were out of date. We were told that these would be re-sterilised before use. Discussions were held regarding the workflow in the decontamination room and zoning in place. We were told that action would be taken to address issues identified. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

Cleaning schedules were in place to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. However, we noted that clinical waste bins were not secured to walls/floor and were in an area accessible to members of the public. One of the waste bins was not locked on the day of inspection.

The infection control lead carried out infection prevention and control audits three times a year. We noted that where issues for action had been identified there was no action plan and no evidence that identified actions had been addressed.

# Are services safe?

The provider had a 'raising concerns' policy. The policy did not include contact details for external organisations to enable staff to report concerns if they did not wish to speak to someone connected with the practice. The policy was updated to include this information during the inspection. Staff felt confident they could raise concerns without fear of recrimination. Staff told us that they were encouraged to speak out and raise issues for discussion.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a recruitment policy and procedure to help them employ suitable staff and ensured that information was provided for agency staff. These reflected the relevant legislation. We looked at nine staff recruitment records. These did not demonstrate that the provider followed their recruitment procedure or Schedule 3 of the Health and Social Care Act 1984 (Regulated Activities) Regulations 2014 on each occasion. For example, the provider had not obtained satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care, children or vulnerable adults for some staff members employed.

Evidence was available to demonstrate that the correct level of disclosure and barring service (DBS) checks had been completed for all staff. We were told that the practice accepted DBS checks if they had been undertaken within the last year by a previous employer. The practice co-ordinator confirmed that this was under review and their policy would be amended to reflect any changes implemented.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We were told that a gas safety check had been arranged for 17 February 2020 and we saw a certificate demonstrating that a five-year electrical fixed wiring check had been completed in September 2016.

On the day of inspection we were unable to find a fire risk assessment although staff confirmed that a risk assessment had been completed and issues for action identified. For example, the rear fire exit door was locked to prevent unauthorised access to the rear of the practice. We saw there were fire extinguishers and these had been serviced in June 2019. Weekly checks were recorded for the fire extinguishers up until July 2019. Records were also available to demonstrate that staff completed in-house checks of the fire alarm. We were shown a fire alarm verification certificate dated September 2016 and evidence that emergency lighting was installed in September 2016. There was no evidence to demonstrate that the fire alarm or emergency lighting had been serviced since that date. There were no records to demonstrate that emergency lighting was being checked on a regular basis. There was no documentation to show that staff had completed a fire drill. Records showed that 'verbal' fire training was completed in July 2018.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

**Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety although some improvements were required.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. We saw that the practice had completed a general dental practice risk assessment and we were shown a copy of the new and expectant mothers risk assessment. Other risk assessments such as fire and control of substances hazardous to health had not been completed.

The provider had current employer's liability insurance dated February 2020.

We looked at the practice's arrangements for safe dental care and treatment. Traditional systems for administering local anaesthetic were used by staff. There were safeguards available for those who handled traditional needles. We were told that staff followed the relevant safety regulation when using needles and other sharp dental items and that

dental nurses did not handle used needles. However, evidence seen demonstrated that this was not always the case. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. We were told that where possible, records were available to demonstrate that the effectiveness of the vaccination was checked. Some staff were unable to obtain this information. We discussed the need to complete risk assessments for staff who were not able to demonstrate that they were immune to Hepatitis B.

There were no sepsis prompts for staff and patient information posters displayed. These would help ensure staff triaged appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care. We were told that sepsis awareness training was planned for the week following this inspection.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Not all emergency equipment and medicines were available as described in recognised guidance. For example, the self-inflating bag was out of date, there were no clear face masks for use with the self-inflating bag and the oxygen face mask with reservoir and tubing was out of date. Missing and out of date equipment was ordered on the day of inspection. Improvements were required to the checks completed by staff to make sure emergency equipment was available, within their expiry date, and in working order. Logs in place did not demonstrate that checks were being completed at the frequency suggested by the resuscitation council guidelines. The lead nurse confirmed that checks would be completed at the required frequency going forward.

A dental nurse worked with the dentists and the dental hygiene therapists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had a folder containing material safety data sheets for substances that are hazardous to health in use at the practice. There were no risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We discussed this with the provider and were told that risk assessments would be completed.

