

Perfect Profiles Limited

Perfect Profiles - Wolverhampton

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 10 May 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

Perfect Profiles - Wolverhampton is a dental practice providing general dental services on a private basis to adults only. The service is provided by four dentists (one of whom is the clinical director). They are supported by seven dental nurses (one of whom is currently on maternity leave). The dental nurses were also trained to carry out reception duties and one of the dental nurses also fulfils the role of the treatment coordinator. The practice's managerial duties were carried out by a Care Quality Commission (CQC) manager, an area manager, a practice manager and a general manager. Three of the dentists were involved in the provision of dental implants and complex oral surgery to patients.

The whole practice is situated on the ground floor so can accommodate patients with restricted mobility. The premises consist of a reception area, waiting room, two treatment rooms, a decontamination room, an X-ray room, a staff room and an office. In addition, there are toilet facilities for patients with disabilities and a room for patients to have consultations with the treatment coordinator. There is free parking outside the practice. Opening hours are from 9am to 5:30pm on Monday to Friday.

Summary of findings

The CQC practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered 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.

Six patients provided feedback about the practice. We looked at comment cards patients had completed prior to the inspection and we also spoke with patients on the day of our visit. Patients were positive about their experience and they commented that staff were friendly and professional.

Our key findings were:

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The practice appeared visually clean on the day of our visit.
- The practice had systems to assess and manage risks to patients, including infection prevention and control, health and safety, safeguarding and the management of medical emergencies. We identified some areas for improvement and we were told these would be actioned promptly.
- Patients' care and treatment was not always planned and delivered in line with evidence based guidelines, best practice and current legislation. Some of the dental care records were not sufficiently detailed.
- Staff received training appropriate to their roles.
- Patients told us they found the staff friendly and professional. Patients commented they felt involved in their treatment and that it was fully explained to them.
- Patients were able to make routine and emergency appointments when needed. Some patients commented they had to wait beyond their scheduled appointment time.
- The practice had an effective complaints process in place and the practice was able to demonstrate they made improvements as a direct result of patient feedback.
- Staff told us they felt well supported and comfortable to raise concerns or make suggestions.
- The practice demonstrated that they regularly undertook audits in infection control, radiography and dental care record keeping. However, learning points and action plans were not always documented.

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

- Review monitoring arrangements for the availability of equipment and safe storage of medicines to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK) and the General Dental Council (GDC) standards for the dental team. Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review the arrangements for identifying staff training, learning and development needs and have an effective process established for the on-going assessment and supervision of all staff.
- Review the practice's recruitment policy and procedures to ensure character references for new staff as well as proof of identification are requested and recorded suitably.

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.

Staff told us they felt confident about reporting accidents and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Accidents and incidents in the previous 12 months to our inspection had been documented appropriately.

The practice had systems to assess and manage risks to patients. These included whistleblowing, complaints, safeguarding and the management of medical emergencies. It had a recruitment process to help ensure the safe recruitment of staff; however, the practice's recruitment processes were not robust as they were not carrying these out in accordance with their own policy.

Patients' medical histories were obtained before any treatment took place. The dentist was aware of any health or medicines issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. Emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. One item of emergency equipment was missing and was ordered promptly. The practice needed to review the storage of one type of emergency medicine as they were not following the manufacturer's instructions.

The practice was carrying out infection control procedures as described in the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary dental practices'. We identified some necessary improvements on the day of our visit and we were assured these would be actioned promptly.

Are services effective?

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

We found that preventative advice was given to patients in line with the 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 an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The practice monitored any changes to the patients' oral health. Explanations were given to patients in a way they understood and risks, benefits and options were explained. Record keeping required improvement in order to be in line with guidance issued by the FGDP.

Are services caring?

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

On the day of the inspection we observed privacy and confidentiality were maintained for patients using the service. Patient feedback was generally positive about the care they received from the practice. Patients described staff as caring and professional. Patients commented they felt involved in their treatment and it was fully explained to them.

Are services responsive to people's needs?

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

Summary of findings

The practice had an efficient appointment system in place to respond to patients' needs. They were usually able to see patients requiring urgent treatment within 24 hours. Patients were able to contact staff when the practice was closed and arrangements were subsequently made for these patients requiring emergency dental care.

