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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 9 November 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

Globe Dental Practice is located in the centre of Nantwich and comprises a reception and waiting room and one

treatment room on the ground floor, and a further two treatment rooms on the first floor. Parking is available on nearby streets and in car parks. The practice is accessible to patients with disabilities, impaired mobility and to wheelchair users.

The practice provides general dental treatment to patients on an NHS or privately funded basis. The opening times are Monday to Thursday 9.00am to 5.00pm, Friday 9.00am to 4.00pm. The practice is also open on the first Saturday of every month from 9.00am to 1.00pm. The practice is staffed by two principal dentists, an associate dentist, two dental hygienists, three dental nurses, a reception manager and a trainee receptionist.

One of the principal dentists is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received feedback from 21 people during the inspection about the services provided. Patients commented that they found the staff were friendly and caring. They said that they were always given helpful explanations about dental treatment, and that the dentists listened to them. Patients commented that the practice was clean and comfortable but would benefit from redecorating.

Summary of findings

Our key findings were:

- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available.
- The premises and equipment were clean and secure.
- Staff followed current infection control guidelines for decontaminating and sterilising equipment.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards, and guidance.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Patients were treated with kindness, dignity, and respect, and their confidentiality was maintained.
- The appointment system met the needs of patients, and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients, and reasonable adjustments were made to enable patients to receive their care and treatment.
- The practice gathered the views of patients and took their views into account.
- Staff were supervised and felt comfortable to raise concerns should they arise.
- The practice had procedures in place to record and analyse significant events and incidents but they were not recording all significant events.
- Three staff had not received formal safeguarding training, but we found that all staff knew the processes to follow to raise concerns.
- Governance arrangements were in place for the running of the practice.

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

- Review the practice's arrangements for responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency and through the Central Alerting System, as well as from other relevant bodies such as, Public Health England.
- Review the practice's system for the recording, investigating and reviewing of incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result
- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the practice's infection control procedures and protocols having due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance, specifically in relation to the security of the decontamination room, and the monitoring of water temperatures to assist in minimising the risk from Legionella.
- Review the protocols and procedures for the use of X-ray equipment having due regard to guidance notes on the safe use of X-ray equipment, specifically in relation to the use of rectangular collimation and the decommissioning of unused X-ray machines.
- Review the protocols and procedures to ensure all staff are up to date with their mandatory training and their continuing professional development, including safeguarding training to a recognised level, and medical emergencies and life support training.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

Staff were appropriately recruited and skilled.

The practice had emergency medicines and equipment available, including an automated external defibrillator. Most staff were trained in responding to medical emergencies.

The premises were secure and clean. The practice was cleaned regularly and there was a schedule in place identifying tasks to be completed.

Dental care records were detailed and kept securely.

Staff understood their responsibilities under the Duty of Candour to inform people when a notifiable safety incident occurs and to give an apology and inform them of any actions taken as a result.

There was guidance for staff on the decontamination of dental instruments which they were following.

We observed that current arrangements did not prevent unauthorised people accessing the decontamination room. We also found that the monitoring of water temperatures which assists in reducing risks from Legionella was not being carried out.

We found the equipment used in the practice, including medical emergency and radiography equipment, was well maintained and tested at regular intervals, however we found that the room in which one X-ray machine was installed was not suitably constructed to protect patients and staff from unnecessary exposure to radiation. The provider told us the machine was not used but there was no physical means in place to prevent its use. We also observed that none of the X-ray machines were fitted with rectangular collimators which can help to reduce patients' exposure to radiation.

The practice received safety alerts and recorded significant events but we found that not all events were recorded and action taken in relation to safety alerts was not recorded.

The provider had procedures in place to protect children and adults from abuse and staff were aware of the processes to follow to raise concerns but three staff had not been trained to a recognised level in safeguarding.

No action



Are services effective?

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

The practice followed current guidelines when delivering dental care and treatment to patients. Patients' medical history was recorded at their initial visit and updated at subsequent visits. Patients received an assessment of their dental health. Patients' consent was obtained before treatment was provided and treatment focused on the patients' individual needs. Patients were given a written treatment plan which detailed the treatments considered and agreed, together with the fees involved.

No action



Summary of findings

Staff provided oral health advice to patients and monitored changes in their oral health. Patients were referred to other services, where necessary, in a timely manner.

Qualified staff were registered with their professional body, the General Dental Council, and were supported in meeting the requirements of their professional regulator. Staff received on-going training in a variety of subjects to assist them in carrying out their roles; however we found that the provider did not consistently monitor core continuing professional development to ensure all staff were up to date with this.

