

Genix Healthcare Ltd

# Genix Healthcare Dental Clinic - Havant

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 30 December 2015 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**

Genix Healthcare Dental Clinic, Havant is located in the Meridian shopping centre in the middle of Havant. The practice is situated on the first floor and is accessible to patients by lift, staircase and escalator. The practice was registered with the Care Quality Commission (CQC) in August 2011. The practice provides regulated dental services to patients in Havant and the surrounding area.

The practice provides mostly NHS dental treatment, with approximately 95% of treatment being NHS. Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice is open: Mondays: 8 am to 6:30 pm; Tuesdays: 8 am to 8 pm; Wednesdays: 8 am to 6:30 pm; Thursdays: 8 am to 8 pm; Fridays: 8 am to 6:30 pm and Saturdays: 8:30 am to 12:30 pm. Access for urgent treatment outside of opening hours is by ringing the NHS 111 telephone number.

# Summary of findings

The practice has three dentists, five dental nurses, two receptionists, one practice manager and one trainee dental nurse.

At the time of the inspection a local manager with the provider organisation was 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 18 patients about the services provided from a variety of sources including the NHS Choices website and in the practice. Patients within the practice expressed satisfaction with the whole service from reception desk through to the dentist's chair. Feedback from NHS Choices was mixed.

## **Our key findings were:**

- The practice had systems and processes to record accidents, significant events and complaints.
- Learning from any complaints and significant incidents was recorded and learning was shared with staff.
- When necessary apologies were given to patients when things had gone wrong.
- All staff had received whistle blowing training and were aware of these procedures and how to use them.
- Patients spoke very positively about the dental service they received, and several recounted positive experiences they had at the practice.
- Patients said they were treated with dignity and respect, from the reception desk through to seeing the dentist.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies.

- Emergency medicines, an automated external defibrillator (AED), and oxygen were readily available. 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 practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control.
- Patients' care and treatment was planned and delivered in line with National Institute for Health and Care Excellence (NICE) guidelines.
- Patients said they were involved in making decisions about their treatment, and records in the practice supported this view.
- Options for treatment were identified and explored and discussed with patients.

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

- Review the control of substances hazardous to health (COSHH) file to ensure the data was up to date and kept under review.
- Carry out an audit of patients' medical history forms to identify that they had been completed in line with practice policy.
- Consider offering patients an appointment after they had been referred to other services to check they have made a full recovery and answer any questions they might have.
- Review the sterilisation procedures, so that it is clear that instruments have been through the decontamination process and sterilised.

Disconnect bottles from water systems when treatment rooms are not in use for an extended period of time.

# 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 practice recorded any accidents and significant events and learning points were shared with staff in team meetings.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts and took appropriate action including sharing information with staff.

Staff had been trained 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.

The practice had the necessary emergency equipment including an automated external defibrillator (AED) and oxygen. 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.

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.

Infection control procedures followed published guidance to ensure that patients were protected from potential risks.

Equipment used in the decontamination process was maintained by a specialist company and regular frequent checks were carried out to ensure equipment was working properly and safely.

X-rays were carried out safely in line with published guidance, and X-ray equipment was regularly serviced to make sure it was safe for use.

### **Are services effective?**

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

Patients were clinically assessed by a dental professional before any treatment began. This included completing a health questionnaire or updating one for returning patients who had previously completed a health questionnaire. The practice used a recognised assessment process to identify any potential areas of concern in patients' mouths.

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 recalls, wisdom tooth removal and the use of antibiotics.

The practice had sufficient numbers of qualified and experienced staff to meet patients' needs.

There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Staff were able to demonstrate that referrals had been made in a timely way when necessary.

### **Are services caring?**

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

Staff were aware of the need for confidentiality, and took steps to ensure patients' confidentiality. This was both in the practice with the patients, and with regard to record keeping.

Patients were treated with dignity and respect.

Staff at the practice were welcoming to patients and made efforts to help patients relax.

# Summary of findings

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

The practice had an appointments system which patients said was accessible and met their needs. The appointments system included a text message reminder service. Patients who were in pain or in need of urgent treatment were usually seen the same day.

The practice had level access throughout, so that patients with restricted mobility could access the practice and receive treatment.