The practice had an effective complaints process.

The practice offered access for patients with restricted mobility.

Are services well-led?

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

There was a clearly defined management structure in place and staff we spoke with felt supported in their own particular roles.

There were systems in place to monitor the quality of the service including various audits. The practice used various methods to successfully gain feedback from patients and they were able to demonstrate improvements that had been made as a result. Staff meetings took place on a regular basis.

The practice carried out audits such as radiography and infection control at regular intervals to help improve the quality of service. However, not all audits had documented learning points with action plans.

Perfect Profiles - Wolverhampton

Detailed findings

Background to this inspection

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

We inspected Perfect Profiles - Wolverhampton on 10 May 2016. The inspection was carried out by one CQC inspector and a dentist specialist advisor.

Prior to the inspection we reviewed information we held about the provider from various sources. We also requested details from the provider in advance of the inspection. This included their latest statement of purpose describing their values and objectives and a record of patient complaints received in the last 12 months.

During the inspection we toured the premises, spoke with the area manager, practice manager, general manager, two dentists, and three dental nurses. We also reviewed CQC

comment cards which patients had completed and spoke with patients. We reviewed a range of practice policies and practice protocols and other records relating to the management of the service. Unfortunately, two staff members were absent on the day of our visit due to sickness – they were the CQC manager and the clinical director. As a consequence, a substantial amount of information was sent to us via email after our visit. This was because many documents were not available during the inspection.

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 arrangements for staff to report incidents and accidents. There was one comprehensive form for recording both accidents and incidents. We reviewed an incident that had taken place in February 2016 and found that it had been documented appropriately. We were told these were discussed with staff members during staff meetings but this was not documented in the staff meeting minutes.

Staff members we spoke with all understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any RIDDOR reportable incidents in the last 12 months.

The practice responded to national patient safety and medicines alerts that affected the dental profession and the CQC manager was responsible for this. We were told that the CQC manager was registered with the Medicines and Healthcare products Regulatory Agency (MHRA). They were responsible for obtaining information from relevant emails and forwarding this information to the rest of the team via the clinical director.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff and clearly displayed. Staff had access to contact details for local safeguarding teams. The practice manager was the safeguarding lead in the practice. Staff members we spoke with were all knowledgeable about safeguarding. There had not been any safeguarding referrals to the local safeguarding team; however staff members were confident about when to refer concerns. We reviewed a selection of staff files and these contained evidence that they had attended safeguarding within the past 12 months. Safeguarding procedures were discussed during a staff meeting in January 2016.

The British Endodontic Society recommends the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a rectangular sheet of latex used by dentists

for effective isolation of the root canal, operating field and airway. We saw rubber dam kits were available at the practice. We were told that all dentists used them when carrying out root canal treatment.

The practice had a system for raising concerns. There was a policy present but not all staff had signed it to confirm they had read and understood its contents. The practice manager told us that the induction programme included information about whistleblowing and that this was always discussed with all new recruits when they joined the organisation. All staff members we spoke with were aware of the whistleblowing process within the practice and we saw evidence that this was discussed during a recent staff meeting. All dental professionals have a professional responsibility to speak up if they witness treatment or behaviour which poses a risk to patients or colleagues.

Never events are serious incidents that are wholly preventable. Staff members we spoke with did not understand the concept of never events and did not have any processes to follow to prevent these happening.

Staff we spoke with were not aware of the duty of candour regulation. The intention of this regulation is to ensure that staff members are open and transparent with patients in relation to care and treatment. Within 48 hours, the practice emailed us details of this regulation.

Medical emergencies

The arrangements for dealing with medical emergencies in the practice were mostly in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice had access to emergency resuscitation kits, oxygen and emergency medicines. There was an automated external defibrillator (AED) present. An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

The practice did not carry any self-inflating bags (with face mask) for children (an item of emergency equipment that is recommended by the Resuscitation Council UK). This is a hand-held device commonly used to provide ventilation to patients who are not breathing or not breathing adequately. This was brought to their attention and an order was placed immediately.

Are services safe?