Are services caring?

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

Patients commented that staff were caring and friendly. They told us they were treated with respect.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment.

The practice had separate rooms available if patients wished to speak in private.

We found that treatment was clearly explained, and patients were given time to decide before treatment was commenced. Patients commented that information given to them about options for treatment was helpful.

No action



Are services responsive to people's needs?

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

Patients had access to appointments to suit their preferences, and emergency appointments were available on the same day. Patients could request appointments by telephone or in person. The practice opening hours and the 'out of hours' appointment information was provided at the entrance to the practice and in the practice leaflet.

The practice captured social and lifestyle information on the medical history forms completed by patients which helped the dentists to identify patients' specific needs and direct treatment to ensure the best outcome was achieved for the patient.

The provider had taken into account the needs of different groups of people and put adjustments in place, for example, for people with disabilities, wheelchair users, and patients whose first language was not English. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records.

The practice had a complaints policy in place which was displayed in the waiting room, outlined in the practice leaflet, and on the practice website. Complaints were investigated and responded to appropriately.

No action



Are services well-led?

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

No action



Summary of findings

The practice had a management structure in place, and some of the staff had lead roles. Staff reported that the provider was approachable and took account of their views.

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

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete, accurate, and securely stored. Patient information was handled confidentially.

The practice held regular staff meetings, and these gave everybody an opportunity to openly share information and discuss any concerns or issues.

The provider had put in place a range of policies, procedures and protocols to guide staff in undertaking tasks and to ensure that the service was delivered safely. We saw that these were not all regularly reviewed however the provider was currently undertaking a review of all the practice's policies and updating these accordingly.

Globe Dental Practice

Detailed findings

Background to this inspection

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

The inspection took place on 9 November 2016 and was led by a CQC Inspector with remote access to a dental specialist adviser.

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

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

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

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The provider had procedures in place to report, record, analyse, and learn from significant events and incidents. Staff described examples of significant events which had occurred. We saw some of these had been reported and analysed in order to learn from them, and improvements had been put in place to prevent re-occurrence, however some had not been reported, for example, recent problems with the hot water supply.

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

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

The provider received safety alerts from the Medicines and Healthcare products Regulatory Agency and Department of Health. These alerts identify problems or concerns relating to a medicine, or medical and dental equipment, or detail protocols to follow, for example, in the event of an outbreak of pandemic influenza. The practice manager brought relevant alerts to the attention of the staff. The dentists were able to discuss examples of recent alerts with us. Action taken as a result of safety alerts was not recorded but the provider assured us they would put this in place.

Reliable safety systems and processes (including safeguarding)

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

The provider had a whistleblowing policy in place with an associated procedure to enable staff to raise issues and concerns.

The provider had a policy for safeguarding children and vulnerable adults. One of the principal dentists had a lead

role for safeguarding and provided advice and support to staff where required. Local safeguarding authority's contact details for reporting concerns and suspected abuse to were displayed in the staff room. Most staff were trained to the appropriate level in safeguarding, and were aware of how to identify abuse and follow up on concerns. Three staff hadn't received recognised formal safeguarding training. The provider assured us this would be arranged as soon as possible.

We observed that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Patients completed a medical history form at their first visit and this was reviewed by the clinicians prior to the commencement of dental treatment, and at subsequent visits. The dental care records we looked at were structured and contained sufficient detail to demonstrate what treatment had been prescribed and completed, and what was due to be carried out. The records were stored securely.

Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. Staff, with the exception of one recently recruited member of staff, had received training in medical emergencies and life support and this was updated annually. We noted that most of the staff were also trained in the provision of first aid.

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

The practice stored emergency medicines and equipment centrally and staff were able to tell us where they were located.

Staff recruitment

Are services safe?

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, dental hygienists and dental nurses to deliver care in the best possible way for patients.

The practice had a recruitment policy and associated procedures in place which reflected the requirements of current legislation. The provider maintained recruitment records for each member of staff. We reviewed the record for the newest member of staff and saw all the required information was present. We also reviewed a number of records for longer term staff and saw these contained, where appropriate, evidence of the following; qualifications, registration with their professional body, the General Dental Council, indemnity, and evidence that Disclosure and Barring checks had been carried out.

Staff recruitment and employment records were stored securely to prevent unauthorised access. We saw that pre-employment checks were also carried out for locum staff.

The practice had an induction programme in place for new staff to ensure they were informed about practice policies and procedures, such as health and safety requirements, practice risk assessments and patient confidentiality.

Responsibilities were shared between staff, for example, there were lead roles for infection prevention and control, and reception. Staff were aware of their own competencies, skills, and abilities.

