

Miss Linda Ko

# Clarence Road Dental Care

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 28 June 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

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

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

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

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

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

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

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

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

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

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

#### **Background**

Clarence Road Dental Centre is a dental practice providing mostly NHS dental treatment. The practice is located in premises close to Chesterfield town centre. There is a small car park available to the rear of the practice; otherwise there is roadside parking in the area. The practice has three treatment rooms, all three of which are on the ground floor.

The practice was first registered with the Care Quality Commission (CQC) in May 2011. The practice provides regulated dental services to both adults and children. The practice provides mostly NHS treatment (85%). Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are – Monday: 9 am to 5:15 pm; Tuesday: 9 am to 5:30 pm;

Wednesday: 9 am to 5 pm; Thursday: 9 am to 5 pm and Friday: 9 am to 4 pm. The practice is closed for one hour for lunch.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message or by telephoning the 111 NHS service.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered

# Summary of findings

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

The practice has five dentists; eight qualified dental nurses who also work on the reception desk, one trainee dental nurse and a practice manager.

We received positive feedback from 50 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by speaking with patients in the practice.

## **Our key findings were:**

- The practice was visibly clean and tidy.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients at the practice and through CQC comment cards provided positive feedback about their experiences at the practice.
- Patients said they were treated with dignity and respect.
- The practice was well equipped.

- Dentists identified the different treatment options, and discussed these with patients.
- Patients' confidentiality was maintained.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns.
- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.

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

- Review its responsibilities to the needs of people with a disability and the requirements of the equality Act 2010 and consider installing a hearing induction loop at the premises. This would assist patients who used a hearing loop to hear whilst in the practice.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

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

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

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

The practice was visibly clean and tidy and there were infection control procedures to ensure that patients were protected from potential risks. The infection control procedures followed the Department of Health guidance HTM 01-05.

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

No action



### Are services effective?

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

All patients were clinically assessed by a dentist before any treatment began.

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

The practice made referrals to other dental professionals when it was appropriate to do so. There were clear procedures for making referrals in a timely manner.

No action



### Are services caring?

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

Patient confidentiality was maintained and electronic dental care records were password protected.

Patients said staff were friendly, polite and professional. Feedback from patients identified that the practice treated patients with dignity and respect.

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

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

No action



# Summary of findings

## Are services responsive to people's needs?

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

Patients said they were easily able to get an appointment. Patients who were in pain or in need of urgent treatment would be seen the same day.

The practice had good access for patients with restricted mobility. All patient areas were located on the ground floor. The practice had completed a disabled access audit to consider the needs of patients with restricted mobility.

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

There were systems and processes to support patients to make formal complaints. Where complaints had been made these were acted upon, and apologies given when necessary.

No action



## Are services well-led?

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

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

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

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

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

No action



# Clarence Road Dental Care

## Detailed findings

### Background to this inspection

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

We carried out an announced, comprehensive inspection on 28 June 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the practice to send information to CQC. This included the complaints the practice had received in the previous 12 months; their latest statement of purpose; and the details of the staff members, their qualifications and proof of registration with their professional bodies. We spoke with seven members of staff during the inspection.

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

We reviewed policies, procedures and other documents. We received feedback from 50 patients about the dental service.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice recorded and investigated accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed the last recorded accident had occurred in May 2016 this being a minor injury to a member of staff. The records showed the staff had taken appropriate action to ensure this accident. Accident records went back over several years to demonstrate the practice had recorded and addressed issues relating to safety at the practice.

The practice was aware of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). Staff said there had been no RIDDOR notifications made although the practice was aware of how to make these on-line.

Records at the practice showed there had been three significant events in the 12 months up to the inspection visit. The last recorded significant event, which occurred in June 2016 related to an issue with very hot water draining from the autoclaves and a risk of scalding. We saw this was discussed in a staff meeting and learning was shared with staff.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. These were received electronically by the practice manager who shared them with staff when appropriate.

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

The practice had policies for safeguarding vulnerable adults and children. The policies had been reviewed in November 2015. In addition there was a copy of the Derbyshire multi-agency safeguarding procedures. The policies directed staff in how to respond to and escalate any safeguarding concerns. We spoke with staff who were aware of the safeguarding policies, they knew who to

contact and how to refer concerns to agencies outside of the practice when necessary. The relevant contact telephone numbers were on display in the waiting room and behind reception.

