

Eurodental

Eurodental Devizes Road Swindon

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 17 March 2017 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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Eurodental Devizes Road Swindon is a dental practice providing mainly NHS treatment for adults and children.

The practice is based on the main road close to local public car parking.

The practice is based on two floors and has five surgeries. The ground floor consists of a waiting area with open reception, one disabled and wheelchair accessible toilet, two treatment rooms and a small but separate room for the , sterilising and packing of dental instruments. There was a separate office for the practice manager and an office behind the reception area for making confidential calls. There was a staff room / kitchen area where the OBG x-ray machine was also located. On the first floor there were a further three surgeries, a separate room for the sterilising and packing of dental instruments and a toilet.

The practice is accessible from Devizes Road and a ramp is located by the front entrance which can be put in place when requested, for people who use a wheelchair. We observed that when cars are parked at the front of the practice access to the front entrance in a wheelchair may be difficult.

Summary of findings

The practice employs five dentists, seven dental nurses, two hygienists, two trainee dental nurses, three receptionists and a practice manager.

The practice opens: Monday to Thursday: 8.00am - 5.30pm, Friday: 8.00am - 4.30pm, Saturday: 8.00am - 1pm, Sunday: Closed.

There are arrangements in place to ensure patients receive urgent dental assistance when the practice is closed. This is provided by an out-of-hours service by calling NHS 111.

The practice manager has recently become 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.

Before the inspection, we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 19 patients. In addition we spoke with three patients on the day of our inspection. Feedback from patients was positive about the quality of care, the caring nature of all staff and the overall high quality of customer care. They commented that staff put them at ease and listened to their concerns. They also reported they felt proposed treatments were fully explained them so they could make an informed decision which gave them confidence in the care provided.

Our key findings were:

- We found that the dentists' approach to treatment was to provide patient centred dental care in a relaxed and friendly environment.
- Leadership was provided by the practice manager.
- The dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines although we found that an audit of radiographs was overdue.
- Premises appeared well maintained and visibly clean.
- Infection control procedures followed published guidance although the infection control decontamination policy did not fully reflect the current equipment in use. A small number of instruments were found in drawers unpouched. We also noted that separate sinks were not allocated for manual scrubbing of instruments and hand washing in some treatment rooms.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- Although the dentists provided effective clinical care leading to good patient outcomes, there were shortfalls in the governance systems and processes. This included policies that were either not available, or had not been reviewed and updated to reflect current personnel, equipment or organisations.
- There were systems in place to check all equipment had been serviced regularly, including the autoclaves and X-ray equipment.
- Patients could access treatment and urgent and emergency care when required.
- Information from 19 completed Care Quality Commission (CQC) comment cards and speaking to patients gave us a positive picture of a friendly, caring and professional service.
- The practice carried out pre-employment recruitment checks but these were not always fully completed and there was no recruitment policy which clearly set out the required process and checks for all staff.
- The staff had received training relevant to their role but the arrangements for identifying the ongoing learning and development needs of staff members and the on-going assessment and supervision of all staff employed was not well established.
- A safeguarding policy was in place but needed to be reviewed to reflect current guidance as there was no named lead professional and the practice could not demonstrate that all staff had undertaken training in child and adult safeguarding.
- The practice reviewed and dealt with complaints according to their practice policy.
- The whistleblowing policy in place needed to be reviewed to reflect current guidance.
- The practice was developing information for patients and their arrangements for patient feedback.

Summary of findings

- The practice made referrals as appropriate to other primary and secondary care providers such as for specialist orthodontic treatment or hospital services for further investigations or treatment as required, although we found that patients were not always provided with a copy of the referral letter.
- The fridge temperature for products and medicines requiring fridge storage was not regularly monitored or suitably recorded.
- The last fire safety risk assessment was carried out in 2010.
- There was no annual statement available in relation to infection prevention and control as required under The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- The practice had not carried out an access assessment under the Equality Act 2010 but this was planned.

We identified regulations that were not being met and the provider MUST:

- Ensure effective systems are established to assess, monitor, improve the quality and safety of the services provided and mitigate the various risks arising from undertaking the regulated activities.