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

There were systems for patients to make formal complaints, and these were acted upon, and apologies given when necessary.

## **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, and staff were aware of their roles and responsibilities.

The practice was carrying out audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided, although these needed some further development.

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

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

# Genix Healthcare Dental Clinic - Havant

## 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 30 December 2015. The inspection team consisted of a Care Quality Commission (CQC) inspector and two dental specialist advisors.

Prior to the inspection CQC were made aware of concerns by NHS England. These were primarily in relation to infection control. Those concerns prompted CQC to carry out this comprehensive inspection.

Before the inspection we reviewed information we held about the provider together with information that we asked them to send to us in advance of the inspection. During our inspection visit, we reviewed a range of policies and procedures and other documents including dental care records. We spoke with seven members of staff, including members of the management team.

Before the inspection we asked the practice to send us information which we reviewed. This included the complaints they 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 also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we reviewed policies, procedures and other documents. We received feedback from 18 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 procedures for recording, investigating, responding to and learning from accidents, significant events and complaints. Documentation showed the last recorded accident had occurred in September 2015, this being a minor injury to a member of staff. The cause had been identified and steps taken to ensure this was not repeated.

We saw documentation that showed the practice was aware of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). The principal dentist said that there had been no RIDDOR notifications made, although they were aware how to make these on-line. There was a poster in the waiting room about RIDDOR to explain the process.

The practice had a system for recording and dealing with significant incidents. The practice had one recorded significant event in the last year. This incident related to concerns raised by NHS England primarily in relation to infection control. Documentation within the practice identified that the provider had carried out an in depth investigation and put measures in place to address those concerns.

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. Alerts were received by the practice manager who then shared the information with staff if and when relevant. The most recent MHRA alert the practice had received related to issues with a test strip for monitoring blood glucose levels. This had been received on 21 December 2015.

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

The practice had a joint safeguarding vulnerable adults and children policy which had been reviewed in April 2015. The policies identified how to respond to any concerns and how to escalate those concerns. 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. Posters with a flow chart and the relevant contact phone numbers were on display in staff areas of the practice.

The practice manager was the identified lead for safeguarding in the practice and had received enhanced training in child protection to support them in fulfilling that role. Staff training records showed that all staff at the practice had undertaken training in safeguarding adults and children during 2015.

The practice had a policy and procedure to assess risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The policy directed staff to identify and risk assess each substance at the practice. Steps to reduce the risks included the use of personal protective equipment (gloves, aprons and masks) for staff, and the safe and secure storage of hazardous materials. There were data sheets from the manufacturer on file to inform staff what action to take if an accident occurred for example in the event of any spillage or a chemical being accidentally splashed onto the skin. We saw that chemicals were stored securely at the practice. However, the COSHH file had not been audited, and as a result we saw that some of the data was not up to date and in need of review.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 31 March 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

We saw the practice was using a safe system for syringes and needles in accordance with the sharps regulations 2013. We discussed this with clinical staff who outlined the steps taken to reduce the risks of sharps injuries. We were assured that the practice had considered the risks and taken suitable steps to reduce those risks.

Discussions with dentists and review of patients' dental care records identified the dentists were using rubber dams routinely when completing root canal treatments. Best practice guidelines from the British Endodontic Society say that dentists should be using rubber dams. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

### Medical emergencies

# Are services safe?

The dental practice had a policy for dealing with medical emergencies; this had been reviewed and updated on 28 August 2015.

There were emergency medicines and oxygen to deal with any medical emergencies that might occur. These were located in a secure central location, and all staff members knew where to find them. We checked the medicines and found they were all in date. We saw the practice had a system in place for checking and recording expiry dates of medicines, and replacing when necessary.

The practice had a first aid box, and we saw the contents were checked regularly. Two staff members had completed a first aid at work course, and the training was still in date at the time of our inspection.

The practice had an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Records showed all staff had completed basic life support and resuscitation training on 13 May 2015.

Resuscitation Council UK guidelines suggest the minimum equipment required includes an AED and oxygen which should be immediately available. The practice had two oxygen cylinders, two portable suction kits and two ambu bags to assist with resuscitation. There were masks and airways available in a variety of sizes, including for adults and children. Records showed that staff were checking the equipment on a regular basis to ensure it was in good working order.

