

Mr. Mark Roberts

# Keyworth Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 11 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

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

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

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

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

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

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

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

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

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

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

#### **Background**

Keyworth Dental Practice is situated on the first floor of a premises close to the centre of the village of Keyworth to the south east of Nottingham. The practice was registered with the Care Quality Commission (CQC) in May 2011. The practice provides regulated dental services to patients from Keyworth and the surrounding area. The practice provides mostly private dental treatment (90%). Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are: Monday: 9 am to 7 pm; Tuesday and Thursday: 9 am to 5:30 pm; Wednesday: 8:30 am to 5 pm; and Friday 9 am to 5 pm. The practice is open some Saturdays 9 am to 1 pm.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message. The practice is part of the south Nottinghamshire rota for private patients. Alternatively patients should ring the 111 telephone number for access to the NHS emergency dental service.

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

# Summary of findings

The practice has two dentists; two dental hygienist/therapists; three dental nurses; one trainee dental nurse and one receptionist.

We received positive feedback from 31 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by speaking with patients in the practice.

## **Our key findings were:**

- Patients spoke positively about their experiences of the dental services they received, and said they were treated with dignity and respect.
- Dentists identified the treatment options, and explored and discussed these with patients.
- Patients' confidentiality was maintained.
- There were systems in place to record accidents, significant events and complaints, and where learning points were identified these were shared with staff.
- The records showed that apologies had been given for any concerns or upset that patients had experienced at the practice.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- 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 oxygen and emergency medicines.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control.
- Dentists involved patients in discussions about the care and treatment on offer at the practice. Patient recall intervals were in line with National Institute for Health and Care Excellence (NICE) guidance.

# 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.

Accidents and significant events were recorded and learning points were shared with staff.

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

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

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

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

The practice 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. Equipment used in the decontamination process was maintained by a specialist company and regular 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.

All patients were clinically assessed by a dental professional before any treatment began. This included completing a health questionnaire or updating one for returning patients. The practice used a recognised assessment process to identify any potential areas of concern in a patient's mouth, jaws and neck, including their soft tissues (gums, cheeks and tongue). Additional assessments were completed on children to ensure preventative measures for tooth decay were effective.

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

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 understood the need for maintaining patient confidentiality and were able to demonstrate how they achieved this in both the reception area and the treatment rooms.

# Summary of findings

Patients said they were well treated, and staff were friendly, polite and caring. Feedback identified that the practice treated patients with dignity and respect.

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

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

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

## **Are services responsive to people's needs?**

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

Patients said they had no problem getting an appointment. Patients who were in pain or in need of urgent treatment could usually get an appointment the same day.

The practice was located on the first floor. There was a stair lift to help those with restricted mobility manage the stairs.

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 in the practice leaflet.

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

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.

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

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

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

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

Patients were able to express their views and comments, and the practice listened to those views and acted upon them. Regular feedback was given to patients following surveys to gather patients' views.

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

# Keyworth Dental Practice

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 11 March 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the 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 spoke with six members of staff during the inspection.

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

We reviewed policies, procedures and other documents. We received feedback from 31 patients about the dental service.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice recorded and investigated accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed the last recorded accident had occurred in December 2015 this being when disinfectant splashed into a staff member's eye. Following this accident staff were retrained on the use of personal protective equipment (PPE) and an eye bath was purchased. Accident records went back over several years to demonstrate the practice had recorded and addressed issues relating to safety at the practice.

The practice had a policy for RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) which had been updated in July 2015. RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). Staff said there had been no RIDDOR notifications made although they were aware how to make these on-line. The accident policy had details of how to make a RIDDOR report together with a flow chart for ease of reference.

The practice recorded significant events. The records showed there had been four significant events in the 12 months up to the inspection visit. We saw that the significant events had been analysed and discussed in staff meetings. We also saw that the practice had made changes to practice policy in response to two of the significant incidents.