Monitoring health and safety and responding to risks

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

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments. A range of other policies, procedures, protocols and risk assessments were in place to inform and guide staff in the performance of their duties, and to manage risks at the practice. Some risk assessments carried review dates but others did not.

We reviewed the practice's control of substances hazardous to health risk assessment and associated procedures. Staff maintained records of products used at the practice, for example dental materials and cleaning products, and retained manufacturer's product safety details to inform staff what action to take in the event of, for example, spillage, accidental swallowing, or contact with the skin.

Measures were identified to reduce risks associated with these products, for example, the use of personal protective equipment for staff and patients, the secure storage of chemicals, and the display of safety signs.

We saw that the provider had carried out a sharps risk assessment and implemented measures to mitigate the risks associated with the use of sharps, for example, a sharps policy was in place. The policy identified responsibility for the dismantling and disposal of sharps. The provider had implemented a safer sharps system for the control of used needles. Sharps bins were suitably located in the clinical areas to allow appropriate disposal.

The sharps policy also detailed procedures to follow in the event of an injury from a sharp instrument. These procedures were displayed in the treatment rooms for quick reference. Staff were familiar with the procedures and able to describe the action they would take should they sustain an injury.

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

We saw that a fire risk assessment had been carried out. The provider had arrangements in place to mitigate the risks associated with fire, for example, one of the staff undertook a lead role for fire safety, safety signage was displayed, fire-fighting equipment was available, and fire drills were carried out regularly. Staff were familiar with the evacuation procedures in the event of a fire.

Infection control

The practice had an overarching infection prevention and control policy in place, underpinned by policies and procedures which detailed decontamination and cleaning tasks. We saw that all staff had signed the policy to indicate they had read and understood it. Procedures were displayed in appropriate areas such as the decontamination room and treatment rooms for staff to refer to. Staff were provided with infection control training annually as a team.

Are services safe?

One of the principal dentists had a lead role for infection prevention and control and provided guidance to staff where required.

The infection control lead undertook infection prevention and control audits six monthly. Actions were identified in the audits where appropriate, and we saw that these actions had been carried out.

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

We observed the decontamination process and found it to be in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 Decontamination in primary care dental practices, (HTM 01-05).

The practice had a dedicated decontamination room; however current security arrangements did not prevent access to unauthorised persons, for example, the room was not lockable or permanently staffed whilst the practice was open.

The decontamination room and treatment rooms had clearly defined 'dirty' and clean zones to reduce the risk of cross contamination. Staff used sealed containers to transfer used instruments from the treatment rooms to the decontamination room. Staff followed a process of cleaning, inspecting, sterilising, packaging, and storing of instruments to minimise the risk of infection. We saw that staff wore appropriate personal protective equipment during the decontamination process.

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

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

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

A Legionella risk assessment had been carried out in 2012 to determine if there were any risks associated with the premises. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). We saw that the provider had obtained an interim risk assessment in 2015. One of the actions identified in the risk assessment, namely, checks on water temperatures which can assist in reducing the likelihood of Legionella developing, were not being carried out. The provider assured us these would be put in place. Staff described to us the procedures for the cleaning and disinfecting of the dental water lines and suction equipment. This was in accordance with guidance to prevent the growth and spread of Legionella bacteria.

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

The practice had a cleaning policy in place, with an associated cleaning schedule identifying tasks to be completed and timescales for their completion. Staff were responsible for cleaning the clinical and non-clinical areas. We observed that the practice was clean, and treatment rooms and the decontamination room were clean and uncluttered. The practice followed the National specifications for cleanliness : primary medical and dental practices, issued by the National Patient Safety Agency; however cleaning equipment was not stored appropriately.

The provider had a waste policy in place but this was not dated and carried no review date. The segregation and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. The provider had arrangements for most types of waste to be removed from the premises by a contractor but did not have a contract for the removal of domestic waste. The provider put this in place following the inspection. We observed that clinical waste awaiting collection was stored securely. Spillage kits were available for contaminated spillages.

Equipment and medicines

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

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

Are services safe?

We saw contracts for the maintenance of equipment, and recent test certificates for the decontamination equipment, the air compressor and the X-ray machines. The practice carried out regular portable appliance testing, (PAT). PAT is the name of a process under which electrical appliances are routinely checked for safety.

We saw that the provider was storing one of the emergency medicines in a dedicated fridge; however no temperature monitoring of this fridge was being carried out. The provider assured us this would be put in place.

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

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

Radiography (X-rays)

The practice maintained a radiation protection file which contained the required information.