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

- Review the practice's infection control policy to include provision of an annual statement in relation to infection prevention control as required under The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance and ensure it reflects equipment used in the practice.
- Review the local operational policies and procedures.
- Review the need for a documented operational policy and procedure for managing medical emergencies and frequency of equipment checks.
- Review the practice safeguarding policy to include the nominated lead professional, alignment with current guidance and staff training in safeguarding.
- Review the recruitment process and consider the development of a recruitment policy.
- Review the provision for copying referral letters to patients.
- Review the provision of an up to date fire safety risk assessment.

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

The practice had arrangements in place to help ensure the safety of staff and patients. This included for essential areas such as the disposal of clinical waste, infection control and dental radiography (X-rays). There was also an identified professional lead for infection control.

There was no annual statement available in relation to infection prevention and control as required under The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance. We also found a small number of instruments in drawers that were unpouched.

There were appropriate emergency medicines available and staff had received training.

There were procedures regarding the safe storage of prescriptions and medicines in order to deliver care safely and in an emergency. We found that the fridge temperature for products and medicines requiring fridge storage was not regularly monitored or suitably recorded.

The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying and investigating patient safety incidents. There had been no incidents in the last 12 months.

Some staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults, though it wasn't clear if all staff had received training in safeguarding. There was no identified lead professional and the policy did not reflect current guidance

The practice had systems in place for the recruitment of staff which included seeking references, proof of identity and checking qualifications, immunisation status and professional registration.

The provider did not always fulfil the pre-employment checks in line with their policy. For example, they were unable to demonstrate they had carried out a Disclosure and Barring service (DBS) check for clinical staff. These 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.

The Local Rules for the use of X-rays needed to be updated to reflect the current Radiation Protection Supervisors (RPS) and an audit of radiographs was overdue.

Staff demonstrated knowledge of the whistleblowing policy. We found that the point of referral for any whistleblowing concerns was the practice manager but there was no provision to escalate anything beyond the manager.

No action



Summary of findings

The practice carried out risk assessments to identify and manage risks although we found that the fire safety risk assessment had not been reviewed since 2010.

We found the clinical equipment used in the dental practice was well maintained and the maintenance of other equipment and checks such as Portable Appliance Testing (PAT) or fire safety checks was readily available.

Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

We saw examples of positive teamwork within the practice and evidenced good communication with other dental professionals.

The practice held electronic and paper records of the care given to patients including comprehensive information about patients' oral health assessments, treatment and advice given. Records showed that patients were recalled in line with national guidance and screened appropriately for gum disease and oral cancer.

They monitored any changes in the patient's oral health and made referrals as appropriate to other primary and secondary care providers such as for specialist orthodontic treatment or hospital services for further investigations or treatment as required, although we found that patients were not always provided with a copy of the referral letter

The practice was proactive in providing patients with advice about preventative care and supported patients to ensure better oral health in line with Public Health England publication 'Delivering better Oral Health 3rd edition. (DBOH).

The staff received professional training and development appropriate to their roles and learning needs.

Staff were registered with the GDC and were meeting the requirements of their professional registration.

No action



Are services caring?

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

We reviewed 19 completed CQC comments and received feedback on the day of the inspection from three patients about the care and treatment they received at the practice.

No action



Summary of findings

Patients commented the quality of care was very good. Patients commented on the friendliness and helpfulness of the staff and told us dentists were good at explaining the treatment that was proposed.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

Are services responsive to people's needs?

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

Patients could access treatment and urgent and emergency care when required.

The practice provided patients with limited written information and did not have a practice information leaflet. Information was available in a small carousel, placed on the reception desk adjacent to a display cabinet used for dental care products for sale which was difficult to access. The content was not signposted and was not available in large print.

The practice had experienced some requests for treatment by patients whose first language was not English and had access to telephone interpreter services if required.

The practice was wheelchair accessible inside the ground floor of the practice and the provider had planned in the near future to carry out an assessment under the Equality Act 2010 to consider further reasonable adjustments that may be required for patients with physical impairments. , There was no hearing loop available but the practice manager told us that one was being purchased.