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 receptionist by e mail and were analysed and information shared with staff if and when relevant. The receptionist showed that the most recent alert had been received in March 2016 and related to a particular medicine. On this occasion this had not affected the practice, but the information had been kept on file for information.

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

The practice had separate policies for safeguarding vulnerable adults and children. The children's policy had been reviewed and updated in August 2015 and the vulnerable adults policy in September 2015. Both 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. A flow chart and the relevant contact telephone numbers were on display in reception, in the safeguarding file and in the staff room.

The practice had an identified lead for safeguarding in the practice and this was the principal dentist supported by a dental nurse. The lead had received enhanced training in child protection to support them in fulfilling that role. We saw the practice had a safeguarding file which contained all of the relevant information and the action plan should the practice have any concerns relating to safeguarding.

Staff training records showed that all staff at the practice had undertaken training in safeguarding adults and children. This had been completed on 27 January 2016 in the practice.

There was a policy, procedure and risk assessment to assess risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The policy had been reviewed and updated in July 2015. This policy directed staff to identify and risk assess each chemical 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.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 3 January 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a sharps policy which directed staff how to handle sharps (particularly needles and sharp dental

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instruments) safely. We saw the practice used a recognised system for handling sharps safely in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy.

We discussed the use of safer sharps with a dentist and dental nurse, who outlined the steps taken to reduce the risks of sharps injuries. 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 bins in the decontamination room and treatment rooms were located off the floor. The guidance indicated sharps bins should not be located on the floor, and should be out of reach of small children. The Health and safety Executive (HSE) guidance: 'Health and Safety (Sharp Instruments in Healthcare) Regulations 2013', was being followed.

Copies of the practice's sharps policy and how to deal with sharps injuries were displayed in the clinical areas of the practice.

Discussions with dentists and review of patients' dental care records identified the dentists were using rubber dams when completing root canal treatments. 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. For additional safety dentists were also using parachute chains. A parachute chain is a chain which attaches to dental instruments on one end to a ring on the dentists' finger at the other.

## 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. We saw there was a system in place for checking and recording expiry dates of medicines, and replacing when necessary. The practice also had a collapse procedure flow chart on display in the practice to guide staff.

There was a first aid box in the practice and we saw evidence the contents were being checked regularly. The principal dentist had completed a medical emergencies course and was the designated first aiders for the dental practice.

There was an automated external defibrillator (AED) held in 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 on a daily basis to ensure it was working correctly.

Resuscitation Council UK guidelines suggest the minimum equipment required and includes an AED and oxygen which should be immediately available. Staff at the practice had completed basic life support and resuscitation training on 7 May 2015.

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

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 four 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 personnel 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. We discussed the records that should be held in the recruitment files with the principal dentist, 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; both had been updated in September 2015. We saw that health and safety was covered in induction, with both the employee and the



# Are services safe?

employer signing to evidence health and safety had been discussed. Risks to staff and patients had been identified and assessed, and the practice had measures in place to reduce those risks. For example: the step at the bottom of the stairs, the glass door in the practice and the gas boiler.

Records showed that fire detection and fire fighting equipment such as fire alarms and emergency lighting were regularly tested. The fire risk assessment had been updated in July 2015. The fire extinguishers had last been serviced in November 2015. Minutes of staff meetings showed that fire safety had last been discussed in August 2015.

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

## Infection control

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

The practice had an infection control policy a copy of which had been reviewed in February 2016. The policy was readily available to staff working in 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 that regular six monthly infection control audits had been completed as identified in the guidance HTM 01-05. The last audit in February 2016 scored 99%.

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; however this did not have a use by date. Following the inspection the mercury spillage kit was replaced and was dated to expire in April 2019.

There was a dedicated decontamination room that had been organised in line with HTM 01-05. The decontamination room had dirty and clean areas, and there was a clear flow between to reduce the risk of cross contamination and infection. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear.

We found that 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.