The practice manager was the identified lead for safeguarding in the practice. They had received training to level two in child protection to support them in fulfilling that role. We saw evidence that all staff had attended a three yearly training course organised by the NHS North Derbyshire Clinical Commissioning Group (CCG). In addition all staff had completed on-line refresher training in safeguarding during June 2016.

The practice had a dental nurse who was the lead person for Control Of Substances Hazardous to Health (COSHH) Regulations 2002. We saw a certificate showing they had attended COSHH training in February 2016. There were guidelines to guide staff in the use and handling of chemicals in the practice. The policy identified the risks associated with COSHH. There were risk assessments which identified the steps to take to reduce the risks included the use of personal protective equipment (gloves, aprons and masks) for staff, and the safe and secure storage of hazardous materials. The manufacturers' product data sheets were available to staff in the COSHH file. We saw the COSHH file had been audited on an annual basis.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 22 July 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a sharps policy which informed staff how to handle sharps (particularly needles and sharp dental instruments) safely. The policy had been reviewed in March 2015. We saw the practice used a recognised system for handling sharps safely in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy. The principal dentist said that only dentists handled sharp instruments such as needles.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) We saw the sharps bins were located in accordance with the guidance which states sharps bins should not be located on the floor, and should be out of reach of small children.

# Are services safe?

Discussions with dentists and a review of patients' dental care records identified the dentists were using rubber dams when carrying out root canal treatments. Guidelines from the British Endodontic Society recommend that dentists should be using rubber dams. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment. We saw the practice had a supply of rubber dam kits in the practice.

## Medical emergencies

The dental practice was equipped to deal with any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the emergency medicines and found they were all in date and stored appropriately. We saw the practice had a designated member of staff who was responsible for checking and recording expiry dates of medicines, and replacing when necessary.

There was a first aid box in the practice and we saw evidence the contents were being checked regularly. Three dental nurses had completed first aid at work courses which were in date.

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

All staff at the practice had completed basic life support and resuscitation training on 8 October 2015.

Additional emergency equipment available at the practice included: airways to support breathing, manual resuscitation equipment (a bag valve mask) and portable suction.

## Staff recruitment

There was a recruitment policy which had been reviewed in October 2015. We looked at the staff recruitment files for five staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: checking the person's skills

and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We found that all members of staff had received a DBS check. We discussed the records that should be held in the recruitment files with the practice manager and saw the practice recruitment policy and the regulations had been followed.

## Monitoring health & safety and responding to risks

The practice had a health and safety policy which had been reviewed in September 2015. In addition the practice had completed environmental risk assessments. For example there were risk assessments for: the autoclave, manual handling, electrical safety, bodily fluids, blood borne infections and radiation (X-rays).

Records showed that the fire extinguishers had last been serviced in October 2015. The practice had completed a fire evacuation drill on 19 April 2016.

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

## Infection control

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

The practice had an infection control policy which had been reviewed in February 2016. The policy was readily available to all staff working in the practice. We saw that dental nurses had set responsibilities for cleaning and

## Are services safe?

infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures and there were records and documentation to demonstrate this.

Records showed that regular six monthly infection control audits had been completed. The most recent audit had been completed on 30 March 2016 and scored 100%. We saw that infection control audits were as recommended by HTM 01-05, being completed on a six monthly basis.

The practice had a clinical waste contract with a recognised company. We saw that clinical waste was collected regularly. The waste was stored securely away from patient areas while awaiting collection. The clinical waste contract also covered the collection of amalgam and teeth that had been removed. Amalgam is a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had a spillage kit for mercury. There were also spillage kits for bodily fluids which were in date.

There was a decontamination room where dental instruments were cleaned and sterilised. There was a clear flow from dirty to clean areas to reduce the risk of cross contamination and infection. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear.

We saw how instruments were being cleaned and sterilised at the practice, with a dental nurse demonstrating the decontamination process. We saw the procedures were as outlined in the published guidance (HTM 01-05).

