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Glenfield Dental

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 13 March 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found 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

Glenfield Dental is a dental practice providing NHS care and private care for adults and children. Where private treatment is provided some is under a fee per item basis and some under a dental insurance plan. The practice is situated in a converted property and has six dental treatment rooms; two on the ground floor and four on the first floor. There is a reception and waiting area on the ground floor and a reception and waiting room on the first floor. There were also other rooms used by the practice for office facilities and storage. The practice is open from 9.00am to 5.30pm Monday to Friday and from 9.00am to 1.00pm on Saturdays by appointment.

The practice has three full time dentists, one of them being the principal dentist and two further part time dentists. They are supported by a part time dental therapist, three part time dental hygienists, seven dental nurses, three trainee dental nurses, a practice manager, five receptionists and an administrator.

The practice is able to provide general dental services including endodontic (root canal) treatment, orthodontic treatment, implants and cosmetic dentistry. The practice also provides the option of treatment under conscious sedation and the expected arrangements are in place to do this safely. Conscious sedation is the use of medicines to reduce alertness and help the patient relax but still be able to hear and respond to the dentist if necessary, while treatment is carried out. The practice also carries out a small number of domiciliary visits.

Summary of findings

The principal dentist is registered with the Care Quality Commission as an individual. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience. We received feedback from a total of 47 patients. All feedback was positive with patients commenting favourably on the quality of care and service they received, the professional, kind, helpful and caring nature of staff and the cleanliness of the practice.

Our key findings were:

- Staff reported incidents which were investigated, discussed and learning implemented to improve safety.
- The practice was visibly clean and well maintained and infection control procedures were in line with the requirements of the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health. However we found that the large external clinical waste bin used by the practice was locked but not secured to the wall and sharps bins were not replaced after three months in line with national guidance. Following our inspection the practice manager told us these issues were being addressed.
- The practice had medicines and equipment for use in a medical emergency which were stored securely and were in accordance with national guidelines. However two items were not available in the correct dose and the glucagon did not have the correct expiry date. These issues were rectified during or immediately after our inspection.
- Use of X-rays on the premises was in line with the Regulations.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Patients commented that they were extremely pleased with the care they received and that staff were helpful, caring, considerate and polite.
- The practice had suitable facilities and was equipped to treat patients and meet their needs.
- Governance arrangements were in place for the smooth running of the practice. The practice carried out a range of audits, however not all audits had documented learning points or associated action plans.
- The practice undertook a small number of domiciliary visits and not all appropriate protocols were in place to ensure the visits were carried out in line with national guidance. Following our inspection, the practice manager informed us that they had started to implement the appropriate protocols and were reviewing their provision of domiciliary services.

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

- Review its audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.
- Review the practice's protocols for domiciliary visits to ensure they are suitable giving due regard to national guidance.
- Review the practice's waste handling policy and procedure to ensure clinical waste is stored securely prior to collection and sharps bins are replaced in accordance with relevant regulations and giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).

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 had a system in place to identify, investigate and learn from significant events.

There were sufficient numbers of suitably qualified staff working at the practice to meet patients' needs.

Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Infection control procedures were in line with the requirements of the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health. However we found that the large external clinical waste bin used by the practice was locked but not adequately secured and sharps bins were not replaced after three months in line with national guidance. Following our inspection the practice manager told us these issues were being addressed.

The practice had medicines and equipment for use in a medical emergency which were in accordance with national guidelines with the exception that two items were not available in the correct dose and the glucagon did not have the correct expiry date. These issues were rectified during or immediately after our inspection.

The practice undertook a small number of domiciliary visits and not all appropriate protocols were in place to ensure the visits were carried out in line with national guidance. Following our inspection, the practice manager informed us that they had started to implement the appropriate protocols and were reviewing their provision of domiciliary services.

Use of X-rays on the premises was in line with the Regulations.

Arrangements for the provision of treatment under conscious sedation were in line with published guidance.

No action



Are services effective?

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

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

Staff demonstrated a strong commitment to oral health promotion.

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

Clinical staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

No action



Summary of findings

The practice had a process in place to make referrals to other dental professionals when appropriate to do so.

Are services caring?

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

We received feedback from 47 patients and these provided an overwhelmingly positive view of the service the practice provided. Comments reflected that patients were very pleased with their care and commented on the helpful, caring, considerate and polite nature of the staff. Patients told us treatment options were explained to them and they were involved in decisions about their treatment.