There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients or their carers.

No action



Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

We found effective leadership was provided by the practice manager. Staff had an open approach to their work and shared a commitment to continually improving the service they provided. There was a no blame culture in the practice.

Although the dentists provided effective clinical care leading to good patient outcomes, there were shortfalls in the clinical governance systems and processes underpinning the clinical care. This included policies that were either not available, or had not been reviewed and updated to reflect current personnel or organisations.

Requirements notice



Summary of findings

Staff told us they felt well supported and could raise any concerns with the practice manager. All the staff we met said they were happy in their work. The whistleblowing policy in place needed to be reviewed to reflect current guidance.

Although staff had received training to support them in their roles, the practice needed to establish more effective arrangements for identifying the ongoing learning and development needs of staff members as well as the ongoing assessment and supervision of all staff employed.

The practice assessed risks to patients and staff and carried out a programme of audits as part of a system of continuous improvement and learning. We found that an audit of radiographs was overdue and no audit of record keeping had been carried out.

We also found that the fire safety risk assessment had not been reviewed since 2010.

The practice maintained a list of policies and procedures. However, these were in the process of review and some still referred to staff who had left or organisations that no longer exist.

The practice had limited systems in place to seek and act upon feedback from patients using the service other than NHS Choices or the NHS Friends and Family test. The practice was considering developing an information leaflet for patients and their arrangements for patient feedback.

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Detailed findings

Background to this inspection

This inspection took place on 17 March 2017. The inspection team consisted of a Care Quality Commission (CQC) inspector, and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and objectives, a record of any complaints received in the last 12 months and details of their staff members together with their qualifications and proof of registration with the appropriate professional body.

We informed the NHS England area team we were inspecting the practice and we did not receive any information of concern from them.

During the inspection, we spoke with the four dentists on duty, a hygienist, the senior dental nurse, other dental nurses on duty and the practice manager. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment.

We were shown the decontamination procedures for dental instruments and the computer system that supported the patient dental care records.

We also reviewed policies, procedures and other documents.

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 was aware of their responsibilities in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). RIDDOR is managed by the Health and Safety Executive (HSE).

The practice received national patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England). Where relevant these alerts were shared with all staff.

The practice had an incident reporting system in place when something went wrong; this system also included the reporting of minor injuries to patients and staff. We were told by the registered manager that no incidents had occurred in the last 12 months.

We discussed with staff the action they would take if a significant incident occurred, they detailed a process that involved a discussion and feedback with any patient that might be involved.

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. This indicated an understanding of their Duty of Candour. (Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity]. The practice had a policy reflecting the Duty of Candour.

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty.

However, there was no procedure in place for when and how to notify CQC of incidents which cause harm.

Reliable safety systems and processes (including safeguarding)

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments).

We spoke with a dental nurse about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current management of sharps regulations 2013 and the EU directive with respect to safe sharp guidelines, thus protecting patients and staff against blood borne viruses.

The practice used a system whereby needles were not manually resheathed using the hands following administration of a local anaesthetic to a patient. The dentist was responsible for the disposal of used sharps and needles. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the current EU directive about the use of safer sharps.

We asked dentists how they treated the use of instruments that were used during root canal treatment. They explained these instruments were single patient use only. They also explained that root canal treatment was carried out where practically possible using a rubber dam. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured). Patients can be assured the practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam.

The practice had policies and procedures for child protection and safeguarding adults but these did not identify a local professional lead for safeguarding.

The dentists were a point of referral should members of staff encounter a child or adult safeguarding issue. Training records showed some staff had received appropriate safeguarding training for both vulnerable adults and children, although it was not clear that all staff had received training. The practice reported there had been no safeguarding incidents that required further investigation by appropriate authorities.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about

Are services safe?

another staff member's performance if it was necessary. However, we found that the point of referral for any whistleblowing concerns was the practice manager but no provision to escalate anything beyond the manager.