Discussions with staff identified they understood what action to take in a medical emergency. Minutes of staff meetings showed that medical emergencies had been discussed in team meetings, and staff were reminded of the action to take in an emergency. Staff said they had received training, and medical emergencies had been discussed in team meetings. We spoke with two members of staff who were able to describe the actions to take in relation to various medical emergencies including a cardiac arrest (heart attack).

## **Staff recruitment**

We looked at the personnel files for five staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities)

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

We found that all members of staff had received a DBS check, and in the records we sampled all had been completed within the last five years. We discussed the records that should be held in the recruitment files with the practice manager, and saw the practice recruitment policy and the regulations had been followed.

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

The practice had both a health and safety policy and environmental risk assessments. Risks to staff and patients had been identified and assessed, and the practice had measures in place to reduce those risks. For example, they had obtained a first aid box and had trained staff members in first aid at work.

The practice had other specific policies and procedures to manage other identified risks. These included: fire safety and manual handling. Records showed that fire detection and fire fighting equipment such as fire alarms and emergency lighting were regularly tested. The fire extinguishers had last been serviced in April 2015. The practice had four fire extinguishers, of two different types – water and carbon dioxide. This would allow staff to extinguish a small fire safely with the appropriate type of extinguisher. The last recorded fire drill was in August 2015.

The practice had a health and safety law poster on display in a staff area of the practice. 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.

Staff training records identified that staff had received up-to-date training in health and safety matters, including fire training.

## **Infection control**

# Are services safe?

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.

Prior to the inspection the Care Quality Commission (CQC) were made aware of concerns by NHS England. These were primarily in relation to infection control. Those concerns prompted CQC to carry out this comprehensive inspection. During the course of the inspection we identified that the provider had taken appropriate steps to address the concerns.

The practice had an infection control policy, the relevant parts of which were on display in the decontamination room and the treatment rooms. The policy described how cleaning should be completed at the premises including the treatment rooms and the general areas of the practice. 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 all staff had received training in infection control.

Records showed that regular six monthly infection control audits had been completed, with the last audit dated 18 November 2015. Where issues had been identified an action plan had been completed to address these. Evidence showed that steps had been taken to address the action plans, and improvements and changes had been completed as a result.

The practice used sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) The bins were wall mounted and located out of reach of small children. The Health and safety Executive (HSE) had issued guidance: 'Health and safety (sharp instruments in healthcare) regulations 2013', and the practice were following the guidance.

The practice had a clinical waste contract, and waste matter was collected weekly. Clinical waste was stored 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 spillage kits for both mercury and bodily fluids. The mercury spillage kit was in date and stored in a central location where staff could access it when needed.

The practice had two dedicated decontamination rooms that had been organised in line with HTM 01-05. One decontamination room was designated the dirty room, and one was the clean room. We saw there was a clear flow through from dirty to clean to reduce the risk of cross contamination and infection. After being cleaned and sterilised dental instruments were date stamped to show how long they would remain sterile. Staff wore personal protective equipment during the process to protect themselves from injury. These included gloves, aprons and protective eye wear.

The practice had a washer disinfector which is a piece of equipment similar to a domestic dishwasher specifically designed to clean dental instruments. After the washer disinfector instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in an autoclave (a device for sterilising dental and medical instruments). At the completion of the sterilising process, instruments were dried, packaged, sealed, stored and dated with an expiry date.

The practice had one steam and one vacuum autoclave. The steam autoclave was designed to sterilise non-wrapped or solid instruments. The vacuum autoclave was for sterilising hollow and wrapped instruments. At the completion of the sterilising process, instruments were dried, packaged, sealed, stored and dated with an expiry date.

We found that most instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). A dental nurse demonstrated the decontamination process, and we saw the procedures used followed the practice policy. Guidance and instructions were on display within the decontamination rooms for staff reference.