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

We saw critical examination testing had been carried out on the X-ray machines. Routine testing and servicing of the X-ray machines had also been carried out in accordance with the current recommended maximum interval of three years. We observed that none of the three X-ray machines had rectangular collimators fitted. These are attachments which can assist in reducing patients' exposure to radiation. The provider explained to us there was some confusion as to whether these needed to be fitted on the practice's X-ray machines. We recommended the provider contact the practice's Radiation Protection Adviser as soon as possible to clarify this.

One of the X-ray machines was not in use due to its proximity to the waiting room. We saw that the test report had identified that the room in which this machine was installed was not suitably constructed to protect patients and staff from unnecessary exposure to radiation. The provider told us the machine was not used but there was no physical means in place to prevent its use. We recommended that the provider either rectified this issue or de-commissioned the machine.

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

Dental care records confirmed that X-rays were justified, graded and reported on. We saw evidence of regular auditing of the quality of the X-ray images.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist carried out consultations, assessments, and treatment in line with current National Institute for Health and Care Excellence guidelines, Faculty of General Dental Practice, (FGDP), guidelines, the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention', and General Dental Council guidelines. The dentist described to us how examinations and assessments were carried out. Patients completed a medical history form with details of their health conditions, medicines being taken, and allergies, as well as details of their dental and social history. The dentist then carried out an examination. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Following the examination the diagnosis was discussed with the patient and treatment options and costs explained. Follow-up appointments were scheduled to individual requirements.

We checked dental care records to confirm what was described to us and found that the records contained sufficient detail about each patient's dental treatment.

We saw patients' signed treatment plans containing details of treatment and associated costs.

We saw evidence that the dentist used current guidelines issued by the National Institute for Health and Care Excellence Dental checks: intervals between oral health reviews to assess each patient's risks and needs, and to determine how frequently to recall them.

Health promotion and prevention

We saw that staff adhered to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. Preventive dental advice, and information on diet, and lifestyle was given to patients in order to improve their health outcomes. Where appropriate, fluoride treatments were prescribed. Information in leaflet form was available in the waiting room in relation to improving oral health and lifestyles, for example, smoking cessation.

Staffing

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

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

The provider carried out staff appraisals annually for all staff. We noted the appraisals were a two way process. Staff confirmed appraisals were used to identify training needs.

All qualified dental professionals are required to be registered with the General Dental Council, (GDC), in order to practice dentistry. To be included on the register, dental professionals must be appropriately qualified and meet the GDC requirements relating to continuing professional development, (CPD). We saw that the qualified dental professionals were registered with the GDC.

The GDC highly recommends certain core subjects for CPD, such as medical emergencies and life support, safeguarding, infection prevention and control, and radiology. The provider used lunch and learn sessions and online learning to deliver training to staff. Training included the mandatory General Dental Council core topics, health and safety, and some generic and role specific topics.

We reviewed a number of staff records and found these contained a variety of CPD, including most of the core GDC subjects. We saw that the provider had not carried out checks to ensure all staff were up to date with their CPD, for example, we found that no recent medical emergencies and life support training certificates were available for three staff, some of whom additionally worked at other practices. The provider submitted these following the inspection.

The registered manager was currently undertaking a practice manager course leading to a qualification in this field.

Working with other services

We reviewed the practice's arrangements for referrals. The dentists were aware of their own competencies and knew when to refer patients requiring treatment outwith their competencies. The dentists referred patients to a variety of secondary care and specialist options as appropriate. Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

The dentist described how they obtained valid, informed, consent from patients by explaining their findings to them and keeping records of the discussions. Patients were given a treatment plan after consultations and assessments, and prior to commencing dental treatment. The patient's dental care records were updated with the proposed treatment once this was finalised and agreed with the patient. The signed treatment plan and consent form were retained in the patients' dental care records.

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

NHS treatment costs were displayed in the waiting room along with information on dental treatments to assist patients with treatment choices. Private but not NHS fees were displayed on the practice website.

The dentist explained that they would not normally provide treatment to patients on their examination appointment unless they were in pain, or their presenting condition dictated otherwise. We saw that the dentist allowed patients time to think about the treatment options presented to them.

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

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The clinicians we spoke to had an understanding of the principles and application of the MCA.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Feedback given by patients on CQC comment cards demonstrated that patients felt they were always treated with kindness and respect, and staff were friendly, caring, and helpful. The practice had a separate room available should patients wish to speak in private. Treatment rooms were situated away from the main waiting area, and we saw that the doors were closed at all times when patients were with the dentist.