The practice very rarely used agency staff. Staff from within the practice were used to cover shifts wherever possible. We were told that agency staff would complete an induction to ensure they were familiar with the practice's procedures.

**Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements (GDPR).

Patients were asked to read and sign GDPR information. There was a GDPR policy for staff and it was noted that some staff had completed training regarding this.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

**Safe and appropriate use of medicines**

The provider had systems for appropriate and safe handling of medicines, although some required review as they were not always working effectively. For example, not all antibiotics dispensed from the practice were in original manufacturer's packaging. Appropriate dispensing information was not recorded on dispensing labels.

We saw that glucagon was being stored in a fridge. The temperature of the fridge was not being monitored to ensure that the medication was being stored in accordance with manufacturer's guidance. Emergency medicines and equipment were stored in a room which staff said could get very hot. Staff were not monitoring the temperature of this room to ensure that emergency medicines were stored in accordance with manufacturer's instructions.

# Are services safe?

The practice administered antibiotics but there was no stock control system of medicines held on site. During discussions with the lead nurse and when checking records, we found that four boxes of antibiotics were unaccounted for.

**Track record on safety, and lessons learned and improvements**

The provider had systems for reviewing and investigating when things went wrong. There were some risk assessments in relation to safety issues but others were required. An accident book was available to record any staff or patient accidents. A policy regarding significant events was available, staff reported that there have not been any significant events to report at the practice.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

**Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Patients' dental records we saw clearly outlined assessments undertaken, discussions held, treatment provided and any advice given. Risk rating for caries, oral cancer, tooth wear and periodontal disease were clearly recorded. Evidence showed that patient's medical history was updated, social history recorded and costs of any treatment explained. Patients were given a written treatment plan which could also be sent to them by email if requested.

Comment cards received from patients reflected high patient satisfaction with the quality of the service provided. One patient commented that they would have lost their teeth if it wasn't for the dentist and, since attending this practice their teeth and gums had shown a great improvement as they suffered from gum disease, another patient said that they had always been given a choice and a detailed explanation of any treatment.

The dentist carried out some orthodontic treatment on a private basis. The patient's oral hygiene would also be assessed to determine if the patient was suitable for orthodontic treatment.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance. The surgical drill unit used when placing dental implants had not received annual service. The lead nurse contacted the manufacturers during this inspection who confirmed that annual servicing was required. We saw that some pouched instruments that would be used during placement of a dental implant were out of date. We were told that these would be re-sterilised and would not have been used until this had been completed. Some instruments seen were in date and available for use.

Staff had access to an intra-oral scanning machine providing enhanced digital scanning to get an accurate and detailed picture of the patient's teeth. This machine negated the need for a dental impression being taken. An intra-oral camera was also available to enhance the delivery of care.

**Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists/clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

We were told that promotions had taken place to try and encourage children to attend the practice and not be afraid of visiting the dentist. This involved having 'children's days' which took place during the school half term holidays. We were told that children were able to look around the ground floor of the practice, sit in the dental chair and meet staff. The practice also invited children from a local nursery to visit on an annual basis. On both occasions children were given dentally related gifts.

The dentist and dental hygiene therapist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

**Consent to care and treatment**

# Are services effective?

## (for example, treatment is effective)

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this clearly documented in patients' records. Patients were given a written treatment plan to sign before treatment commenced. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

A discussion was held regarding staffs' responsibilities under the Mental Capacity Act 2005 when treating adults who might not be able to make informed decisions. We were told that capacity assessment forms were not available. Not all staff we spoke with showed an understanding of Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Not all staff had completed training regarding the Mental Capacity Act and Gillick competence.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

**Monitoring care and treatment**

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had some quality assurance processes to encourage learning and continuous improvement. The practice was not completing a dental care record keeping audit.

**Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice including agency staff had a structured induction programme. The induction process was broken down into a general orientation to the practice. Staff were given copies of some policies and procedures for example timekeeping and dress code. Staff were given access to all other policies and procedures and given time to read these. An induction training manual was available. Initially staff observed more senior staff, then were able to complete tasks whilst being supervised by these staff until they were deemed competent. A weekly progress log was completed which was signed by the person receiving induction training and the person providing the training. Nursing staff and the receptionist were then involved in the six-monthly appraisal system. Although we noted that one staff member had not had an appraisal within the last 16 months. We were told that an appraisal was planned for this staff member.