We noted that some instruments were bagged and dated, but did not appear to have been sterilised. This was demonstrated as the bag had not changed colour, and on examination we saw some instruments still had debris on them, and had not been cleaned effectively. We discussed this with the practice manager and a dental nurse. This part of the procedure was not working effectively, and the



# Are services safe?

practice manager said the infection control procedures would be reviewed. Following the inspection we received information from the practice manager identifying that the practice had changed their supplier for single use burs (drill bits that fit into a dental hand piece). All burs would in future be individually packaged and sterile. Burs already in the practice had been individually packaged and re-sterilised. The practice had also disposed of any dental instruments with visible signs of degradation or deterioration. The practice manager had also requested a new vacuum autoclave with an integral data logger which would improve the record keeping and monitoring of the effectiveness of the sterilisation process.

We checked the equipment used for cleaning and sterilising was maintained and serviced regularly in accordance with the manufacturers' instructions. There were daily, weekly and monthly records to demonstrate the decontamination processes to ensure that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

Staff files showed that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. Health professionals who are likely to come into contact with blood products, or are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections. A sharps injury is a puncture wound similar to one received by pricking with a needle.

The practice had a policy for assessing the risks of Legionella, and a risk assessment had been updated on 4 December 2015. This was to ensure the risks of Legionella bacteria developing in water systems had been identified and measures taken to reduce the risk of patients and staff developing Legionnaires' disease. Legionella is a bacterium found in the environment which can contaminate water systems in buildings.

The practice was flushing the water lines used in the treatment rooms. This was done for two minutes at the start of the day, and for 30 seconds between patients, and again at the end of the day. A concentrated chemical was used for the continuous decontamination of dental unit water lines to reduce the risk of Legionella bacterium

developing in the water lines. We noted that in one unused treatment room the water bottle was still connected to the water system and had not been removed and allowed to drain.

## Equipment and medicines

Records showed that equipment at the practice was maintained and serviced in line with manufacturer's guidelines and instructions. Documents at the practice showed that portable appliance testing (PAT) had taken place on all electrical equipment within the last twelve months. Fire extinguishers were checked and serviced by an external company and staff had been trained in the use of equipment and evacuation procedures. Records showed the fire extinguishers had been serviced annually with the last service in October 2015.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Emergency medicines and oxygen were available, and located centrally and securely ready for use if needed.

Prescription pads at the practice were numbered and a log was kept. Numbered prescription pads were allocated to dentists, and the prescription pads were stored securely when not in use.

## Radiography (X-rays)

The dental practice had a radiation protection file were all records and information related to the X-ray equipment was held.

There were four intraoral X-ray machines at the practice (intraoral X-rays concentrate on one tooth or area of the mouth). There was also one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the entire jaw and lower skull, this was located in a specific room for the purpose. The intraoral X-ray equipment was located in each of the four treatment rooms. We saw that 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 identified the practice had a radiation protection supervisor (RPS) this was all dentists working at the practice and a radiation protection advisor (RPA) - a company specialising in servicing and maintaining X-ray equipment. The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS be appointed and

## Are services safe?

identified in the local rules. Their role is to ensure the equipment is operated safely and by qualified staff only. The measures in place protected people who required X-rays to be taken as part of their treatment.

Records showed the X-ray equipment had last been serviced on 24 October 2014 with a follow up visit on 17 November 2015. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is serviced at least once every three years. There were no issues identified from this latest service of the equipment.

Staff training records identified that dentists were up to date with their training for the use of the X-ray machines, and carrying out radiographs. With two dentists having completed the training within the past 13 months, and the third having recently completed vocational training before joining the practice.

The practice was using digital radiograph images which rely on lower doses of radiation, and do not require the chemicals to develop the images required with conventional radiographs.

All patients were required to complete medical history forms 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 current guidance from the Faculty of General Dental Practice (UK) (FGDP-UK). 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 kept dental care records for each patient. These records included all information about the assessment, diagnosis, treatment and advice given to patients by dental healthcare professionals. We reviewed the dental care records for five patients, we found that an up to date medical history had been taken on each occasion.

Patients' medical histories included any health conditions, current medicines being taken and whether the patient had any allergies. These were taken for every patient attending the practice for treatment. For returning patients the medical history focussed on any changes to their medical status. We saw that dentists were not always signing the medical history forms to show they had seen the information and verified it with the patient. This suggested that an audit was required to identify that practice policy was being followed.