The practice had a washer disinfectant (a machine for cleaning dental instruments similar to a domestic dish washer). After the washer disinfectant 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 one vacuum autoclave, which was designed to sterilise unwrapped or solid instruments. At the completion of the sterilising process, instruments were dried, packaged, sealed, stored and dated with an expiry date.

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 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.

We examined a sample of dental instruments that had been cleaned and sterilised using the illuminated magnifying glass. We found the instruments to be clean and undamaged.

The practice kept records to demonstrate that staff had received inoculations against Hepatitis B and had received regular blood tests to check the effectiveness of that



# Are services safe?

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 this blood borne infection.

The practice had a policy for assessing the risks of Legionella; this had been reviewed in July 2015. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice was aware of the risks associated with Legionella and had taken steps to reduce them with regular water tests, which were recorded.

The practice was flushing the dental unit 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 dental unit water lines. This followed the published guidance for reducing risks of Legionella developing in dental water lines.

## Equipment and medicines

The practice maintained a file of records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing (PAT) had been completed on electrical equipment at the practice during 2015. The practice had the equipment and training to enable them to complete their own PAT testing, and the equipment had been calibrated in February 2016. Fire extinguishers were checked and serviced by an external company and staff had been trained in the use of equipment and evacuation procedures.

The practice had all of the medicines needed for an emergency situation, as identified in the current guidance. Medicines were stored securely and there were sufficient stocks available for use. Medicines used at the practice were stored and disposed of in line with published guidance.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

## Radiography (X-rays)

The dental practice had two intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth). 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 the principal dentist. There was also a 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.

Records showed the X-ray equipment had last been serviced in December 2015. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is serviced at least once every three years.

The practice used digital X-ray images; these rely on lower doses of radiation, and do not require the chemicals to develop the images required with conventional X-rays. This makes them safer for both patients and staff.

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. There were risk assessments in place for pregnant and nursing mothers.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings. Discussions with dentists identified that grading of the X-rays occurred every time one was taken, to judge if the equipment was working correctly. We saw examples of this in practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice held dental care records for each patient. We saw a small number of patient care records to confirm information we had gathered during the inspection. The dental care records contained information about the assessment, diagnosis, treatment and advice given to patients by dental healthcare professionals. The care records showed a thorough examination had been completed, and included examination of the soft tissues including the tongue and the jaw and neck.

Patients at the practice completed a medical history form, or updated their details. The dentist then checked the medical history with the patient before treatment began. The patients' medical histories included any health conditions, medicines being taken and whether the patient had any allergies.

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

### Health promotion & prevention

The practice had a large waiting room, and information for patients was on display. There was assorted literature about the services offered at the practice, as well as health promotion advice. A staff member had produced a display which identified the amount of sugar present in individual

food and drink. This was represented by bags containing measured amounts of sugar. The display was visually striking and a number of patients commented on the display during the inspection.

Discussions with the principal dentist identified that during oral cancer awareness month the practice displayed posters and leaflets to inform patients of the risks. In addition during this campaign the practice offered free oral cancer checks. These were for anyone whether they were registered at the practice or not.

A dentist explained that children seen at the practice were assessed on an individual basis to check their risk of dental decay. This resulted in children being offered fissure sealants (a plastic coating that is painted onto the grooves of the back teeth to protect them). In addition the practice routinely provided fluoride application varnish and fluoride toothpaste to all children identified as being at risk. This was in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' Which has been produced to support dental teams in improving patients' oral and general health.

Staff at the practice said they always got involved with national campaigns, such as: national smile month and national no smoking day in March.

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

### Staffing

The practice has two dentists; two dental hygienist/therapists; three dental nurses; one trainee dental nurse and one receptionist. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

We looked at staff training records and these identified that staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to

# Are services effective?

(for example, treatment is effective)

ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Examples of training completed included: radiography (X-rays), medical emergencies, and safeguarding.

