

## Hall and Purchase

# Hall & Purchase - New Ollerton

## Inspection Report

Forest Road Dental Surgery  
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### Overall summary

We carried out an announced comprehensive inspection on 12 January 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 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**

The practice is located in first floor premises situated in the centre of New Ollerton in north Nottinghamshire. There are four treatment rooms. The practice provides mostly NHS dental treatments (99%). There is a free car parking to the rear of the practice.

The practice provides regulated dental services to both adults and children. Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are – Monday: 8:30 am to 5:30 pm; Tuesday: 8:30 am to 4:30pm; Wednesday: 8:30 am to 5:30 pm; Thursday: 8:30 am to 5:30 pm and Friday: 8:30 am to 4:30 pm.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message. Alternatively patients can telephone the NHS 111 telephone number.

The practice manager is the registered manager. A registered manager is a person who is registered with the

# Summary of findings

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.

The practice is registered with the Care Quality Commission (CQC) as an organisation.

The practice has three dentists; two therapists; five qualified dental nurses; three trainee dental nurses; two receptionists; two administrative staff; one cleaner and one practice manager.

Before the inspection we sent CQC comments cards to the practice for patients to complete to tell us about their experience of the practice and during the inspection we spoke with patients. We received responses from 45 patients through both comment cards and by speaking with them during the inspection. Those patients provided positive feedback about the services the practice provides.

## Our key findings were:

- The premises were visibly clean and there were systems and processes in place to maintain the cleanliness.
- The systems to record accidents, significant events and complaints, learning points from these were recorded and used to make improvements.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- There were effective systems at the practice related to the Control of Substances Hazardous to Health (COSHH) Regulations 2002.
- Patients said they had no problem getting an appointment that suited their needs.
- Patients were able to access emergency treatment when they were in pain.
- Patients provided positive feedback about their experiences at the practice. Patients said they were treated with dignity and respect.
- Dental care records did not always demonstrate that the dentists involved patients in discussions about treatment options.
- Patients' confidentiality was protected within the practice.

- The records showed that apologies had been given for any concerns or upset that patients had experienced at the practice.
- The practice mostly followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments. However there were two policies in place which gave conflicting advice.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns about a colleague's practice.
- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.

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

- Review the practice's arrangements for first aid within the practice to ensure the contents of the first aid box are checked regularly to ensure they are in date and safe to use.
- Review how the practice manages sharps in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Particularly in respect of signing and dating sharps bins.
- Review the practice's infection control procedures and protocols giving 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.

- Review audit protocols to record learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.

Review the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.

# 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.

The systems for recording accidents, incidents and complaints were robust.

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

There were effective systems at the practice related to the Control of Substances Hazardous to Health (COSHH) Regulations 2002.

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

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

The practice was visibly clean and had infection control procedures to ensure that patients were protected from potential risks. Regular audits of the decontamination process were as recommended by the current guidance.

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

No action



### Are services effective?

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

All patients were clinically assessed by a dentist before any treatment began. The practice used a recognised assessment process to identify any potential areas of concern in a patient's mouth including their soft tissues (gums, cheeks and tongue). However, discussions with patients about the options for treatment were not always recorded in the dental care records.

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

The practice had systems in place for making referrals to other dental professionals when it was clinically necessary.

No action



### Are services caring?

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

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

No action



# Summary of findings

Feedback from patients identified staff were friendly, and treated patients with care and concern. Patients also said they were treated with dignity and respect.

There were systems for patients to be able to express their views and opinions.

## Are services responsive to people's needs?

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

Patients who were in pain or in need of urgent treatment could usually get an appointment the same day. There were arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays

Patient areas including treatment rooms were all located on the first floor. As a result patients with restricted mobility including wheelchair users were seen at the sister practice which was fully accessible to patients with restricted mobility and using a wheelchair.

The practice had an induction hearing loop to assist patients who used a hearing aid.

Interpreters were readily available for patients whose could not speak English. There were instructions for staff in how to book interpreters and ensure patients' needs were met.

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

No action



## Are services well-led?

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

There was a clear management structure at the practice. Staff were aware of their roles and responsibilities within the dental team, and knew who to speak with if they had any concerns. Staff said they felt well supported and there were systems for peer review and clinical discussion.