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

**Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

# Are services caring?

## Our findings

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

**Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were amazing, professional, and helpful. We saw staff treated patients respectfully, and in a polite and friendly manner. Staff were attentive and caring when speaking with patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. A patient said that staff gave the feeling of having time and being interested in you, another patient said that this was an excellent dental practice and that they were always treated with dignity and respect.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. One patient said that they were a nervous patient but could only report excellent service by this dental practice. The staff always went out of their way to make sure they were OK and explained everything well and in detail. We were told that staff were always kind and helpful. The patient reported that they would never go anywhere else.

**Privacy and dignity**

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. There was a ground floor waiting room and a lounge waiting area on the first floor. Patients had access to magazines, newspapers and drinks in the waiting area. There was an office that could be used for confidential discussions if a patient asked for more privacy. A radio was playing in the waiting room and a TV played dental information messages in the first-floor lounge waiting room, which helped to distract/occupy patients whilst they waited to see the dentist.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

All consultations were carried out in the privacy of the treatment room and we saw that doors were closed during procedures to protect patients' privacy. We saw that the treatment room doors on the ground and second floor had glass panels which made patients visible to people in the corridor. However, we noted that these treatment rooms were not located on a main thoroughfare for patients.

**Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care. They were aware of the requirements of the Equality Act. We saw:

- Interpreter services were available for patients who did not speak or understand English.
- Staff told us that they did not have any difficulty communicating with patients in a way they could understand. The practice did not have a hearing induction loop but said that they could write down information for patients and some patients were able to lip read. Information could be made available in large print if required.
- Notes could be made on the practice computer system to inform staff if patients had specific requirements or a disability.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. We were told by a patient that treatments were always explained as to reason and procedure and that the dentist was very helpful and explained things very well. Another patient said that treatment options were always fully explained and questions answered. Costs were always fully explained and set out in writing and they also said that all staff were polite and friendly. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

# Are services caring?

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models, videos, X-ray images and an intra-oral camera. The intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and shown to the patient/ relative to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

**Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. Staff gave examples of the support they provided to patients who were anxious. For example, the practice's medical history form asked patients to rate their anxiety when visiting the dentist. Staff were able to put an alert on the system to notify the dentist if a patient was anxious. Staff said they offered anxious patients a drink whilst they waited to see the dentist and chatted to them to try and calm their nerves. A radio played in the waiting areas to try and distract anxious patients. We were told that patients could visit the practice to have a look around, have a drink and meet staff. They could be given longer appointments. Staff said that they took their time, explained treatment step by step and allowed the patient to have a break or ask for treatment to be paused or stopped if required. Patients could bring a friend or relative with them to their appointment. Reception staff said that anxious patients who found it unsettling to wait in the waiting room before an appointment could be given an appointment at less busy times of the day. For example, first thing in the morning or the first appointment after lunch. Where patients found it unsettling to wait in the waiting room before an appointment, the team tried to ensure the dentist could see them as soon as possible after they arrived.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Two weeks before our inspection CQC sent the practice 50 feedback comment cards, along with posters for the practice to display encouraging patients to share their views of the service. Forty-three cards were completed, giving a patient response rate of 86%, 100% of views expressed by patients were positive. Common themes within the positive feedback were amazing polite and friendly staff, detailed explanations given, excellent service and lovely surroundings.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, the dentist or hygienist would move treatment room and see patients in the ground floor room wherever necessary.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a ground floor treatment room and accessible toilet, although this did not have a call bell or hand rails. The practice did not have a hearing loop but we were told that there had been no demand for this. Staff confirmed that they did not have any difficulty communicating with patients with a hearing impairment. The practice did not provide any aids to help patients with a sight impairment. We discussed this with the provider who confirmed that consideration would be given to the provision of a magnifying glass or selection of reading glasses.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Patients received an initial email confirmation of their appointment. A few days prior to their appointment they also received email, text or letter appointment reminders depending upon their preference.