Staff files contained evidence of immunisation as recommended by Public Health England (PHE). For example, against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva). Staff who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections. One member of staff was undergoing a vaccination course through occupational health.

There were adequate supplies of personal protective equipment (PPE) such as face visors, gloves and aprons to ensure the safety of patients and staff.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff had received training in how to use this equipment.

The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had access to medical oxygen along with other related items such as manual breathing aids in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff.

The practice held training sessions each year for the whole team so they could maintain their competence in dealing with medical emergencies.

We saw documentary evidence which demonstrated checks were carried out to ensure the equipment and emergency medicines were in date and safe to use, though checks on some of the equipment were only weekly as opposed to daily.

Records showed all staff had completed training in emergency resuscitation and basic life support in March 2017. Improvements could be made to ensure a documented policy or procedure was in place which set out the arrangements for handling such an emergency.

Staff recruitment

The practice had systems in place for the recruitment of staff which included seeking references, proof of identity and checking qualifications, immunisation status and professional registration.

The provider did not always fulfil the pre-employment checks in line with their policy. For example, they were unable to demonstrate they had carried out a Disclosure and Barring service (DBS) check for clinical staff. These 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. The practice manager assured us that she had seen the certificates but if she was unable to locate the certificate numbers, would request a further check for each relevant member of staff.

The practice had a system in place for monitoring staff had up to date medical indemnity insurance and professional registration with the General Dental Council (GDC) The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date and ongoing.

Monitoring health & safety and responding to risks

The practice had systems to monitor health and safety and deal with foreseeable emergencies. Although there were health and safety policies and procedures in place to support staff, these did not always reflect the arrangements locally or reflect what the building owner was responsible for and for what the leaseholder was responsible. For example, although there was a fire evacuation plan on the wall, there was no documentary evidence for the practice to show that all required fire safety checks or servicing had been carried out other than a date on the fire extinguishers and testing of smoke alarms.

The practice had a policy relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as blood, saliva, latex, mercury,

Are services safe?

disinfectants. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients.

The practice had a business continuity plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service, although we found this made reference to a Primary Care Trust which no longer exists.

Infection control

There were effective systems in place to reduce the risk and spread of infection.

The senior dental nurse described how the practice processed contaminated dental instruments. The process they described followed the guidance about decontamination and infection control issued by the Department of Health, the 'Health Technical Memorandum 01-05 decontamination in primary care dental practices (HTM01-05)'. We observed the essential quality requirements for infection control set out in HTM 01-05 were being met. We were shown the recent audits of infection control processes carried out in September 2016 and March 2017 which confirmed compliance with HTM 01-05 guidelines.

We saw that the dental treatment rooms currently in use, waiting areas, reception and toilets were visibly clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms and bare below the elbow working was observed.

Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

The dental nurses we spoke with described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria in line with

current HTM 01 05 guidelines. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This included the use of a biocide, regular flushing of the dental water lines and regular testing of the temperatures of the hot and cold water taps.

The practice manually scrubbed and cleaned instruments using an ultra-sonic bath in each surgery before transferring them to a separate decontamination room for sterilisation and packing. The dental nurse we spoke with demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used manual scrubbing and an ultrasonic cleaning bath for the initial cleaning process, following inspection with an illuminated magnifier the instruments were placed in an autoclave (a device for sterilising dental and medical instruments). However we found that in some treatment rooms there was no separate sinks allocated for manual scrubbing of instruments and hand washing.

The practice used a vacuum autoclave and instruments were pouched prior to sterilisation. Following sterilisation pouches were dated with an expiry date in accordance with current guidelines and then stored prior to use. However we found a small number of instruments in treatment room drawers that were unpouched. For example, mirrors and probes.

We were shown the systems in place to ensure that the autoclave and ultrasonic cleaning bath used in the decontamination process were working effectively. We saw the data sheets used to record the essential daily, weekly and quarterly validation of this equipment were complete and up to date. These checks included details of the sterilisation cycles and steam penetration tests for the autoclave and the residual protein test and foil tests for the ultrasonic cleaning bath.