The practice had a system for carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided. However, action plans from audits where improvements were needed were not always produced.

Policies and procedures had been kept under review.

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

No action



# Hall & Purchase - New Ollerton

## Detailed findings

### Background to this inspection

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

We carried out an announced, comprehensive inspection on 12 January 2017. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked for information to be sent, this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies.

We reviewed the information we held about the practice and found there were no concerns.

We reviewed policies, procedures and other documents. We received feedback from 45 patients about the dental service.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had systems for recording and investigating accidents, significant events and complaints. The practice had an accident book to record any accidents to patients or staff. The last recorded accident had been in October 2016 when a patient had fallen within the practice. This had been analysed and also recorded as a significant event. The accident was due to be discussed at a staff meeting on 23 January 2016.

The practice had not needed to make any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reports although staff said they were aware how to make these reports.

The records identified there had been four significant events in the twelve months leading up to this inspection. There were forms in the practice for recording any significant events and recording learning points. It was practice policy that significant events were analysed and discussed in staff meetings to share learning. The most recent significant event was the accident identified previously where a patient fell in the practice.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. The practice had an alerts management policy and a system for sharing the information with all staff who signed to say they had read the alert and were aware of the information.

The practice did not have a duty of candour policy but were aware of the underlying principles. 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. Discussions with the practice manager identified there had been one example of a dentist making an error which had seen the patient receive an apology, reassurance and an explanation. This had been recorded within the practice and treated as a significant event. Discussions with the practice manager identified they knew when and how to notify CQC of incidents which caused harm.

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

The practice had a policy for safeguarding vulnerable adults and children which had been reviewed in November 2016. The policy identified how to respond to and escalate any safeguarding concerns. The relevant contact telephone numbers and flow chart for protection agencies were available for staff both within the policy and in each treatment room. Discussions with staff showed that they were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary. The practice manager said there had been no safeguarding referrals made by the practice. The practice completed an in-house concerns form to record information of concern which did not constitute a safeguarding incident but had been identified as worthy of recording. For example where a patient was confused and attended for appointments on the wrong day.

The practice manager was the identified lead for safeguarding in the practice. The practice also had a designated child protection officer who was up to date and experienced in safeguarding procedures and practice. The child protection officer had received enhanced training in child protection and safeguarding vulnerable adults. We saw evidence that all staff had completed annual safeguarding training updates and were up to date with this training.

The practice had guidance for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. There were risk assessments for all products and there were copies of manufacturers' product data sheets. Data sheets provided information on how to deal with spillages or accidental contact with chemicals and advised what protective clothing to wear.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 4 May 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a policy for dealing with sharps injuries which was on display in treatment rooms. It was practice policy that only dentists handled needles and they were

# Are services safe?

not re-sheathed. The practice had a system to allow sharp instruments to be handled and disposed of safely. This was in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) We saw the sharps bins were located in areas where only the dentist could access them. The 2013 regulations indicated sharps bins should not be located on the floor and should be out of reach of small children. Sharps bins were not signed and dated, the National Institute for Healthcare Excellence (NICE) guidelines: 'Healthcare-associated infections: prevention and control in primary and community care' advise – sharps boxes should be replaced every three months even if not full. Signing sharps boxes would allow staff to identify when the three month expiry date had been reached.

Discussions with dentists identified they were using rubber dams when providing root canal treatment to patients. Guidance from the British Endodontic Society is that rubber dams should be used whenever possible. A rubber dam is a thin, square sheet, usually of latex free 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 (treatment involving the root canal of the tooth) is being provided. On the rare occasions when it is not possible to use rubber dams, the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured. We saw the practice had a supply of rubber dam kits available.

## Medical emergencies

The dental practice had equipment in preparation for any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the medicines and found they were all in date. There were systems in place to check expiry dates and monitor that equipment was safe and working correctly.

There was a first aid box which was located behind reception. We saw many of the contents were out of date and arrangements were made to replace the first aid box

during the inspection. One staff member had completed a first aid at work course. The staff member's certificate was on display behind reception. The training had been completed on 21 March 2016.