Staff made courtesy calls to some patients after treatment. Calls were particularly made to patients who were anxious or who had received a lengthy treatment or had a dental extraction. Other calls were made at the request of the dentist.

**Timely access to services**

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice informed patients of its opening hours on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day wherever possible and always within 24 hours of their phone call to the practice. Patients had enough time during

# Are services responsive to people's needs?

## (for example, to feedback?)

their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting. The practice offered extended opening hours until 7pm on a Wednesday and was also open on a Saturday between 8am to 12pm. This enabled those patients to attend the practice out of usual working hours. Patients were able to book appointments using the practice website.

Reception staff informed patients immediately if there were any delays beyond their scheduled appointment time. We were told that patients would always be offered a hot drink or water whilst they waited.

The staff took part in an emergency on-call arrangement with some other local practices and patients were directed to the appropriate out of hours service.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

**Listening and learning from concerns and complaints**

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care. The provider was responsible for dealing with complaints and staff told us they would tell them about any formal or informal comments or concerns straight away so patients received a quick response.

The provider had a policy providing guidance to staff about how to handle a complaint. A copy of the patient complaint procedure was on display in the patient lounge on the first floor. This included information about organisations patients could contact if not satisfied with the way the provider had dealt with their concerns.

The provider aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at comments, compliments and complaints the practice received within the last 24 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. We saw that details of the complaint would be recorded on a complaint record on the computer. We were told that details would also be recorded on patient clinical notes. Principle five of the General Dental Council nine principles suggest that complaint records 'should be separate from your patient records so that patients are not discouraged from making a complaint'. The practice co-ordinator confirmed that this would be addressed immediately and patient complaints would in future be recorded separately.

# Are services well-led?

## Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

**Leadership capacity and capability**

The provider demonstrated a transparent and open culture in relation to people's safety. Although some improvements were identified during this inspection, the provider was open to feedback and keen to address issues identified. There was strong leadership and emphasis on continually striving to improve.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

Staff planned the services to meet the needs of the practice population.

**Culture**

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. We were told that the practice was a lovely place to work, staff appreciated their work environment and worked hard to maintain a good practice reputation. They were proud to work in the practice. Staff said they were a close-knit team who supported each other and enjoyed their job.

Nursing staff and the receptionist discussed their training needs at a six-monthly appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. We noted that one staff member had not received an appraisal within the last 16 months but were told that an appraisal was planned. Staff completed personal development plans in line with enhanced continuing professional development requirements.

The staff focused on the needs of patients. Staff said that they wanted the best for their patients and to portray a professional image, provide excellent quality care in a friendly and welcoming atmosphere. Patients told us that the dentist was helpful, kind and always had time to listen. One patient said that the dentist did the right thing and confirmed that they would 100% recommend the surgery. We were told that the treatment was never less than excellent, and it was hard to find fault with any aspect. Staff were outstanding, the environment, first class and the care and attention was excellent.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

**Governance and management**

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The provider had overall responsibility for the management and clinical leadership of the practice with support provided by the lead nurse. The provider was also responsible for the day to day running of the service with support provided by the practice co-ordinator. The majority of lead roles were held by the provider, lead nurse and practice co-ordinator. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Staff were given copies of some policies during induction and had signed to confirm that they had read and would work to these policies. Updates were sent to staff as required.

We saw there were processes for managing risks, issues and performance although some improvements were required. For example, risk assessments were limited, the practice had not completed control of substances hazardous to health risk assessments or a fire risk assessment and some issues for action identified in audits had not been acted upon. There was no evidence to demonstrate that staff had completed fire drills and not all

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fire safety equipment was subject to routine service and maintenance. The practice's surgical drill had not been serviced or maintained in line with manufacturers recommendation. Not all staff had received regular update training regarding safeguarding of vulnerable adults or children, fire safety, the Mental Capacity Act or infection prevention and control.

**Appropriate and accurate information**

Staff acted on appropriate and accurate information.

Quality and operational information, for example surveys and audits, external body reviews was used to ensure and improve performance. Performance information was combined with the views of patients. Although we noted that the infection prevention and control audit identified issues for action which had not been acted upon.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

**Engagement with patients, the public, staff and external partners**

Patients and staff were involved to support the service. For example, staff were encouraged to raise issues and make suggestions during practice meetings. Staff said the provider had an open-door policy and they were able to speak with them at any time. Patients were able to give feedback using the practice website or on their social media sites.