We observed that patients were treated with dignity and respect and the confidentiality of patients' private information was maintained.

No action



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 good facilities and was equipped to treat patients and meet their needs.

Routine dental appointments were available, as were urgent on the day appointments. Patients told us they found it easy to get an appointment in a timely way with the practice.

Information was available for patients in the practice's leaflet and on the practice's website.

The practice was in a converted building and the patient services which were on the ground floor of the building were wheelchair accessible.

Information about how to complain was available to patients and complaints were responded to appropriately.

The practice had access to telephone interpreter services should they be required for patients who did not speak English.

No action



Are services well-led?

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

Staff told us that they felt well supported and enjoyed their work.

Staff had received regular appraisal of their performance and there were regular practice meetings.

The practice had policies and protocols in place to assist in the smooth running of the practice.

There was an open culture within the practice and staff felt able to raise any concerns within the practice.

Feedback was obtained from patients and we saw evidence that this was discussed and were told it would be acted upon to make changes to the service provided if appropriate.

No action



Glenfield Dental

Detailed findings

Background to this inspection

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

We carried out an announced, comprehensive inspection on 13 March 2017. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We reviewed information we held about the practice prior to our inspection.

During the inspection we spoke with the practice manager, three dentists, dental nurses and receptionists.

To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the 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

Staff we spoke with had a good understanding of the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and guidance was provided for staff to aid them to consider when a report would be necessary. There had been no reported incidents.

The practice had systems and processes to report, investigate and learn from significant events and near misses. There was an Incident management procedures policy which had been reviewed in January 2017. Events were recorded within the practice and the practice manager monitored them in order to identify any themes or trends. Records we looked at demonstrated that events had been reviewed and discussed at practice meetings in order to share any learning.

The practice manager told us that national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession were sent to their email address. We saw evidence that recent alerts had been acted upon.

Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. Staff had received in house training on this subject and staff were encouraged to be open and honest if anything was to go wrong. This was evident in the way incidents and complaints had been dealt with.

Reliable safety systems and processes (including safeguarding)

The practice had policies in place for safeguarding children and vulnerable adults which had been reviewed in January 2017. The practice manager was named as the safeguarding lead for the practice. Information regarding relevant agencies to contact with any safeguarding concerns was available in different areas of the practice.

We saw evidence that staff had received safeguarding training to the appropriate level for their role. The practice manager told us that although the staff had received online training they were also in the process of sourcing face to face training to provide further training in this area.

The practice had an up to date employers' liability insurance certificate. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969. This was due for renewal in November 2017.

We spoke with dentists who told us they were using rubber dams when providing root canal treatment to patients whenever possible and described the alternative method they would use when a rubber dam was difficult to place. This was in line with guidance from the British Endodontic Society. A rubber dam is a thin, square sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment (treatment involving the root canal of the tooth) is being provided.

We spoke with staff about the procedures to reduce the risk of sharps injury in the practice. The practice had a sharps injury policy which had been reviewed in January 2017. There were comprehensive protocols and signage for dealing with needle stick injuries displayed in each treatment room. Records we saw reflected that needle stick injuries had been dealt with in line with the protocol.

We found that the practice had made some moves towards using 'safer sharps' in line with the requirements of the Health and Safety (Sharp Instruments in Healthcare) 2013 regulation. There was a practice wide policy for dentists to handle sharps and the practice manager told us they had plans to further review the use of more disposable sharps later in the year.

The practice provided conscious sedation and we found that they were meeting the standards set out in the guidelines published by the Standing Dental Advisory Committee – 'Conscious Sedation in the Provision of Dental Care. Report of an Expert Group on Sedation for Dentistry' commissioned by the Department of Health in 2003. Conscious sedation is the use of medicines to reduce alertness and help the patient relax but still be able to hear and respond to the dentist if necessary, while treatment is carried out.

The practice carried out a small number of domiciliary visits to provide dental care in patient's homes when they were unable to attend the practice. We found that appropriate protocols were not in place to ensure the visits were carried out in line with national guidance. For example, the practice did not have a Transport Emergency

Are services safe?

Card, which is a document that is used when transporting dangerous goods, such as oxygen. Neither had any risk assessments been undertaken of premises where domiciliary visits were carried out. Following our inspection, the practice manager informed us that they had started to implement the appropriate protocols and were reviewing the provision of domiciliary services.

Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies. Staff were aware of their location and how to access them. Emergency medicines were available in line with the recommendations of the British National Formulary. However the aspirin and midazolam available were not available in the recommended dose. The recommended dose of aspirin was 300mg and the practice held 75mg. They told us they would administer four 75mg tablets. These were replaced with the correct dose following our inspection.

The practice also had a glucagon injection kit. This is used to treat episodes of severe hypoglycaemia which is defined as having low blood glucose levels that requires assistance from another person to treat. The practice did not store the glucagon in a refrigerator which meant it could be kept with the expiry date shortened from 36 to 18 months. We found that the expiry date had not been altered correctly. The practice purchased a new glucagon kit during our inspection and amended the expiry date correctly.

The equipment available for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, and included 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.

There was a first aid kit available which was in date. There was one trained first aider within the practice and the practice manager told us they had plans for further staff to undertake first aid training later in the year.

There was a system in place to ensure that all medicines and equipment were checked on a regular basis to confirm they were in date and serviceable should they be required. Records we saw showed that the emergency medicines

and equipment were checked on a weekly basis. These checks ensured the oxygen cylinder was sufficiently full, the AED was fully charged and the emergency medicines were in date.

Staff based at the practice had completed practical training in emergency resuscitation and basic life support in October 2016 and the practice undertook training in emergency scenario simulation every three months.

Staff recruitment

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all 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 (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 reviewed the staff recruitment files for five members of staff and saw that the appropriate recruitment checks were present.

Monitoring health & safety and responding to risks

The practice had systems to identify and mitigate risks to staff, patients and visitors to the practice.

The practice had a health and safety policy which had been reviewed in January 2017. A health and safety risk assessment had been carried out in January 2017 and included risk assessments for use of the autoclave, sharps, clinical waste disposal, radiation and environmental hazards.

There was a fire risk assessment relating to the practice which had been reviewed in January 2017. However the review had not identified a previous incomplete action which was the need for an Electrical Installation Condition report (EICR). This is a report on the condition of electrical wiring with an overall assessment of the safety of the wiring and is required to be undertaken every five years. Following our inspection we were informed the EICR inspection had been booked.

Are services safe?

Staff had received face to face fire safety training and all staff were trained as fire marshals. We saw that fire drills had been undertaken every six months. Checks of fire safety equipment had been carried out on a weekly basis. We were told that the checks included the emergency lighting but these had not been recorded. The practice manager told us that going forward they would formally record all checks.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. A risk assessment had been undertaken in January 2017 and there was a file of information pertaining to the hazardous substances used in the practice with safety data sheets for each product which detailed actions required to minimise risk to patients, staff and visitors.

There was a business continuity plan available for major incidents such as fire, loss of computer system or power failure. This gave details of alternative premises to be used if necessary. The plan contained details of contractors who might be required in these instances and staff contact details in order to inform them in an emergency. A copy of the plan was kept away from the practice by key members of staff.

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We discussed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had infection control policies which had been reviewed in January 2017. These gave guidance on areas which included the decontamination of instruments and equipment, waste disposal, hand hygiene and environmental cleaning of the premises.

The practice did not have an annual infection prevention control statement in line with the Department of Health code of practice and the infection control lead was not aware of the requirement for this. They told us they would implement this following our inspection.

The decontamination process was performed in two dedicated decontamination rooms, one for clean and one for dirty processes. We discussed the process with the head dental nurse.

Instruments were cleaned manually before being further cleaned in a washer disinfectant (a device used in the initial stages of the decontamination of dental instruments). Instruments were then inspected under an illuminated magnifier before being sterilised in an autoclave (a device used to sterilise medical and dental instruments).

We saw that the required personal protective equipment was available for staff throughout the decontamination process.

The segregation and storage of clinical waste was generally in line with current guidelines laid down by the Department of Health. However we found that sharps bins were being replaced when full but not always being replaced after three months if they were not full, which was contrary to national guidelines. The practice manager told us this would be implemented going forward. The practice used an approved contractor to remove clinical waste from the practice. We saw the appropriate waste consignment notices. However we found that the large clinical waste bin sited in the car park to the rear of the practice was locked but not secured to the wall to prevent removal. The practice manager told us this would be addressed.