The practice had two ultrasonic baths. An ultrasonic bath is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound and a liquid. After cleaning the dental instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in an autoclave (a device for sterilising dental and medical instruments). The practice had two steam autoclaves, which were designed to sterilise unwrapped instruments. At the completion of the sterilising process, all instruments were dried, and pouched in date stamped pouches.

We checked the records to demonstrate that equipment used for cleaning and sterilising the dental instruments was

maintained and serviced regularly in accordance with the manufacturers' instructions. The records demonstrated the equipment was in good working order and being effectively maintained.

We used an illuminated magnifying glass to check a random sample of dental instruments that had been cleaned and sterilised. We found the instruments to be clean and undamaged.

The practice had access to occupational health facilities through the local hospital. We saw records which demonstrated staff had received inoculations against Hepatitis B. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections such as Hepatitis B.

The practice had a risk assessment for dealing with the risks posed by Legionella. This had been reviewed in April 2016. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The original Legionella assessment had been completed some years previously as a result the practice was considering undertaking a new Legionella risk assessment.

The practice was aware of the risks associated with Legionella and had taken steps to reduce them with regular flushing of dental water lines as identified in the relevant guidance.

### **Equipment and medicines**

The practice kept records to demonstrate that equipment had been maintained and serviced in line with the manufacturer's guidelines and instructions. Portable appliance testing (PAT) had been completed on electrical equipment at the practice on 14 November 2014.

The practice had all of the medicines needed for an emergency situation, as recommended by the British National Formulary (BNF). Medicines were stored securely and appropriately and there were sufficient stocks available for use.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. The pressure vessel checks on the compressor which



# Are services safe?

produced the compressed air for the dental instruments had been completed on 13 January 2016. There was an annual gas safety certificate dated 19 August 2015. We saw the fire alarm had been serviced on 19 February 2016.

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

The practice had a Radiation Protection file which contained all of the relevant information and records relating to the X-ray machines and their safe use on the premises.

The practice had three intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth). There was also one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the entire jaw and lower skull.

X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

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

Records showed the X-ray equipment had last been inspected in June 2016. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years to ensure it is safe and working correctly. Documents in the practice showed the Health and Safety Executive (HSE) had been informed that radiographs were being taken on the premises. This was a requirement of the Ionising Radiation (Medical Exposure) Regulations 2000.

The practice used standard non-digital X-rays. We saw there were protocols in place for the safe handling of chemicals associated with X-rays. The practice also had procedures for the safe development of X-ray images.

All patients were required to complete a medical history form and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant. There were risk assessments in place for pregnant and nursing mothers.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

Patients at the practice completed a medical history form at each visit. Following the patient's first visit the information was transferred into the electronic records and updated at each following visit. This allowed dentists to check the patient's medical history before treatment began. The patients' medical histories included any health conditions, medicines being taken and whether the patient might be pregnant or had any allergies.

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

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

### Health promotion & prevention

The practice had a variety of information for patients in the waiting room. There were leaflets in reception and posters about treatments and giving health education information to patients.

Discussions with dentists identified that children were assessed on an individual basis to check their risk of dental decay. This resulted in children being offered fluoride application varnish and fluoride toothpaste if they were identified as being at risk. This was in accordance with the

government document: 'Delivering better oral health: an evidence based toolkit for prevention.' This had been produced to support dental teams in improving patients' oral and general health.

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

One member of staff had completed a smoking cessation course, and had attended refresher training in June 2016. Information on display in the reception area gave patients information and advice on stopping smoking. This included contact details for other agencies who could be of assistance.

### Staffing

The practice had five dentists; eight qualified dental nurses who also worked on the reception desk, one trainee dental nurse and a practice manager. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

We looked at staff training records and these identified that staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. The practice manager kept detailed records to monitor the number of hours each dental professional had completed each year. Examples of training completed included: radiography (X-rays), infection control, and medical emergencies.

Records at the practice showed that appraisals had been completed for all staff. Staff also completed an annual personal development plan to identify and prioritise training and development needs for the coming year. As part of this process staff completed a self-assessment in the two weeks before their appraisal.