There was an automated external defibrillator (AED) at the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The AED was being checked regularly to ensure it was working correctly. This complied with the Resuscitation Council UK guidelines. We saw there were records to demonstrate the equipment was checked regularly to ensure it was working correctly. The type of defibrillator held at the practice had been subject to a safety alert. The practice had checked their defibrillator, taken advice and put measures in place to assure its effectiveness.

All staff at the practice had completed basic life support and resuscitation training in September 2015. We saw certificates that had been issued to staff following this training. We saw that this training was booked to be refreshed on 20 January 2017.

Additional emergency equipment available at the practice included: airways to support breathing, a bag valve mask for manual resuscitation and oxygen masks for adults and children.

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies.

## Staff recruitment

We looked at the staff recruitment files for six staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.



# Are services safe?

We saw that every member of staff had received a DBS check. Company policy was that DBS checks were renewed every three years. We discussed the records that should be held in the recruitment files with the practice manager.

## **Monitoring health & safety and responding to risks**

The practice had a risk based approach to health and safety with risk assessments due for review in June 2017. The principal dentist was the lead person who had responsibility within the practice for different areas of health and safety. As part of the health and safety approach each area of the practice had been risk assessed to identify potential hazards and identify the measures taken to reduce or remove them.

Records showed that fire extinguishers had been serviced in May 2016. The practice had a fire risk assessment which identified the steps to take to reduce the risk of fire. The risk assessment had been reviewed in May 2016. We saw there was a manual fire alarm system installed with battery operated smoke alarms and emergency lighting throughout the practice. Fire evacuation notices were displayed for staff and patients outlining the action to take if a fire occurred. Records showed the practice held a fire drill three monthly with the last one completed on 19 September 2016.

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

A Business Continuity Plan was available in the practice and copies were held off site. This had last been reviewed and updated in October 2016. The plan identified the steps for staff to take should there be an event which threatened the continuity of the service. A list of emergency contacts formed part of the plan, and were displayed in the decontamination room for staff reference.

## **Infection control**

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of

equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

We saw the practice had two infection control policies which had been reviewed in October 2016. Copies were readily available to all staff. However, we noted they gave conflicting advice with regard to some aspects of the infection control process. For example one policy said instruments should be date stamped after being sterilised with a date one year later. The second policy said instruments should be stamped with a date 21 days after being sterilised. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures.

Records showed that regular six monthly infection control audits had been completed. This was as recommended in the guidance HTM 01-05. The last three audits were completed in January 2016, July 2016 and in January 2017. The latest audit had scored 99% and an action plan was in place to address issues highlighted in the audit.

The practice had a clinical waste contract, and waste matter was collected regularly. Clinical waste was stored securely away from patient areas while awaiting collection. The clinical waste contract also covered the collection of amalgam, a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had a spillage kit for mercury and a bodily fluids spillage kit both of which were in date.

There was one decontamination room where dental instruments were cleaned and sterilised and then bagged, date stamped and stored. Personal protective equipment (PPE) was available for staff to protect staff from injury or contamination. This included the use of heavy duty gloves, aprons and protective eye wear. We noted that staff did not always wear PPE while working in the decontamination room. The practice had latex free gloves available to avoid any risk to staff or patients who might have a latex allergy.

A dental nurse demonstrated the decontamination process.

The practice had an ultrasonic cleaner. An ultrasonic cleaner is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound and a solvent solution. There would be times when manual



# Are services safe?

cleaning techniques would be necessary either as a back-up or if the ultrasonic cleaner had not been successful. The practice had the necessary equipment to complete manual cleaning including a digital thermometer, long handled brush and heavy duty gloves. However, we saw no protocol for manual cleaning to guide staff in manual cleaning techniques. After cleaning, instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in one of the practice's autoclaves (a device for sterilising dental and medical instruments). The practice had two autoclaves which were designed to sterilise dental instruments. At the completion of the sterilising process, all instruments were dried, placed in pouches and dated with a use by date. We noted several instruments in treatment rooms which were not dated; staff said this was because they were being used that day. This did not follow the guidance in either of the two infection control policies in the practice.