Practice staff told us how the dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines. We saw a Legionella risk assessment which had been carried out at the practice by an external company in November 2016. There were a number of control measures recommended as a result of the risk assessment which had been implemented and were being followed. Staff had received training regarding legionella and we saw that this was due to be updated later in the year.

We saw evidence that clinical staff had been vaccinated against Hepatitis B (a virus that is carried in the blood and may be passed from person to person by blood on blood contact).

We saw that the dental treatment rooms, waiting area, reception and toilets were clean, tidy and clutter free. Hand washing facilities were available including liquid soap and

Are services safe?

paper towels. Hand washing protocols were also displayed appropriately in various areas of the practice. Each treatment room had the appropriate personal protective equipment available for staff use.

The practice contracted a company to carry out daily environmental cleaning tasks. We saw there were records of cleaning in line with the schedule and colour coded cleaning equipment was used which was in line with national guidelines.

Equipment and medicines

Staff told us they had enough equipment to carry out their job and there were adequate numbers of instruments available for each clinical session to take account of decontamination procedures. We saw evidence that equipment checks had been regularly carried out in line with the manufacturer's recommendations. The practice's X-ray machines had been serviced as specified under current national regulations in March 2017.

Portable appliance testing was undertaken at appropriate intervals and had last been carried out in March 2017 at appropriate intervals. The autoclaves had been serviced in September 2016, the compressors in February 2017 and the washer disinfectant in January 2017.

Dentists used the British National Formulary and told us they would report any patient adverse reactions to medicines through the MHRA. We found that there was an overview of antibiotic prescribing by means of an annual audit. This was in line with the requirement under Criterion 3 of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections which was updated in 2015.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

The practice used six intra-oral X-ray machines which can take an image of one or a few teeth at a time. There was an Orthopantomogram (OPT) machine which had been decommissioned. An OPT can take a panoramic scanning dental X-ray of the upper and lower jaw. When the practice required this type of X-ray they made a referral to another practice. However there was no service level agreement (SLA) in place for this. Following our inspection the practice manager told us a SLA would be introduced.

The practice displayed the 'local rules' of the X-ray machine in the room where each X-ray machine was located. These were specific to the treatment room and the machine.

The practice used exclusively digital X-rays, which were available to view almost instantaneously, as well as delivering a lower effective dose of radiation to the patient.

The practice kept a radiation protection file which contained the names of the Radiation

Protection Advisor and the Radiation Protection Supervisor.

We saw records that confirmed that X-ray equipment had been serviced in March 2017 but there was no arrangement in place for routine maintenance to ensure the annual mechanical and electrical tests of the equipment would be carried out going forward and the practice were not aware that this was necessary. The practice manager told us this would be implemented.

We saw that all dental professionals were up to date with radiation training as specified by the General Dental Council.

The justification for taking an X-ray as well as the quality grade, and a report on the findings of that X-ray were documented in the dental care record for patients as recommended by the Faculty of General Dental Practice.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with the dentists who demonstrated their awareness of National Institute for Health and Clinical Excellence (NICE) and the Faculty of General Dental Practice (FGDP) guidelines including new guidance from the FGDP regarding record keeping. For example, we saw that the guidelines were applied in relation to dental recall intervals and use of antibiotics.

Discussions with the dentists and records we reviewed demonstrated that consultations, assessments and treatment were in line with these recognised professional guidelines. The dentists described to us and we looked at records which confirmed how they carried out their assessment of patients for routine care. We saw evidence of an oral health assessment at each examination and risk assessments covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer, in the sample of dental care records we reviewed.

We saw that records also included details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). Following the clinical assessment records reflected a full description of the options discussed and the outcomes.

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners directive. Records we looked at showed that radiographs had been recorded including their justification and grading.

Health promotion & prevention

Dentists we spoke with were aware of and applying all guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. This is an evidence-based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example they told us that in accordance with the guidelines they provided fluoride varnish applications for children (Fluoride varnish is a material that is painted on teeth to prevent cavities or help stop cavities that have already started).

The practice sold a range of dental hygiene products to maintain healthy teeth and gums such as toothbrushes and mouthwashes. These were available in the reception area. A range of health promotion leaflets and information was also available to enhance patients' understanding.

We found that the practice had a proactive approach to prevention and dedicated a great deal of time to this area. Dentists told us they regularly provided smoking and alcohol cessation advice to patients and provided patients with leaflets and information relating to local smoking cessation services. We reviewed a sample of dental care records which demonstrated dentists had discussed oral health advice with patients.