### Working with other services

The practice made referrals to other dental professionals based on risks or if a patient required treatment that was

# Are services effective?

(for example, treatment is effective)

not offered at the practice. The practice had a policy for making referrals to other services which had been reviewed in June 2015. The policy identified when and how to make referrals and had a section on making urgent referrals for patients who had suspected oral cancer. This was to the maxillofacial department at the local hospital. Staff demonstrated these were faxed through immediately to the hospital where the referral had been made. These referrals were tracked through a log at reception, and we saw evidence that referrals had been made promptly. Patients were given details of any referral made on their behalf.

## **Consent to care and treatment**

The practice had a consent policy which had been reviewed in April 2015. The policy made reference to the different aspects of consent. The practice also had a policy regarding adults who lacked capacity and this made reference to the Mental Capacity Act 2005 (MCA) and best interest decisions. The MCA provides a legal framework for acting and making decisions on behalf of adults who

lacked the capacity to make particular decisions for themselves. All staff at the practice had completed training in the MCA. We saw evidence that consent had been discussed in a staff meeting with information shared and updated for all staff.

Consent was recorded in the practice using the standard NHS FP17 form. This form recorded both consent and provided a treatment plan. The dentists discussed the treatment plan with the patients and explained the treatment process. This allowed the patient to give their informed consent. A hard copy of the consent form was retained by both the practice and the patient.

Discussions with dentists identified they were aware of Gillick competency. This refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge. However, staff said it was unusual for children to come to the practice unaccompanied by either a parent or guardian.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

The reception desk was located away from the waiting room. Staff said they were aware of the need for confidentiality and if it were necessary there were areas of the practice where this could happen, such as the manager's office or an unused treatment room. Staff said that patients' individual treatment was discussed in the treatment room not at reception.

We observed staff members throughout the day to see how staff spoke with patients. We saw that staff were professional, polite, and welcoming. We observed that when speaking with patients staff showed dignity and respect.

We saw that patient confidentiality was maintained at the practice. We asked two patients about confidentiality. Neither patient had any concerns about their confidentiality being breached. Computer screens could not be overlooked by patients standing at the reception desk. We saw that patients' dental care records were password protected and held securely.

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

We received feedback from 50 patients on the day of the inspection. This was through Care Quality Commission (CQC) comment cards, and through talking to patients in

the practice. Feedback from patients was positive with patients saying they were happy with the dental service they received. Patients spoke positively about the staff and said the facilities were clean and comfortable. Patients said in person and through CQC comment cards they felt involved in their treatment. Patients said they were encouraged to ask questions and talk with staff about their treatment.

The practice offered mostly NHS treatments (85%) and the costs were clearly displayed in leaflets and posters in the practice.

We spoke with one dentist about how each patient had their diagnosis and dental treatment discussed with them. We saw evidence in the patient care records of how the treatment options and costs were explained and recorded before treatment started. All patients were given a written copy of the treatment plan which included the costs.

Where it was necessary dentists gave patients information about preventing dental decay and gum disease. We saw examples in patients' dental care records. Dentists had discussed the risks associated with smoking and diet, and this was recorded in patients' dental care records. The practice had a member of staff trained to deliver smoking cessation advice and posters in the waiting room gave additional information.

Patients' follow-up appointments were in line with National Institute for Health and Care Excellence (NICE) guidelines.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

There was a small car park at the rear of the premises; some street parking was also available. The practice had three treatment rooms, all of which were on the ground floor.

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

We saw there was a sufficient supply of instruments to meet the needs of the practice.

We spoke with two patients during the inspection. Both patients said they had not had a problem getting an appointment. Patients said they found reception staff were helpful, friendly and approachable. Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient the same day.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist. The practice scheduled emergency slots for patients who were in pain or who required urgent treatment. In addition there was a sit and wait system for patients who were unable to get an emergency appointment but who were in pain or who required emergency treatment. Staff said that generally the practice ran to time, and waiting times were kept to a minimum.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy which had been reviewed in April 2016. .

The practice was situated in ground floor premises with all patient areas on the ground floor. This included three treatment rooms. This allowed patients using a wheelchair or with restricted mobility to access treatment at the practice. There was ramped access to the front door of the practice with hand rails for additional support.