We noted the decontamination process was different to the procedure described in the local decontamination policy which referred to the use of a washer disinfectant. The provider should review and revise the policy accordingly.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed sharps containers, clinical waste bags and municipal waste were properly maintained and was in

Are services safe?

accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. Clinical waste was stored in a container at the rear of the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection. Patients' could be assured they were protected from the risk of infection from contaminated dental waste.

We also saw general environmental cleaning was carried out according to a cleaning plan developed by the practice. Cleaning materials and equipment were stored in accordance with current national guidelines.

We noted there was no annual statement in relation to infection prevention control as required under The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance and the practice should review this.

Equipment and medicines

There were systems in place to check all equipment had been serviced. Records seen showed contracts were in place to ensure annual servicing and routine maintenance. Equipment checks were carried out in line with the manufacturer's recommendations. For example, the practice X-ray machines were checked in January 2017 and were safe to use. The autoclaves were due to be serviced and calibrated in March and April 2017.

Medicines were stored securely to prevent unauthorised access by the public. However, the fridge temperature for products and medicines requiring fridge storage was not regularly monitored or suitably recorded. We noted the practice had in place a prescription logging system to account for the prescriptions issued to patients to prevent inappropriate prescribing or loss of prescriptions.

We observed the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and spillage.

Portable appliance testing (PAT) had been carried out in 2016.

Radiography (X-rays)

We were shown documentation in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisors (RPS) (although the names of the RPS in local rules needed to be updated) and the critical examination and acceptance tests for the x-ray machines, which had all been tested and serviced in January 2017.

The local rules must contain the name of the appointed Radiation Protection Advisor and the Radiation Protection Supervisor, the identification and description of each controlled area and a summary of the arrangements for restriction access. Additionally, they must summarise the working instructions, any contingency arrangements and the dose investigation level.

Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported upon and quality assured. We found no audit of radiographs had been carried out in the last 12 months and was overdue.

The findings showed the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw training records that showed dentists had received update training in dental radiography in 2012 which was in line with guidance issued by the General Dental Council.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists carried out consultations, assessments and treatment in line with recognised general professional guidelines. The dentist we spoke with described to us how they carried out their assessment of patients for routine care.

The assessment began with the new patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. However, the patients we spoke with could not recall completing a medical history questionnaire or updating it at each visit or at the start of a course of treatment. We saw evidence the medical history was updated by the dentist at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment, the diagnosis was discussed with the patient and treatment options explained.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general oral hygiene instruction such as tooth brushing techniques or recommended tooth care products. The patient's dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was not then given to each patient setting out any costs involved. Treatment was recorded on an FP 17 form for both NHS and private treatment. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Dental care records seen demonstrated the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. These were carried out where appropriate during a dental health assessment. The records we saw were detailed, accurate and fit for purpose.

The practice also sought to ensure best practice and patient safety through the use of 'Loupes'. These enable the clinician to have a magnified view of the tooth thus enabling greater precision of treatment.

Health promotion & prevention

The practice was very focussed on the prevention of dental disease and the maintenance of good oral health.

The dentist explained that adults at high risk of tooth decay were identified and were offered fluoride varnish applications or the prescription of high concentration fluoride tooth paste to keep their teeth in a healthy condition. Other preventative advice included tooth brushing techniques explained to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines about prevention of dental decay, known as 'Delivering Better Oral Health'. (Delivering Better Oral Health' is an evidence based toolkit to support dental teams in improving their patient's oral and general health published by Public Health England).

Dental care records we observed demonstrated the dentist had given oral health advice to patients.

Patients reported they felt well informed about their dental care and treatment pertaining to the health of their teeth and dental needs.

Staffing

We observed a friendly atmosphere at the practice. All clinical staff had current registration with their professional body, the General Dental Council (GDC).

The practice had five dentists. The dentists were supported by the dental nurses who also covered decontamination duties.

We were shown evidence of completed training carried out. A record of training completed by staff was available in staff files. Mandatory training included basic life support and infection prevention and control. Staff we spoke with told us they had accessed specific training in the last six months in line with their professional needs and we saw evidence to support this. However, there was no effective process established for identifying the ongoing learning and development needs of staff members or for the on-going assessment and supervision of all staff employed and it was not clear if all staff had had safeguarding training.