Staff received annual training in the management of medical emergencies and this last took place in November 2015. In addition to the annual training, the GDC also recommends that staff practise medical emergencies in a simulated situation regularly. Staff were currently not doing this but the practice manager emailed us within 48 hours with details of a simulated scenario. The practice took responsibility for ensuring that all of their staff received annual training in this area. All equipment and medicines were stored in a secure area.

The practice undertook regular checks of the equipment and emergency medicines to ensure they were safe to use. We saw records dating back to January 2016 to confirm this. The emergency medicines were all in date and stored securely. Glucagon (one type of emergency medicine) was stored in the fridge but the temperature was not monitored. The practice contacted us after the inspection and informed us that they would remove the glucagon from the fridge and store it with the emergency medicines in the storage box. This medicine can be stored outside the refrigerator at a temperature not exceeding 25°C for 18 months provided that the expiry date is not exceeded. The practice must be able to demonstrate that the product is safe to use by referring to the purchase invoice showing that 18 months has not elapsed from delivery. However, the practice emailed us to state they had logged that current stock expires in 2018 (which exceeds the 18 months from delivery).

All staff we spoke with were aware of the location of this equipment and equipment and medicines were stored in purposely designed storage containers.

Staff recruitment

The practice had a policy for the safe recruitment of staff. We looked at the recruitment records for four members of the practice team. The records we saw contained evidence of staff identity verification, dental indemnity, copies of their GDC registration certificates and immunisation status. However, some staff's immunisation status required further clarification as some information was not in English. Another example was when one staff member had a course of the initial three injections but there was no evidence that this was followed up with a booster or blood test (to check antibody levels). This was discussed with the practice manager and we were assured that staff would be directed to have any further blood tests or boosters to confirm their

immunisation status, where relevant. Within 48 hours, the practice emailed us with evidence that two staff members had appointments booked within a few weeks for a blood test to confirm their immunisation status.

Some of the files also contained curricula vitae, induction plans, employment contracts and references. Their recruitment policy stated that two references for each prospective employee must be sought; however, not all staff members had two references. Some staff members had worked abroad prior to working for this organisation. For these staff members, we were told it was not always possible to obtain written references so the practice had sought and obtained a Certificate of Good Standing. The GDC recognises this although this has now been replaced by the Certificate of Current Professional Status. Within 48 hours, the practice contacted us and provided several references for their dentists. Some of these were sought and obtained after our visit but not all. One reference was not dated.

There were Disclosure and Barring Service (DBS) checks present for two out of the four staff files we viewed. The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or vulnerable adults. The practice's own recruitment policy stated that staff were required to have an enhanced DBS check prior to recruitment. This was discussed during a staff meeting in March 2016 and all staff were asked to provide proof of identity to allow the practice manager to apply for new DBS checks for all staff. Within 48 hours, the practice sent us evidence that they had applied for DBS checks for three staff members.

The practice had a system in place to monitor the professional registration of its clinical staff members. We reviewed a selection of staff files and found that certificates were present and had been updated to reflect the current year's membership.

Not all the staff files held certificates to demonstrate that the dentists were adequately trained in providing complex treatments such as dental implants. Some certificates were present but were not in English. Within 48 hours, the practice contacted us with sufficient evidence that the dentists were adequately trained in their chosen field of expertise. Some of the certificates had been translated into English. The dentists were responsible for updating and maintaining their own CPD in order to keep abreast of any

Are services safe?

developments. The practice held some CPD certificates but some were held by the dentists. Therefore, the practice did not have a detailed overview of the dentists' CPD training status.

Monitoring health & safety and responding to risks

We saw evidence of a comprehensive business continuity plan which described situations which might interfere with the day to day running of the practice. This included extreme situations such as loss of the premises due to fire. We reviewed the plan and found that it had all relevant contact details in the event of an emergency.