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

We saw that dentists used nationally recognised guidelines on which to base treatments and develop longer term plans for managing patients' oral health. Dental care records showed that treatments had been relevant to the symptoms or findings, treatment options were explained and adequate follow up had been arranged. Discussions with dentists showed they were aware of NICE guidelines, particularly in respect of recalls of patients, antibiotic prescribing and wisdom tooth removal.

### Health promotion & prevention

There was literature in the waiting room and reception area about the services offered at the practice. However, there was no information about how to improve patients' oral health. For example: information about the risks associated with smoking. The practice manager said these leaflets had run out and were being re-ordered.

We saw examples in patients' dental care records that an assessment of the patients' smoking, alcohol and diet had been completed.

The practice had participated in a health initiative with a local charity – The Chernobyl Children's Life Line. The charity raised funds to bring children suffering the after effects of the Chernobyl nuclear disaster on a respite holiday to the UK. It is estimated that one month away from the contamination can add up to two years to the children's life expectancy and greatly reduce their chances of developing thyroid cancer. In addition the radiation the children are living with can affect their teeth and gums. Therefore, when the children were in the UK the charity ensured they received dental check ups and treatment, as they did not have access to this at home.

During the summer of 2015 the charity brought 14 children to the local area and the practice provided the dentistry the children needed for free. This was the second year this had happened, as a group of children had previously visited for dental treatment during 2014.

Public Health England had produced an updated document in 2014: 'Delivering better oral health: an evidence based toolkit for prevention'. Following the guidance within this document would be evidence of up to date thinking in relation to oral healthcare. Discussions with dentists showed they were aware of this guidance and used it in their practice.

### Staffing

The practice had three dentists, five dental nurses, two receptionists, one practice manager and one trainee dental nurse. An additional dentist had been appointed and would be starting work at the practice in February 2016. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

We reviewed staff training records and saw staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the General Dental Council (GDC). The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This

# Are services effective?

(for example, treatment is effective)

was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Examples of training completed included: Safeguarding and X-rays and radiology (IRMER).

The practice appraised the performance of its staff with annual appraisals. We saw evidence in three staff files that appraisals had been completed. We also saw evidence of new members of staff having an induction programme. We spoke with two members of staff who said they had received an annual appraisal within the last year.

## **Working with other services**

The practice made referrals to other dental professionals when it was clinically indicated that a referral should be made. For example referral for treatment at the dental hospital if there was suspected cancer or the patient required advanced oral surgery.

There was a log of referrals made to other professionals, and this showed a high number of referrals to the local hospital for oral surgery. This would include difficult wisdom tooth removal and oral surgery beyond the scope of the practice.

The practice also referred to the community dental service for nervous patients who might require sedation or for children who required an extraction.

The practice was not recording the outcome following the referral, and there was no evidence of follow up appointments after the referral to check the patient had made a full recovery, and answer any questions.

## **Consent to care and treatment**

The practice had a consent policy which made reference to the Mental Capacity Act (2005) (MCA) and Gillick competence. Most patients at the practice were receiving NHS care and treatment; as a result the standard NHS treatment plan and consent form (FP17DC) was used. Reception staff explained how consent forms, which were part of the estimate and treatment plan, were scanned into the patients' records.

Discussions with a dentist showed they were aware of and understood the use of Gillick competency for young persons. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment without the need for parental permission or knowledge.

The consent policy also had a description of competence or capacity and how this affected consent. The policy linked this to the MCA. Staff meeting minutes showed the MCA had been discussed including its relevance in dental practice. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Discussions with dentists identified their awareness and understanding of the MCA.

# Are services caring?

## Our findings

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

During the inspection we took time to observe how the staff spoke with patients and whether they treated patients with dignity and respect. Our observations showed that patients were being treated politely, and in a professional manner. We saw that reception staff took time and made an effort to put patients at their ease.

Care Quality Commission (CQC) comment cards completed by patients identified they thought the staff treated people with dignity and respect.

Reception staff told us that they were aware of the need for confidentiality when conversations were held in the reception area. The practice played music to make it difficult for other patients to hear conversations at the reception desk. As a result the practice had both a Performing Rights Licence (PPL) and a Performing Rights Society (PRS) licence. If a patient conversation was required to be held in private, staff said that the manager's office next to reception was available.