We checked the equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers' instructions. There were records to demonstrate this and that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

The practice had a policy for dealing with blood borne viruses dated December 2016 this included a flow chart for staff to understand the necessary actions to be taken to reduce the risk. There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required. Records showed that blood tests to check the effectiveness of the inoculation had been taken. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The risks associated with Legionella had been assessed. This assessment had been completed by an external contractor in July 2015. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice had taken steps to reduce the risks associated with Legionella with regular flushing of dental water lines as identified in the relevant guidance. Recommendations identified within the assessment included completing quarterly dip slides. We saw

documentary evidence to identify that quarterly dip slides had been completed. Dip slides are a means of testing the microbial content (bacteria) in a liquid through dipping a sterile carrier into that liquid and monitoring any bacterial growth.

## Equipment and medicines

The practice kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing had been completed on electrical equipment at the practice in September 2016. The gas supply at the practice had been checked in November 2016. The pressure vessel checks on the compressor which produced the compressed air for the dental drills had been completed in February 2016. This was in accordance with the Pressure Systems Safety Regulations (2000). Records showed the autoclaves had been serviced and validated in November 2016.

The practice had all of the medicines needed for an emergency situation, as recommended in the 'British National Formulary' (BNF).

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. We identified issues with the prescription pads in the practice. There were stocks of pre-filled in prescriptions which had been stamped with the practice stamp. Following discussions with the practice manager and a dental nurse this system was abandoned to improve the security of prescription pads.

## Radiography (X-rays)

There was a Radiation Protection file which contained the relevant information and records relating to the X-ray machines and their safe use on the premises.

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

X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out. The local rules had been reviewed and updated in June 2016.

## Are services safe?

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

The practice had critical examination documentation for two of the four X-ray machines. Critical examinations are completed when X-ray machines are installed to document they have been installed and are working correctly. The principal dentist said copies would be sent to CQC following the inspection.

Records showed the X-ray equipment had been inspected in February 2016. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years. The regulations also required providers to inform the Health and Safety Executive (HSE) that X-rays were being carried out on the premises. Documentary evidence confirmed the HSE had been informed in January 2006.

None of the intraoral X-ray machines were fitted with rectangular collimation. Rectangular collimation is a specialised metal barrier attached to the head of the X-ray machine. The barrier has a hole in the middle used to reduce the size and shape of the X-ray beam, thereby reducing the amount of radiation the patient receives and the size of the area affected. Therefore the Ionising Radiation Regulations (Medical Exposure) Regulations 2000 (Regulation 7) were not being followed.

The practice used digital X-rays, which allowed the image to be viewed almost immediately, and relied on lower doses of radiation. This therefore reduced the risks to both the patients and staff.

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice held both electronic dental care records and hard copy paper care records for each patient. Dental care records contained information about the assessment and treatment. We saw some inconsistency with regard to recording the discussion and advice given to patients by dentists. Discussion of the options was identified by staff, but not always recorded clearly. The care records showed a thorough examination had been completed, and identified any risk factors such as smoking and diet for each patient.

New patients at the practice completed a medical history form which was added to their dental care records. Returning patients updated their information which was reviewed with the dentist in the treatment room. The patients' medical histories included any health conditions, medicines being taken, whether the patient might be pregnant or had any allergies.

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

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

### Health promotion & prevention

The practice had one waiting room for patients. There were leaflets and posters to demonstrate good oral hygiene techniques. In treatment rooms we saw leaflets to assist dentists in providing advice on stopping smoking. There were free samples of toothpaste for patients available in the practice.

Children seen at the practice were offered fluoride varnish application and fluoride toothpaste if they were identified as being at risk. The use of fluoride varnish was in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' This has been produced to support dental teams in improving patients' oral and general health. There were copies of this document available in the practice. Discussions with staff showed they had a good knowledge and understanding of 'delivering better oral health' toolkit.

We saw several examples in patients' dental care records that the dentist had provided advice on the harmful effects of smoking, alcohol and diet and their effect on oral health. With regard to smoking, the dentist had particularly highlighted the risk of dental disease and oral cancer. The dental care records contained an oral cancer risk assessment. In some dental care records we saw the risk assessments for caries (tooth decay) and periodontal disease (gum disease) were also recorded.

### Staffing

The practice had three dentists; two therapists; five qualified dental nurses; three trainee dental nurses; two receptionists; two administrative staff; one cleaner and one practice manager. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Records within the practice showed there were sufficient numbers of staff to meet the needs of patients attending the practice for treatment.