The practice had arrangements in place to monitor health and safety. We reviewed several risk management policies. The fire extinguishers had been serviced and they were due to be serviced again in July 2016. We reviewed a fire alarm servicing certificate and this was valid until June 2016. The emergency lighting had also been serviced and this was valid until May 2017. There was clear guidance on what to do in the event of a fire and this was displayed in the reception area. We saw evidence that a fire risk assessment had taken place in June 2015. The assessor recommended fire drills every three months, however, the practice carried these out on a six monthly basis. This was discussed with the practice manager and they assured us they would begin to carry these out quarterly. The assessor also recommended weekly fire alarm tests. We saw evidence that these occurred every week from January 2015 to December 2015 but there were no logs from 2016. We were told they were checked weekly but not documented in 2016. The practice emailed us after the inspection with evidence that fire training had been booked for June 2016.

Information on COSHH (Control of Substances Hazardous to Health 2002) was available for all staff to access. We looked at the COSHH file and found this to be comprehensive where risks associated with substances hazardous to health had been identified and actions taken to minimise them. We were told that this file was reviewed whenever a new dental material was introduced to the practice.

Infection control

There was an infection control policy and procedures to keep patients and staff safe. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05: Decontamination in

primary care dental practices (HTM 01-05)'. The practice had a nominated infection control lead that was responsible for ensuring infection prevention and control measures were followed.

We observed the treatment rooms and the decontamination room to be visually clean. Several patients commented that the practice was clean and tidy. Patient dental care records were computerised and the keyboards in the treatment rooms had water-proof covers in line with HTM 01-05. Work surfaces and drawers were clean and free from clutter. The clinical areas had sealed flooring which was in good condition. We brought to the attention of the practice a couple of matters in which a dental chair and flooring required repair. Within 48 hours, the practice sent us evidence that both had been attended to.

There were handwashing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for themselves and for patients.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance, an instrument transportation system was in place to ensure the safe movement of instruments between the treatment rooms and the decontamination room.

Sharps bins were appropriately located and out of the reach of children. We observed waste was separated into safe and lockable containers for fortnightly disposal by a registered waste carrier and appropriate documentation retained. Clinical waste storage was in a lockable container but we noted that this was not locked on the day of our visit. This was discussed and a staff member immediately locked it. Also, the container was not enclosed or secured to a wall. Within 48 hours, the practice manager sent us a copy of an invoice from an external contractor who would secure the bin to the external wall. The correct containers and bags were used for specific types of waste as recommended in HTM 01-05.

We spoke with clinical staff about the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments. Clean instruments were packaged, date stamped and stored in accordance with current HTM 01-05 guidelines. There appeared to be sufficient instruments available and staff confirmed this with us.

Are services safe?

Staff used an ultrasonic cleaning bath to clean the used instruments; they were subsequently examined visually with an illuminated magnifying glass and then sterilised in an autoclave. An ultrasonic cleaning bath is a device that uses high frequency sound waves to clean instruments. The decontamination room had clearly defined clean and dirty zones to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

The practice had systems in place for quality testing the decontamination equipment daily and weekly. We saw records which confirmed these had taken place.

Staff informed us that checks of all clinical areas such as the decontamination room and treatment rooms were carried out daily by the dental nurses. All clinical areas were cleaned daily by staff at the practice. A cleaner visited the practice daily and was responsible for cleaning all non-clinical areas. The practice had a dedicated area for the storage of their cleaning equipment.

The Department of Health's guidance on decontamination (HTM 01-05) recommends self-assessment audits of infection control procedures every six months. It is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. We saw evidence that the practice carried these out every six months in line with current guidance. Action plans were not documented subsequent to the analysis of the results. By following action plans, the practice would be able to assure themselves that they had made improvements as a direct result of the audit findings. The practice contacted us 48 hours after our visit with evidence that an action plan had been created for the most recent audit.

Staff members were following the guidelines on managing the water lines in the treatment rooms to prevent Legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. We saw evidence that a Legionella risk assessment was carried out in December 2015 and this stated that the premises were very low risk of developing Legionella. We saw evidence that the practice recorded water temperature on a regular basis to check that the temperature remained within the recommended range. We saw records dating back to January 2016.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as pressure vessels, the ultrasonic cleaner, the dental chairs and the autoclaves.

Regular portable appliance testing is required to confirm that portable electric items used at the practice are safe to use. We saw evidence to confirm the electrical items had been tested in October 2015.

The practice kept a log of medicines that were dispensed to patients so they could ensure that all medicines were tracked and safely given.