Records at the practice showed that appraisals had been completed for all staff. The principal dentist said the format had changed each year to have a different focus and emphasis. Appraisals were completed in the first three months of the calendar year for all staff. We saw evidence in four staff files that appraisals had taken place. 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.

## **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: when complex treatment was required, for difficult extractions, sedation services or for orthodontic treatment. The practice usually referred to the community dental service or the maxillofacial unit at the local NHS hospital.

Records within the practice identified that referral for patients with suspected oral cancer had been made within the two week window for urgent referrals, and these were tracked to ensure they had been received and the patient seen. Records identified that referrals had been sent the same day the patient had been seen.

Where dental care records showed that a referral had been made, the records also identified that patients' had been involved in discussions about the referral and the reasons why it had been necessary.

## **Consent to care and treatment**

The practice had a consent policy which made reference to assessing a patient's capacity and the Mental Capacity Act 2005 (MCA) and best interest decisions. The policy had been reviewed in February 2016. The MCA provided a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves.

The practice recorded consent directly into the patients' dental care record. The dentist discussed the treatment plan, and explained the process, which allowed the patient to give their informed consent.

Discussions with the principal dentist showed they were aware of and understood the use of Gillick to record competency for young persons. Gillick competence 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.

The practice gave an example of an older patient where consent had become an issue. Discussions identified the practice had followed the consent policy and acted within the legal framework for consent.

# Are services caring?

## Our findings

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

Throughout the inspection we observed how staff spoke with and treated patients. We saw that staff were friendly, polite and professional. Our observations showed that patients were treated with dignity and respect throughout the dental practice.

The reception desk was located within the waiting room. We discussed the need for confidentiality with reception staff who explained how this was achieved. Staff said if it were necessary to discuss a confidential matter, there were areas of the practice where this could happen, such as an unused treatment room. Staff said that all details of patients' individual treatment was discussed in the privacy of the treatment room.

We observed staff speaking with several patients throughout the day, and found that confidentiality was being maintained both at the reception desk and in the treatment room. We saw that patients' dental care records were held securely.

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

We received feedback from 31 patients on the day of the inspection. This was through Care Quality Commission (CQC) comment cards, and through talking to patients in the practice. Feedback was wholly positive with patients

particularly noting the staff being friendly, and receiving good dental care. The CQC comment cards identified that more than half the patients who responded specifically mentioned the dentists had involved them in decisions about their dental care and treatment. Several patients said the dentists took the time to explain the treatment and there was an opportunity to ask questions.

The practice offered mostly private treatments and the costs were clearly displayed in the practice. The cost of NHS treatment within the banding scheme was also identified in the practice.

We spoke with two dentists, and two dental nurses who explained how each patient had their diagnosis and dental treatment discussed with them. The treatment options and costs involved were explained before treatment started. Patients were given a written copy of the treatment plan which included the costs.

Where necessary dentists gave patients information about preventing dental decay and gum disease. This included discussions about smoking and diet, and the effects of carbonated drinks with a high sugar content on the patient's teeth, gums and mouth. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines. Information posters for patients regarding the frequency of dental visits and the NICE guidelines were displayed within the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice was situated in a building close to the centre of the village. There was car parking available at the rear of the practice. There were no ground floor treatment rooms.

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.

We spoke with two patients during the inspection. Patients said they had not had a problem getting an appointment. Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient within 24 hours, and usually 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.

### Tackling inequity and promoting equality

There was an equality, diversity and human rights policy, which had been reviewed in August 2015.

The practice was situated on the first floor of a building close to the centre of Keyworth. Patients were able to access the practice either by a flight of stairs or for those with limited mobility by a stair lift. There were no treatment rooms on the ground floor.

The practice had good access to all forms of public transport with a bus stop located close by. There was car parking behind the practice.