We observed several patients being spoken with by staff throughout the day, and found that confidentiality was being maintained. We saw that patient dental care records were held securely and computers were password protected. However, in the treatment rooms it was possible to hear conversations in the room next door. This was in part due to the design of the ceiling which had open sections. The practice manager showed us that the ceilings were being changed, and this would improve the confidentiality in treatment rooms and would also have a positive affect with regard to infection control. In the short term, while the ceiling work was being completed, staff said they were aware their conversations could be overheard, and avoided breaching patient confidentiality.

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

We received positive feedback from 18 patients about the dental practice from a variety of sources. This was from speaking with patients in the practice, through Care Quality

Commission (CQC) comment cards we left at the practice prior to our inspection and from comments on the NHS Choices website. Feedback from all sources within the practice was positive, with patients expressing satisfaction with all aspects of their care and treatment. Feedback from the NHS Choices website over the last year was mixed. There were four comments within the previous 12 months which were very positive, with patients expressing their complete satisfaction. However, there were also four comments over the same time period from patients who were not satisfied with the treatment they received or the customer care.

Patients said the dentists involved them in decisions about their care and treatment, and they had the opportunity to ask questions, and dentists explained treatment in a way they could easily understand.

The practice offered mainly NHS treatments, with some private treatment available. Both sets of costs were clearly displayed in the practice.

We spoke with dentists, and dental nurses who said that each patient had their dental treatment and diagnosis discussed with them. Treatment options and costs were explained before treatment started. Feedback from patients identified that patients were involved in discussions about treatment options. The patients we spoke with in the practice said the dentist discussed treatment options and provided explanations if the patient did not understand. Where necessary information about preventing dental decay was given to improve patients' oral health. The dental care records were updated with the proposed treatment after discussing the options. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines.

Dental care records we reviewed demonstrated that dentists recorded the information they had provided to patients about their treatment and the options open to them. Patients received a written treatment plan which clearly outlined their treatment and the cost involved.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Feedback from patients about appointments was positive. Three patients made reference to the appointments system, and being seen quickly in an emergency. Two others had commented that it was easy to get an appointment at a time that suited. When patients were in pain or where treatment was urgent the practice made efforts to see the patient the same day.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist.

The practice opening times suited patients, with late night opening until 8:00 pm two nights a week as well as being open on Saturday mornings.

New patients were asked to complete a medical and dental health questionnaire. This allowed the practice to gather important information about the patient's previous and current dental and medical history. For returning patients the medical history was updated so the dentists could respond to any changes in health status.

The treatment rooms were spacious and well equipped. We saw there was a good supply of dental instruments, and there were sufficient instruments to meet the needs of the practice.

### Tackling inequity and promoting equality

The practice was situated on the first floor of a shopping centre, and was accessible to patients by lift, staircase and escalator.

The practice had a hearing induction loop situated behind reception. A hearing induction loop would enable a person wearing a hearing aid to hear more clearly by simple adjustment of their hearing aid. The Equality Act (2010) required where 'reasonably possible' hearing loops to be installed in public spaces.

The practice had good access to all forms of public transport being situated in the town centre. There were a number of pay and display car parks within a short walk of the practice including the shopping centre. This included a disabled parking bay.

Patients said that they were usually seen on time, and making an appointment was easy, as the reception staff were both friendly and helpful.

### Access to the service

The practice was open: Mondays: 8 am to 6:30 pm; Tuesdays: 8 am to 8 pm; Wednesdays: 8 am to 6:30 pm; Thursdays: 8 am to 8 pm; Fridays: 8 am to 6:30 pm and Saturdays: 8:30 am to 12:30 pm.

The practice had late opening times particularly on Thursdays and the Saturday mornings. These allowed patients who worked 9 am to 5 pm Mondays to Fridays to access the service at a time that was convenient for them. The appointments system included a text message reminder service for patients.

Access for urgent treatment outside of opening hours was by ringing 111 the NHS out-of-hours service. This information was available in the practice, in the practice leaflet and on the NHS Choices website ([www.nhs.uk](http://www.nhs.uk)).