Are services effective?

(for example, treatment is effective)

All clinical staff were required to maintain an on-going programme of continuing professional development as part of their registration with the GDC. Records showed professional registration and professional indemnity was up to date for all staff.

Dental nurses also participated in the local Clinical Commissioning Group 'cluster group' to support them in their professional role.

Working with other services

The dentists could refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by them. The dentist used referral criteria developed by other primary and secondary care providers such as oral surgery, special care dentistry and orthodontic providers.

We noted the practice did not retain a copy of the original referral letter. Patients were not given a copy of the referral letter.

Consent to care and treatment

We spoke with dentists about how they implemented the principles of informed consent; they had a very clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment

to patients to help ensure they understood their treatment options. The dentist told us patients should be given time to think about the treatment options presented to them and explained that in certain situations patients would be brought back to the practice to discuss complex treatment options. This process made it clear that a patient could withdraw consent at any time.

The dentists explained how they would obtain consent from a patient who suffered with any cognitive impairment that may mean they might be unable to fully understand the implications of their treatment. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They went on to say they would involve relatives and carers if appropriate to ensure the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. Staff were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16 years. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

We reviewed dental care records which corroborated our information.

Feedback in CQC comment cards confirmed patients were provided with sufficient information to make decisions about the treatment they received.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During the inspection, we observed staff in the reception area were polite and helpful towards patients and that the general atmosphere was welcoming and friendly

We obtained the views of three patients on the day of our visit. These provided a positive view of the service the practice provided. During the inspection, we observed staff in the reception area, they were polite and helpful towards patients and the general atmosphere was welcoming and friendly. Patients commented they were treated with respect and dignity and that staff were friendly and reassuring. We observed positive interactions between staff and patients during the inspection.

Treatment rooms were situated away from the main waiting areas and we saw doors were always closed when patients were receiving or discussing treatment during consultations. Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patients' privacy. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in a secure room not accessible by the public. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception.

Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

The provider told us they would act upon any concerns raised by patients regarding their experience of attending the practice.

Involvement in decisions about care and treatment

The practice provided clear treatment plans but these were not routinely given to patients detailing treatment options and indicative costs. Both NHS and private treatment costs are available on the practice website. Both NHS and private treatment costs were recorded on NHS FP17 forms.

The dentists we spoke with paid attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentist recorded the information they had provided to patients about their treatment and the options open to them.

Patients were given time to consider options before returning to have their treatment. Patients signed their treatment plan before treatment began.

Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentists and felt listened to and respected.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The dentists decided how long a patient's appointment needed to be and considered any special circumstances such as whether a patient was very nervous, had an impairment and the level of complexity of treatment.

Patients' feedback demonstrated they had flexibility and choice to arrange appointments in line with other commitments. Patients booked in with the receptionist on arrival and they kept patients informed if there were any delays to appointment times.

During our inspection, we looked at examples of information available to patients. We saw the practice waiting area displayed a variety of information. These explained opening hours, emergency 'out of hours' contact details, arrangements about how to make a complaint, provide feedback about services and a small number of leaflets about maintaining good oral health. We observed the appointment diaries were not overbooked and this provided capacity each day for patients with dental pain to be offered urgent slots with the dentist. However, some of the information was held in a small carousel on the reception counter which was not easily accessible to patients nor was the content of the carousel clear that it was aimed at patients. There was no practice leaflet although the practice manager told us they would consider developing one.

Tackling inequity and promoting equality

The practice had not carried out an access assessment under the Equality Act 2010 but this was planned. They had made some adjustments to help prevent inequity for patients that experienced limited mobility or other barriers which may hamper them from accessing services. The practice was wheelchair accessible with some treatment rooms located on the ground floor. .

The practice could access interpreter services for patients whose first language was not English if it became clear that a patient had difficulty in understanding information about their treatment.

The practice did not have access to a 'hearing loop' which would assist patients with hearing issues but we were told by the practice manager that one was being purchased.