There was a separate fridge for the storage of medicines and dental materials. Staff assured us they would begin logging this with immediate effect.

Stock rotation of all dental materials was carried out on a monthly basis by the dental nurses but this was not logged. All materials we viewed were within their expiry date. A system was also in place for ensuring that all processed packaged instruments were within their expiry date. Within 48 hours, the practice emailed us and said that this had been discussed with all staff and they would be introducing monthly log sheets for recording this.

Radiography (X-rays)

Equipment was present to enable the taking of orthopantomograms (OPG). An OPG is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth. It is normally a 2-dimensional representation of these. The practice also had a CT scanner. Dental cone beam computed tomography (CT) is a special type of X-ray machine used in situations where regular dental or facial x-rays are not sufficient. This type of CT scanner uses a special type of technology to generate three-dimensional (3-D) images of dental structures, soft tissues, nerve paths and bone in the craniofacial region in a single scan. Images obtained with cone beam CT allow for more precise treatment planning. The OPG and CT scanner produced digital images.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. Local rules were available in the practice for all staff to reference if needed.

Are services safe?

Employers planning to carry out work with ionising radiation are required to notify the Health and Safety Executive (HSE) and retain documentation of this. The practice did not have any evidence of this on the day of our visit but contacted us within 48 hours with evidence that the HSE had been notified.

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. One of the X-ray machines was due to have a critical examination soon. A critical examination is a report showing that X-ray equipment is safe to use and fit for purpose. We did not see evidence of this but the practice emailed us evidence of an email they had sent requesting an external body to schedule in this examination soon as their current one was close to its expiry.

All dentists had carried out X-ray audits in January 2016. Audits are central to effective quality assurance, ensuring

that best practice is being followed and highlighting improvements needed to address shortfalls in the delivery of care. We saw that the results were analysed and reported on with subsequent action plans.

We did not see evidence that all dentists were up to date with required training in radiography as detailed by the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). The practice emailed us two days after the inspection and sent us evidence that two of the dentists had booked onto a course within the next six months. A copy of a certificate was sent for a third dentist who had completed training and this certificate was valid until 2018. Some certificates were sent for a fourth dentist but it was in another language so we could not be certain that it met IRMER requirements.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date dental care records but not all were comprehensive and in line with current guidance. The dental care records contained information about the patient's current dental needs and past treatment. We were told that the dentists carried out assessments in line with recognised guidance from the FGDP but the details were not always recorded. We reviewed a record keeping audit and this was very thorough and demonstrated that the dentists were recording all necessary information. However, this audit was carried out in January 2016 and another dentist was recruited after this date. We viewed this dentist's records and they were missing key information. One example was not recording the status of the patient's gums and X-rays were taken without any written justification. We discussed this with staff and they told us they were aware of this and had escalated their concerns to the clinical director. Within 48 hours, the practice emailed us a copy of a record keeping audit that they had completed for this dentist immediately after our visit. It highlighted several shortfalls in the dentist's records and an action plan was created. The CQC manager stated they would carry out monthly audits for this dentist due to the concerns identified.

The Basic Periodontal Examination (BPE) is a screening tool which is used to quickly obtain an overall picture of the gum condition and treatment needs of an individual. We saw that the practice was recording the BPE for all patients.

Not all of the dentists kept up to date with other current guidelines and research in order to comply with clinical risk management. For example, one dentist was referring to outdated guidance regarding the use of antibiotics for patients with certain heart conditions. Also, the practice could not be certain that all of their dentists were taking X-rays in accordance with current guidelines.

The dentists we spoke with were aware of the NICE guidelines in relation to lower wisdom teeth removal and in deciding when to recall patients for examination and review.

Health promotion & prevention

The medical history form patients completed included questions about smoking and alcohol consumption. The

dentists we spoke with told us that patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. There was some information in the waiting room for patients on stopping smoking and the effects of alcohol on their health. There were no oral health promotion leaflets available in the practice to support patients in looking after their health. The practice sent us evidence within 48 hours that they had placed an order for several different oral health leaflets. These included information on mouth cancer, gum disease and implants.