The practice had a ground floor toilet adapted for the use of patients with mobility problems. The toilet had support bars, grab handles and an emergency pull cord. Taps on the hand wash sink were lever operated.

The practice had completed an access audit in line with the Equality Act (2010) which had been reviewed in July 2013. This identified the practice was compliant with legislation relating to access in the Equality Act. However, the practice did not have a hearing induction loop to assist patients who used a hearing aid. The Equality Act required where 'reasonably possible' hearing loops to be installed in public spaces, such as dental practices.

The practice had access to a recognised company to provide interpreters, and this included the use of sign language. Staff said the practice had used interpreters in the past, but this was not a common occurrence.

There was a small car park available to the rear of the practice; otherwise there was roadside parking in the area.

### Access to the service

The practice's opening hours were: Monday: 9 am to 5:15 pm; Tuesday: 9 am to 5:30 pm;

Wednesday: 9 am to 5 pm; Thursday: 9 am to 5 pm and Friday: 9 am to 4 pm. The practice was closed for one hour for lunch.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message or by telephoning the 111 NHS service.

### Concerns & complaints

The practice had a complaints procedure which had been reviewed in June 2015. The procedure explained how to complain and included other agencies to contact if the complaint was not resolved to the patients satisfaction. Information about how to complain was on display in the practice leaflet.

From information received before the inspection we saw that there had been one formal complaint received in the 12 months prior to our inspection. This was treated as a significant event and discussed at a staff meeting as a result.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice manager identified that all policies were updated on a regular basis. We saw a number of policies and procedures at the practice and saw they had mostly been reviewed and where relevant updated in the year before this inspection visit.

We spoke with staff who said they understood their roles and could speak with either a dentist or the practice manager if they had any concerns. Staff said they understood the management structure at the practice. We spoke with two members of staff who said the practice was a good place to work and they felt supported as part of the team.

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

### **Leadership, openness and transparency**

Clarence Road Dental Centre had a practice manager in post. The practice manager was a qualified dental nurse, and had been in post for many years. They had completed also completed a diploma in leadership and management in 2012.

We saw that staff meetings were scheduled for once a month throughout the year. Staff meetings were minuted and minutes were available to all staff.

Staff at the practice said there was a close team and they were able to express their views in team meetings. Staff said dentists were approachable and were available to discuss any concerns. Observations showed patients were welcomed with a friendly attitude from staff at the practice. Discussions with different members of staff showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

Copies of the General Dental Council's nine principles and the British Dental Association's good practice commitment were displayed in the waiting room. This gave patients an insight into the standards they could expect from their dental practice.

The practice had a whistleblowing policy which had been reviewed in June 2016. This policy identified how staff could raise any concerns they had about colleagues' conduct or clinical practice. This was both internally and with identified external agencies.

### **Learning and improvement**

We saw that the practice was carrying out a schedule of audits throughout the year. Records showed that audits had been completed over several years demonstrating a commitment to improvement. Regular auditing allowed the practice to identify both areas for improvement, and where quality had been achieved. This was particularly in respect of the clinical areas. Examples of completed audits included: a failed to attend appointments audit in February 2016; a radiography (X-rays) audit June 2016; a record keeping audit in April 2016. For each completed audit there was a summary sheet which identified the strengths and weaknesses. Therefore staff were able to analyse what improvements were required.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC). Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals need to complete 150 hours over the same period.

Discussions with staff showed there was a culture at the practice of learning and development. The practice paid for nurses GDC registration and CPD updates.

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

The practice had its own patient satisfaction survey which was completed on an occasional basis. We saw the results were analysed and points raised by patients were discussed with the staff team.

The practice had a NHS Friends and Family Test (FFT) comment box which was located in the reception area. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS England.

## Are services well-led?

The NHS Choices website: [www.nhs.uk](http://www.nhs.uk) had twelve patient reviews recorded in the year up to this inspection. These were a mixture of positive and negative comments. The provider had not responded to any of the patient reviews

and therefore had not offered patients the opportunity for further discussion. The latest figures on the NHS Choices website showed 38 patients had responded and 100% would recommend this dentist to their family and friends.