The provider encouraged verbal comments to obtain staff and patients' views about the service. Patients who consented were sent a link to enable them to leave feedback after each visit to the practice. We saw examples of suggestions from patients the practice had acted on. For example, the light in the patient toilet was on an automatic timer. The length of time that the light stayed on was adjusted as requested. A coffee machine was put in the patient lounge, patients asked that this be moved and that staff make them drinks.

The practice co-ordinator had access to an on-line portal which gathered all comments and review information about the practice. The co-ordinator was then able to respond to any comments in a timely manner. We were told that this was reviewed on a daily basis and the practice received a notification when any new feedback was made.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

**Continuous improvement and innovation**

The provider had systems and processes for learning, continuous improvement and innovation. We were told about changes planned at the practice including introducing a more formal approach to practice meetings which were to be held monthly and include an element of training during each meeting. The practice aimed to become paperless and provide all information, policies and procedures in digital format. Systems had been implemented to reduce waste and to become more environmentally friendly producing less plastic waste. Where possible the practice had

changed to autoclavable dental equipment instead of disposable and had changed plastic cups to recyclable paper cups.

The practice had undergone extensive refurbishment in 2016 following purchase of the building from the previous owners. Staff and patients commented positively on the changes made at the practice and we were told that the practice was always clean and hygienic. One patient told us that the environment was very pleasant and the surroundings were lovely and comfortable, we were also told by another patient that the environment was clean, well-furnished and relaxing and very much designed to put patients at ease.

The provider had some quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and infection prevention and control. Staff kept records of the results of these audits. There was no evidence of any resulting action plans or improvements following the infection prevention and control audit. The provider was not carrying out audits of dental care records.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The lead nurse and practice co-ordinator discussed the management arrangements at the practice and confirmed that they were

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involved and able to make suggestions for change. Staff told us that there was an inclusive atmosphere at the practice and they all worked hard to provide the best care for their patients.

Staff completed 'highly recommended' training as per General Dental Council professional standards. Not all staff had completed 'recommended training' such as oral cancer early detection, safeguarding adults and children, complaints handling or legal and ethical issues.

The practice was private dentistry awards finalist in 2016 and 2019 and the practice was the winner of the dentistry awards 2016 best patient care Midlands.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>**There was no proper and safe management of medicines. In particular:**<br><br>• Not all medicines were stored and dispensed of safely and securely. For example, the temperature was not monitored in the area where emergency medicines were stored to ensure they were kept in line with manufacturers recommendations.<br>• The temperature of the fridge used to store a medicine to be used in a medical emergency was not monitored.<br>• Appropriate dispensing information was not recorded on medicines dispensing labels.<br>• Appropriate stock control systems were not in place for medicines to be dispensed at the practice. Missing antibiotics were unaccounted for on the day of inspection. |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>**Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**<br><br>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:<br><br>• Not all audits had documented learning points and the resulting improvements could not be demonstrated. |

This section is primarily information for the provider

# Requirement notices

- The practice did not hold suitable risk assessments as required by The Control of Substances Hazardous to Health Regulations 2002
- The practice did not hold a suitable risk assessment regarding fire.

**The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:**

- Checks in place to ensure that the equipment and medicines for use in a medical emergency were inefficient as they did not demonstrate that all equipment was available in good working order and within their expiry date and were not completed as frequently as guidance recommends.
- Fire safety equipment such as fire alarms and emergency lighting had not been subject to routine service and maintenance.
- The practice's surgical drill had not been subject to routine service and maintenance in accordance with manufacturers requirements.
- Not all staff had completed fire safety training. Fire drills were not completed on a regular basis.
- Some pouched instruments to be used when placing dental implants were not within their expiry date and required re-sterilising.
- Clinical waste was not stored securely.

**There was additional evidence of poor governance. In particular:**

- Not all staff had completed recent training regarding infection prevention and control.
- Not all staff were not trained to the appropriate level in safeguarding children and vulnerable adults.
- The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. Some essential pre-recruitment checks were missing.