Access to the service

The practice displayed its opening hours in the reception and on their website.

There were arrangements in place to ensure patients received urgent dental assistance when the practice was closed. This was provided by an out-of-hours service. The number was available in reception, on the practice website and via an answerphone.

The 19 CQC comment cards seen reflected patients felt they had good access to the service and appointments were flexible to meet their needs.

Concerns & complaints

The practice had a complaint policy which provided staff with clear guidance about how to handle a complaint. The policy explained the process to follow, and included other agencies to contact if the complaint was not resolved to the patient's satisfaction. This included the Dental Complaints Service. Staff told us if they raised any formal or informal comments or concerns with the practice manager they ensured these were responded to appropriately and in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.

We found there was a system in place which ensured a timely response, sought to address the concerns promptly and efficiently and effect a satisfactory outcome for the patient. The practice manager and area manager told us that complaints made would be investigated and the outcome discussed amongst the team and implemented for the safety and well-being of patients.

Are services well-led?

Our findings

Governance arrangements

Although the dentists provided effective clinical care leading to good patient outcomes, there were shortfalls in the governance systems and processes. This included policies that were either not available, or had not been reviewed and updated to reflect current personnel or organisations.

The practice had arrangements in place to identify risks but these needed to be underpinned by accurate policies and procedures to ensure they were effective, understood and managed appropriately. The practice manager responsible for the day to day running of the practice had only recently taken over as the registered manager and had reviewed many of the policies and procedures but there was still further work to ensure these were appropriate for the practice.

We saw risk assessments and the control measures in place to manage those risks, for example infection control and substances hazardous to health. Staff we spoke with were aware of their roles and responsibilities within the practice.

Health and safety and risk management policies were in place including processes to ensure the safety of patients and staff members. We saw risk assessments and the control measures in place to manage those risks for example, use of equipment and infection control. However there was no clearly identified lead professional for safeguarding.

The practice had begun a regular programme of meetings covering a range of topics areas. Time was also provided for educational activity. Notes and actions were written up as appropriate.

Leadership, openness and transparency

We found effective leadership was provided by the practice manager. We found that they provided support and advice to staff. Staff had an open approach to their work and shared a commitment to continually improving the service they provided. There was a no blame culture in the practice.

The practice ethos focussed on providing patient centred dental care in a relaxed and friendly environment. The

comment cards seen and the patients we spoke with reflected this approach. Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff said they felt comfortable about raising concerns although we found that the whistleblowing policy point of referral for any concerns was the practice manager but no provision to escalate anything beyond the manager. Staff felt they were listened to and responded to when they did raise a concern.

All the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and were happy with the practice facilities. Staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

The practice had a statement of purpose that described their vision, aims and objectives.

We observed and staff told us the practice was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice.

The service was aware of and complied with the requirements of the Duty of Candour. Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Learning and improvement

We found that the practice carried out infection prevention and control audits but we found that an audit of radiographs was overdue.

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Records showed professional registrations were up to date for all staff and there was evidence continuing professional development had taken place.

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

The practice had limited systems in place to seek and act upon feedback from patients using the service but this had not been formalised into a patient survey. We were advised systems are being developed. There was an NHS Choices

Are services well-led?

feedback box in reception and a Friends and Family Test form which patients could complete. The patients we spoke with though were not aware of the ways in which they could provide feedback.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have effective systems or processes in place to ensure that the regulated activities at Eurodental Devizes Road Swindon were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>The provider did not ensure effective systems were established to assess, monitor, improve the quality and safety of the services provided and mitigate the various risks arising from undertaking the regulated activities.</p> <p>The provider had not reviewed all policies or procedures to ensure they reflected current personnel, best practice, equipment available or relevant organisations and did not have a recruitment policy setting out all of the required pre-employment checks.</p> <p>The provider did not ensure that a Disclosure and Barring Service check had been requested for all clinical staff or proof of identity for all staff.</p> <p>The provider did not have established systems to enable them to seek and act on patient feedback.</p> <p>Regulation 17 (1)</p>