We looked at staff training records for clinical staff to identify that they were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Training records for clinical staff contained copies of training certificates and CPD details for relevant staff during the inspection. Examples of training completed included: radiography (X-rays), medical emergencies, infection control, and safeguarding.

# Are services effective?

(for example, treatment is effective)

Records at the practice showed that all staff had received an annual appraisal. Appraisal records went back over several years to demonstrate the appraisal system was embedded into the culture of the practice. We saw evidence of new members of staff having an in-depth induction programme.

## **Working with other services**

The practice made referrals to other dental professionals based on risks or if a service was required that was not offered at the practice. We saw the practice referred to other local dental services and for minor oral surgery.

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred to other dental practices who provided this service. Children or patients with special needs who required more specialist dental care were referred to the community dental service through the on-line referral system.

Referrals were made to the Maxillofacial department at the local hospital for minor oral surgery for wisdom tooth removal. For patients with suspicious lesions (suspected cancer) referrals were faxed through to the hospital.

## **Consent to care and treatment**

The practice had a patient consent policy which had been reviewed in October 2016. The policy made reference to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves. However, staff had not received formal training with regard to the MCA and therefore knowledge among staff was varied.

We saw how consent was recorded in the patients' dental care records. This led the patients concerned to make informed choices about their treatment and give valid consent.

We talked with dental staff about their awareness of Gillick competency. This refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge. We saw that staff had an understanding of Gillick competency. Records showed that most staff had completed training in legal and ethical issues which included Gillick competency.

# Are services caring?

## Our findings

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

During the inspection we observed staff speaking with patients. We saw that reception staff were polite, and had a friendly and welcoming manner. We saw that dental professionals spoke with patients with due regard to dignity and respect.

The reception desk was located within the main body of the practice. We asked reception staff how patient confidentiality was maintained at reception. Staff said that details of patients' individual treatment were never discussed at the reception desk. In addition if it was necessary to discuss a confidential matter, there were areas of the practice where this could happen such as an unused treatment room.

We saw examples that showed patient confidentiality was maintained at the practice. For example we saw that computer screens could not be overlooked at the reception desk. Patients' dental care records were held securely and password protected.

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

We received positive feedback from 45 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection, and by speaking to patients in the practice during the inspection.

The practice offered mostly NHS treatments (99%) and the costs of NHS treatments were clearly displayed in the waiting room. If patients were receiving treatment they were given a treatment plan which included the costs. The costs for private treatment were available from reception.

We spoke with dentists about how patients had their diagnosis and dental treatment discussed with them. Some dentists but not all demonstrated in the patient care records how the treatment options and costs were explained and recorded. Patients were given a written copy of the treatment plan which included the costs.

Where necessary the dentist gave patients information about preventing dental decay and gum disease. In particular the dentist had highlighted the risks associated with smoking and diet, and we saw examples of this recorded in the dental care records. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The patient areas of the practice were located on the first floor. There was parking including disabled parking close to the dental practice.

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

We saw there was a good supply of dental instruments, and there were sufficient instruments to meet the needs of the practice.

Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient the same day. To facilitate this, the practice made specific appointment slots available for patients who were in pain or required emergency treatment.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist. The appointment book also identified where patients were being seen in an emergency.

### Tackling inequity and promoting equality

There were four treatment rooms all of which was situated on the first floor. The practice was not accessible to patients with restricted mobility or who used a wheelchair. These patients would be referred to the sister practice which was located in Warsop approximately seven miles away.

The practice had a hearing induction loop to assist patients who used a hearing aid. The Equality Act requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices.

Discussions with staff identified that the practice had never needed to use an interpreter service. If this was needed in the future staff said the details for a recognised company to provide interpreter services for patients whose first language was not English were available.

### Access to the service

The practice's opening hours were – Monday: 8:30 am to 5:30 pm; Tuesday: 8:30 am to 4:30pm; Wednesday: 8:30 am to 5:30 pm; Thursday: 8:30 am to 5:30 pm and Friday: 8:30 am to 4:30 pm.