The practice had reviewed its Equality Act 2010 Access Audit in September 2015. Following this audit the practice had considered the needs of patients with restricted mobility. Particularly in respect of them accessing the service and meeting their dental needs. In addition there was a portable hearing induction loop situated in reception. The Equality Act requires where 'reasonably possible' hearing loops to be installed in public spaces, such as dental practices.

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

The practice had access to a recognised company to provide interpreters, and this included the use of sign language. Staff said that there were very few patients who could not speak English, and if language was a barrier the patient usually brought someone to interpret therefore avoiding the need for interpreters.

### Access to the service

The practice's opening hours were: Monday: 9 am to 7 pm; Tuesday and Thursday: 9 am to 5:30 pm; Wednesday: 8:30 am to 5 pm; and Friday 9 am to 5 pm. The practice was open some Saturdays 9 am to 1 pm.

Access for urgent treatment outside of opening hours was by telephoning the practice and following the instructions on the answerphone message. The practice was part of the south Nottinghamshire rota for out-of-hours private dental treatment. Alternatively patients could ring the 111 telephone number for access to the NHS emergency dental service.

Patients were sent a text reminder that their appointment was due the following day.

### Concerns & complaints

The practice had a complaints procedure which had been reviewed in July 2015. 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 Parliamentary and Health Service Ombudsman.

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

From information received before the inspection we saw that there had been no formal complaints received in the past 12 months, only positive comments via the Family and Friends test.

# Are services well-led?

## Our findings

### Governance arrangements

We reviewed a number of policies and procedures at the practice and saw that they had been reviewed and where relevant updated during 2015 and 2016. The organisation had a management plan which included the review and updating of policies and procedures.

Staff said they understood their role and could speak with the principal dentist if they had any concerns. Staff said they understood the management structure at the practice. We spoke with four members of staff who said they were happy working at the practice, and there was good communication within the staff team.

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

### Leadership, openness and transparency

The practice held staff meetings throughout the year, with full staff meetings scheduled on a six weekly basis. Staff meetings were minuted and minutes were available to all staff. We saw minutes identified topics such as health and safety and staff training.

We spoke with several staff at the practice who told us there was an open culture. Staff said they could voice their views, and raise concerns. Dentists were available to discuss any concerns and there was support available regarding clinical issues. Observations showed there was a friendly attitude towards patients from all of the staff. Discussions with different members of the team showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

Staff at the practice had the General Dental Council's (GDC) nine principles to meeting the GDC standards available. This was to offer guidance and remind them of the key steps to good practice.

The practice had a whistleblowing policy which had been reviewed in September 2015. This policy identified how staff could raise any concerns they had about colleagues' conduct or clinical practice. This was both internally and with identified external agencies. We discussed the whistleblowing policy with a dental nurse

who was able to give a clear account of what the procedures were for, and when and how to use them. The policy was available on the staff room notice board and also on any computer in the practice.

### Learning and improvement

We saw there was a schedule of audits completed throughout the year. This was for both clinical and non-clinical areas of the practice. The audits identified both areas for improvement, and where quality had been achieved, particularly in respect of clinical areas. During the inspection we saw completed audits for infection control, dental care records and radiographs (X-rays). Records showed that audits of other areas of the practice were carried also completed on a regular basis, and the results analysed to drive improvements.

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 need to complete 150 hours over the same period.

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

The practice had a NHS Friends and Family (F and F) comment box which was located in the waiting room. The F and F comment box was used specifically to gather regular feedback from the NHS patients, and to satisfy the requirements of NHS England. The responses within the boxes were analysed on a monthly basis.

We visited the NHS Choices website and reviewed the information and comments that patients had left about the practice. The website identified that 10 patients had provided feedback at the practice the previous month and 90% said they would recommend this dentist.

In the 12 months leading up to the inspection there had only been one comment posted on the NHS Choices website, this was a positive comment.

The practice also conducted its own patient satisfaction survey on a regular basis. The results were analysed and discussed in staff meetings and were used to make improvements within the practice.