We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

Involvement in decisions about care and treatment

The dentist discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records. Patients confirmed that treatment options, risks, and benefits were discussed with them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw evidence that services were planned and delivered to meet the needs of people.

The provider was in the process of developing a maintenance and refurbishment programme to improve the practice.

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

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

We saw that the provider gathered the views of patients when planning and delivering the service via patient surveys. Staff told us that patients were always able to provide verbal feedback, and this was captured and analysed by the practice. We saw that patients' views were taken into account, for example, the provider had consulted patients in relation to the practice opening times, and in response they now opened the practice on one Saturday each month.

Tackling inequity and promoting equality

The provider had carried out a Disability Discrimination Act audit, and had taken into account the needs of different groups of people, for example, people with disabilities and people whose first language was not English.

The practice was accessible to people with disabilities, impaired mobility, and to wheelchair users. Staff provided

assistance should patients require it. Parking was available near the premises in car parks. The waiting room, reception, and one of the treatment rooms, were situated on the ground floor.

An area of the reception desk was at a suitable height for wheelchair users. Toilet facilities were situated on the ground floor and were accessible to people with disabilities, impaired mobility, but not to wheelchair users. The provider had arranged for wheelchair users to use the facilities at a nearby premises should patients require.

The practice offered interpretation services to patients whose first language was not English and to patients with impaired hearing. The practice had an induction loop available.

The practice made provision for patients to arrange appointments by telephone or in person, and patients could choose to receive appointment reminders by a variety of methods.

Access to the service

We saw that patients could access treatment and care in a timely way. The practice opening hours, and the 'out of hours' appointment information, were displayed at the entrance to the practice, provided in the practice leaflet, but not on the practice website. Emergency appointments were available daily.

Concerns and complaints

The practice had a complaints policy and procedure which was available in the waiting room and outlined in the practice leaflet. Details as to further steps people could take should they be dis-satisfied with the practice's response to their complaint were included. We saw that complaints were promptly investigated and responded to. Staff told us they raised any formal or informal comments or concerns from patients with the provider to ensure responses were made in a timely manner.

Are services well-led?

Our findings

Governance arrangements

We reviewed the provider's systems and processes for monitoring and improving the services provided for patients.

The provider had a range of policies, procedures and protocols in place to inform and guide staff in the performance of their duties. Some policies, procedures and risk assessments carried review dates but others did not. We saw that staff had signed some policies to indicate they had read them. The provider had recently obtained assistance from an external agency in updating and reviewing policies and procedures.

The provider had arrangements in place to ensure risks were identified and managed and had carried out risk assessments and put measures in place to mitigate risks. We saw that some but not all risk assessments were regularly reviewed to ensure they were up to date with regulations and guidance.

The provider used a variety of means to monitor quality and performance and improve the service, for example, via the analysis of patient feedback, carrying out audits, beyond the mandatory audits for infection control and X-rays, and the analysis of complaints.

Dental professionals' continuing professional development was not consistently monitored by the provider to ensure they were meeting the requirements of their professional registration.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained on paper and electronically. Paper records were stored securely in locked filing cabinets. Electronic records were password protected and data was backed up daily.

Leadership, openness and transparency

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

The practice held staff meetings every month. The meetings were scheduled in advance to maximise staff

attendance. We saw recorded minutes of the meetings, and noted that items discussed included clinical and non-clinical issues. The meetings were also used to discuss policies and deliver training updates, for example, in relation to safeguarding.

The practice was managed by the provider and some staff had lead roles. The provider had arrangements in place for staff supervision and support however these were not always operating effectively.

Staff said they could speak to the provider if they had any concerns, and that both were approachable. Staff confirmed their colleagues were supportive.

Learning and improvement

The provider used quality assurance measures, for example, auditing, to encourage continuous improvement in all aspects of service delivery. We saw that the audit process was functioning well. Audits we reviewed included cleaning, X-rays, infection prevention and control, and record keeping. Where appropriate, audits had clearly identified actions, and we saw that these had been carried out.

The provider gathered information on the quality of care from a range of sources, including patient feedback, surveys and the NHS Friends and Family Test, and used this to evaluate and improve the service.

Staff confirmed that learning from complaints, incidents, audits, and feedback was discussed at staff meetings to share learning in order to inform and improve future practice.

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

We saw that people who used the service and staff were involved. The provider carried out patient surveys and looked at the results to identify areas for improvement.

We saw that patient feedback was acted on, for example, patients had commented on delays to appointments and the provider had addressed this by allowing for longer appointments. The provider made the practice's own survey forms and the NHS Friends and Family Test forms available in the waiting room for patients to indicate how likely they were to recommend the practice.