Access for urgent treatment outside of opening hours was by telephoning the practice and following the instructions on the answerphone message. Alternatively patients could telephone the NHS 111 telephone number. An NHS out-of-hours dentistry service also operated locally and the contact details were displayed outside the front door.

The practice operated a text message reminder service for patients who had appointments with the dentist 48 hours before their appointment was due.

### Concerns & complaints

The practice had a complaints policy which explained how to complain and identified time scales for complaints to be responded to. Other agencies to contact if the complaint was not resolved to the patients satisfaction were identified within the complaints policy.

Information about how to complain was displayed in the patient information file in the waiting room.

From information reviewed in the practice we saw that there had been no formal complaints received in the 12 months prior to our inspection. Documentation within the practice showed the last complaint had been received in 2015. Complaints had been handled appropriately and an apology and an explanation had been given to the patient when required. The practice had carried out an audit of complaints to identify any trends or common themes.



# Are services well-led?

## Our findings

### Governance arrangements

We saw a number of policies and procedures at the practice these had been reviewed in 2016, mostly during October.

During the inspection we identified a number of examples where equipment or consumables were past their use by dates. In some cases this had been some considerable time past their use by dates. Particular examples being the contents of the first aid box, the glucose contained within the emergency medicines, some bagged dental instruments and dental materials such as dental cement. In each case there was a system in place to check the contents or items identified and this had failed to detect the issue.

We also identified that stock rotation within the practice was not effective as there was out of date stock in some cupboards in treatment rooms.

As part of the infection control audit the practice identified they had checked the dates of sterilised packaged dental instruments. However, during the inspection we found a number of packaged instruments with no date and one packaged instrument dated 2010.

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

### Leadership, openness and transparency

The practice had a management structure to assist in providing the service. We saw that full staff meetings at this practice were scheduled for once every three months throughout the year. The most recent staff meeting had taken place on 19 September 2016 with the next meeting scheduled for 23 January 2017. Staff meetings were minuted and minutes were available to all staff.

Discussions with staff showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

There was an awareness of the duty of candour which directed staff to be open and to offer apologies when things had gone wrong. However, the practice did not have a formal policy to guide staff. Discussions with staff showed

they understood the principles behind the duty of candour. In the previous two years there had been two examples where patients had received an apology and explanation after things had gone.

The practice had a whistleblowing policy which had been reviewed in May 2016 identified how staff could raise any concerns they had about colleagues' under-performance, conduct or clinical practice. This was both internally and with identified external agencies. A copy of the policy was available on any computer in the practice.

### Learning and improvement

We saw the practice completed a range of audits throughout the year. This was for clinical and non-clinical areas of the practice. The audits identified both areas for improvement, and where quality had been achieved. Examples of completed audits included: regular six monthly infection control audits with the last three audits completed in January 2016, July 2016 and in January 2017. Action plans had been produced to address issues highlighted during the audits; We saw that audits of radiography (X-rays) had not been completed formally between November 2012 and December 2016. Radiography audits had been restarted before this inspection. The radiography audits checked the quality of the X-rays including the justification (reason) for taking the X-ray and the clinical findings which had been recorded in the dental care records. The practice had audited their dental care records for each clinician and all results were recorded as good. We saw that the results of audits had been discussed at staff meetings.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals are required to complete 150 hours over the same period. We saw that key CPD topics such as IRMER (related to X-rays), medical emergencies and safeguarding training had been completed by all relevant staff.

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

The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The

## Are services well-led?

FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box was being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS England. The latest information on the NHS choices website showed 43 patients had responded and 98% would recommend the practice to their family and friends.

Information displayed in the practice waiting room showed 31 patients had provided feedback in December 2016 and 30 patients said they would recommend the practice to their family and friends. Feedback from FFT responses was displayed on a poster in the waiting room.

There were six patient reviews recorded on the NHS Choices website. These were mostly positive reviews. We noted the practice had not responded to the patient comments on the NHS Choices website.

The practice had completed its own satisfaction survey in July 2016. Fifty patients at the practice had been identified at random and asked to complete a satisfaction questionnaire. The results had been analysed and were available within the practice. The analysis had produced an action plan to address areas for improvement identified in the survey.

Documentation in the practice showed there had been an annual staff survey for several years. The results had been analysed and where necessary action points had been identified.