The practice operated a text message service to remind patients they had an appointment. This service had been set up following feedback from patients who had requested the service.

### Concerns & complaints

The practice had a complaints procedure for patients who wanted to make a complaint. The procedure explained the process to follow, and included other agencies to contact if the complaint was not resolved to the patients satisfaction. This included NHS England and the Health Service Ombudsman.

Information about how to make a complaint was displayed in the practice waiting room, in the practice leaflet and on the practice website.

The NHS Choices website had received eight comments from patients from December 2014 about this dental practice. Four comments were positive and four were negative.

From information received before the inspection we saw that there had been seven formal complaints received in the past 12 months. Records within the practice showed that complaints received previously had been handled in a

# Are services responsive to people's needs? (for example, to feedback?)

timely manner, and there was evidence of investigation into the complaints with the outcomes recorded. The records also showed that apologies had been given for the concern and upset the patients had experienced.

# Are services well-led?

## Our findings

### **Governance arrangements**

There was a clear management structure at the practice, with a practice manager in post. Staff said they understood whom they could speak with if they had any concerns. Staff said that the practice held regular staff meetings, and we saw copies of minutes from those meetings. Two staff members said there was good communication within the staff team.

We reviewed a number of policies and procedures at the practice and saw that most had been reviewed and where relevant updated during 2015. However, there were areas that could be improved with regard to auditing for example the control of substances hazardous to health (COSHH) and the patients' medical history forms.

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

The practice had a practice manager, who had been newly appointed. They were studying an Institute of Leadership and Management (ILM) course in dental practice management to level four.

The practice held regular staff meetings, which were minuted, and we saw copies of those minutes. The meetings also served as an information sharing forum for any issues related to the practice.

Staff said there was an open culture at the practice which encouraged honesty. A recent issue which had affected the whole staff team had been managed effectively, and staff were able to demonstrate they had moved on from that issue. Staff said they were confident they could raise issues or concerns at any time with the practice management team without fear of discrimination. This had been demonstrated recently. Staff we spoke with said the practice was a friendly place to work with a good team spirit. Staff members said they felt part of a team, were well supported and knew what their role and responsibilities were.

The practice had a staff employee handbook, which was dated September 2014. A hard copy of the handbook was given to each employee at the practice. The handbook was also available electronically on all computers within the practice. Within the handbook there was a whistleblowing policy which was dated December 2011. This policy identified how staff could raise any concerns they had

about colleagues' conduct or clinical practice. This was both internally and with external agencies. We discussed the whistleblowing policy with three members of staff. They were aware of the policy, and knew the circumstances when it could or would be used.

We saw examples in the complaints file, where apologies had been given to patients for the distress and anxiety caused. We also saw that when things had gone wrong which had affected patients, the practice had been open and honest in addressing those issues.

### **Learning and improvement**

We found staff were aware of the practice values, such as promoting good oral health for patients attending the practice for care and advice, understanding and meeting the needs of patients and involving them in decisions about their care. Staff showed awareness of national guidelines, as these were discussed at staff meetings. Staff were able to demonstrate that they worked towards these values.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Documentation at the practice showed that training opportunities were available to all staff, and this was encouraged by the management team. Staff said they had good access to training; this was a mixture of in-house training and some external training.

Staff training records showed that staff had been encouraged to attend training throughout the year addressing both clinical and non-clinical subjects.

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

The practice had an NHS Friends & Family (F&F) box in the waiting room to collect the views of patients. There was also the facility to record this feedback electronically. Analysis of the F&F information showed positive comments, with patients saying they were extremely likely to recommend the practice to friends and family. The practice had produced written feedback for patients, but were awaiting a colour printer to be able to display the graphs showing the information clearly.

The patients we spoke with said they were aware of the F&F box in the waiting room. However, none had ever completed a questionnaire, or provided any formal feedback to the practice.



## Are services well-led?

The practice had its own patient satisfaction survey and information was gathered and feedback to staff to patients. The practice reviewed feedback from patients, and held regular staff meetings where feedback from patients was discussed.

There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns. The practice had a staff survey which was operated by the provider. Results were analysed at head office and shared with the practice. The practice manager said the results of the latest survey were expected shortly.