The practice was aware of the provision of preventative care and supporting patients to ensure better oral health in line with 'The Delivering Better Oral Health Toolkit'. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the practice recalled patients, as appropriate, to receive oral hygiene advice.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran.

Staff told us they were encouraged to maintain the continuous professional development required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, orthodontic therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC.

The practice manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. We were told that staff were flexible and were willing to carry out additional hours at the practice, for example, to accommodate patients that required urgent dental treatment. We were told that dental nurses were often transferred from the organisation's other practice and travel expenses were covered by the organisation.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. Staff told us the practice manager was readily available to speak to at all times for support and advice.

We were told that the dental nurses were encouraged to carry out further training. One of the dental nurses had

Are services effective?

(for example, treatment is effective)

undertaken additional training which enabled them to take dental impressions and one had completed training on oral health education. Two dental nurses were currently training to take dental X-rays.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to specialist dental services for sedation treatment. We viewed an audit of referral letters and this included ten referral letters. We saw that the audit demonstrated that the letters were all comprehensive to ensure the specialist services had all the relevant information required.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff ensured patients gave their consent before treatment

began. Written treatment plans and consent forms were given to patients and these were detailed. Patients were all given the opportunity to discuss their treatment with the treatment coordinators.

We spoke with three staff members and two were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent (in accordance with the Mental Capacity Act 2005). The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. One dentist was unable to demonstrate their understanding about the MCA. We saw evidence that staff had received online training on the MCA.

Staff members confirmed individual treatment options, risks, benefits and costs were discussed with each patient. Written treatment plans were available for patients. Patients were given time to consider and make informed decisions about which option they preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Six patients provided feedback about the practice. We looked at CQC comment cards patients had completed prior to the inspection and spoke with patients on the day of our visit. Patient feedback was generally positive about the care they received from the practice. Patients described staff as friendly and professional. Patients commented they felt involved in their treatment and it was fully explained to them.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. For example, the doors to the treatment rooms were closed during appointments and confidential patient details were not visible to other patients. We observed staff members were helpful, discreet and respectful to patients. Staff members we spoke with were aware of the importance of providing patients with privacy. We were told that all staff had individual passwords for the computers where confidential patient information was stored. The

reception area was not left unattended. There was a room available for patients to have private discussions with staff. Confidential patient information was stored in a secure area.

We were told that the practice appropriately supported anxious patients using various methods. The practice booked longer appointments so that patients had ample time to discuss their concerns with the dentist. Many patients travelled some distance to the practice and were always offered a hot drink upon arrival. The dentist would often greet their patients in the reception area to make them feel more welcome. They also had the choice of seeing different dentists.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Patients were also informed of the range of treatments available.

Examination and treatment fees were displayed in the waiting room and on the practice's website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We conducted a tour of the practice and we found the premises and facilities were appropriate for the services that were planned and delivered. Patients with mobility difficulties were able to access the practice as the treatment rooms were on the ground floor. One treatment room was able to accommodate patients with wheelchairs or pushchairs. A portable ramp was available for patients using wheelchairs or patients with pushchairs. There were toilet facilities available and they were wheelchair-accessible.

The practice had an appointment system in place to respond to patients' needs. Staff had identified that some patients were unhappy at appointments running behind schedule. This was due to several reasons. One reason was that many patients travelled some distance to receive dental care at this practice and many were late due to traffic encountered during their journey. The practice responded by booking longer appointments and we were told that this had improved the situation. However, feedback we received from patients suggested that this was still an ongoing concern for them.

Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours. We were told that staff were flexible throughout the week and were willing to work until late to accommodate patients requiring urgent treatment.

Patient feedback confirmed that the practice was providing a good service that met their needs. Follow up telephone calls were made to all patients that had undergone complex treatment – these were usually made 24 hours after the patient's appointment.

All patients received courtesy calls 24-72 hours before their appointment to confirm the time and date. Alternatively, email reminders were also sent to patients.

Tackling inequity and promoting equality

The area manager told us that equality and diversity training was provided to new staff during their induction. This supported staff in understanding and meeting the needs of patients; however, this was not documented. The practice recognised the needs of different groups in the planning of its services. The practice did not have an audio

loop system for patients who might have hearing impairments. However, the practice used various methods so that patients with hearing impairments could still access the services such as speaking slowly so that patients could lip-read.

The practice had access to an interpreting service and information was displayed in the waiting room for patients about this service. The dentists, nurses and receptionists also spoke a variety of languages and we were told that they would often communicate with patients without requiring the assistance of an interpreter.

Patients told us that they received information on treatment options to help them understand and make an informed decision of their preference of treatment.

Access to the service

Feedback from patients confirmed they could access care and treatment in a timely way and the appointment system met their needs. Some patients were concerned regarding appointments running behind schedule.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. All patients had access to dental advice via telephone and this was available 24 hours a day. This service was provided by a dental nurse and they were able to refer the patients to local dental services, if required. The dental nurse also had all dentists' contact details so could communicate with them if needed.

Opening hours were from 9am to 5:30pm on Monday to Friday.

Concerns & complaints

The practice had a complaints process which provided staff with clear guidance about how to handle a complaint. Staff members we spoke with were fully aware of this process. Information for patients about how to make a complaint was available at the practice and this included details of external organisations in the event that patients were dissatisfied with the practice's response.

We saw evidence that complaints received by the practice had been recorded, analysed and investigated. We found that complainants had been responded to in a professional manner. We were told that any learning identified was

Are services responsive to people's needs?

(for example, to feedback?)

cascaded personally to team members and we saw evidence that this took place during staff meetings. We saw examples of changes and improvements that were made as a result of concerns raised by patients.

Are services well-led?

Our findings

Governance arrangements

The practice manager was in charge of the day to day running of the service. This was overseen by the area manager. We saw they had systems in place to monitor the quality of the service. These were used to make improvements to the service. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. One example was their risk assessment of injuries from sharp instruments – this was reviewed and changed in June 2015 to further minimise risk to staff members. We were told that the dentists always re-sheathed and dismantled needles so that fewer members of the dental team were handling used sharp instruments. This reduced the risk of injury to other staff members posed by used sharp instruments.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. All staff we spoke with were aware of whom to raise any issues with and told us the senior staff were approachable, would listen to their concerns and act appropriately. There were designated staff members who acted as dedicated leads for different areas, such as a safeguarding lead and infection control lead.

Learning and improvement

The practice manager monitored staff training to ensure essential staff training was completed each year. This was free for all staff members and included emergency resuscitation and basic life support. The dentists all worked part-time at this practice and they were responsible for their own CPD requirements if they were unable to attend in-house training provided at the practice. The GDC requires all registrants to undertake CPD to maintain their professional registration. We saw evidence that the dentists had recently completed CPD in topics such as infection control, patient communication and safeguarding.

Staff audited areas of their practice regularly as part of a system of continuous improvement and learning. These included audits of radiography (X-rays), record keeping and

infection control. However, not all of these audits had action plans. All audits should have documented learning points so that the resulting improvements can be demonstrated.

Staff meetings took place on a monthly basis. Separate meetings took place for the dentists only and these were held approximately every six months. We noted that topics such as infection control, whistleblowing and record keeping had been discussed and documented. The minutes of the meetings were made available for all staff. This meant that any staff members who were not present also had the information and all staff could update themselves at a later date.

We were told that the dental nurses and receptionists had annual appraisals where learning needs, concerns and aspirations could be discussed. We were told that newly recruited staff had formal reviews after one, two and three months and then annual appraisals. We saw evidence of the monthly reviews and this was documented comprehensively. We also saw examples of the identification of poor performance and the subsequent improvements that had been made.

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

Patients and staff we spoke with told us that they felt engaged and involved at the practice.

The practice had systems in place to involve, seek and act upon feedback from people using the service. A suggestions box for patients was available at the practice for patients to leave comments and suggestions. All patients were given satisfaction surveys to complete at the end of their course of dental treatment. We saw evidence of this since January 2015. Results from the surveys were forwarded to the practice's marketing team. We reviewed a sample of surveys and the feedback was positive. The area manager told us they would consider displaying a summary of the results in the waiting room on a monthly basis.

Staff we spoke with told us their views were sought and listened to but there were no dedicated staff satisfaction questionnaires. Staff we spoke with told us they felt valued and supported at the practice.