Appointments were available with the dental therapist or dental hygienists in the practice to support the dentists in delivering preventative dental care.

Staffing

The practice was staffed by three full time dentists, one of them being the principal dentist and a further two part time dentists. They were supported by a part time dental therapist, three part time dental hygienists, seven dental nurses, three trainee dental nurses, a practice manager, five receptionists and an administrator.

Prior to our visit we checked the registrations of the dental care professionals and found that they all had up to date registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, orthodontic therapists and dental technicians. We asked to see evidence of indemnity cover for relevant staff (insurance professionals are required to have in place to cover their working practice) and saw that cover was in place for all dental professionals.

We found that staff had good access to ongoing training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). We found that training needs of staff were monitored and clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control and safeguarding.

Records at the practice showed that relevant staff had received annual appraisals. We also saw evidence of an effective induction programme for new staff.

Are services effective?

(for example, treatment is effective)

Working with other services

The dentists and practice manager explained how they worked with other services. The dentists referred patients to a range of specialists in primary and secondary services for more complex endodontic, periodontic and minor oral surgery when the treatment required could not be provided in the practice. General referrals were made either by letter or proforma. Referrals for suspected cancer were fast tracked and made by phone followed by a letter.

Consent to care and treatment

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff had undertaken training in the MCA and its relevance when dealing with patients who might not have capacity to make decisions for themselves and when a best interest decision may be required. A number of staff had also undertaken dementia awareness training.

The dentists we spoke with had a clear understanding of consent issues and demonstrated that they continually looked for ways to improve the consent process. They described how they explained and discussed different treatment options with patients, outlining the pros and cons and consequences of not carrying out treatment. Models and photographs were used to aid patients understanding of treatment options. The decision making process and consent were clearly documented in the sample of dental care records we reviewed. We also saw that patients were given written treatment plans and signed a consent form. They were also given time to reconsider the chosen treatment plan. Information was also given to patients relating to certain treatments which they could take away to aid their decision making.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before our inspection, Care Quality Commission comment cards were left at the practice to enable patients to tell us about their experience of the practice. We received feedback from 47 patients, all of which was overwhelmingly positive with patients commenting favourably on the quality of care and service they received. Staff were described as respectful, caring, friendly, warm and welcoming.

The confidentiality of patients' private information was maintained as patient care records were computerised and practice computer screens were not visible at reception.

Treatment room doors were closed when patients were with dentists and conversations between patients and dentists could not be overheard from outside the rooms.

Involvement in decisions about care and treatment

From our discussions with dentists, extracts of dental care records we were shown and feedback from patients it was apparent that patients were given clear treatment plans which contained details of treatment options and the associated cost.

A price list for treatments was displayed in the waiting rooms and was also available on the practice website.

Patients told us that they felt listened to and treatments and options were full explained to them with plenty of time available for this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we found that the practice had good facilities and was well equipped to treat patients and meet their needs.

We saw that the practice waiting area displayed a range of information. This included a patient information leaflet and leaflets about the services offered by the practice, health promotion, complaints information and the cost of treatments. The patient information leaflet advised on services available, accessibility, opening hours, emergency arrangements for private and NHS patients, both when the practice was open and when it was closed and patient confidentiality.

Patients commented that they were always able to get appointments easily and sufficient time was given for appointments to allow for assessment and discussion of their needs.

Tackling inequity and promoting equality

Services were on the ground and first floor of the premises and facilities on the ground floor were accessible to all patients, including those patients with limited mobility, as well as parents and carers using prams and pushchairs. There was also a wheelchair accessible toilet.

The practice were able to access a translation service locally to support patients whose first language was not English if this was required. The practice also had a hearing loop in the reception area to assist patients with a hearing impairment.

Access to the service

The practice was open from 9.00am to 5.30pm from Monday to Friday. The practice was situated in a suburb of Leicester and car parking was available at the rear of the premises with disabled car parking also available.

Information in the practice information leaflet and on the provider's website guided patients to call the practice in

case of an emergency when the practice was closed. A recorded message on the telephone answering service then advised patients to call one of two alternative numbers dependent on whether they were NHS or private patients.

The practice told us they would arrange to see a patient on the same day whenever possible if it was considered urgent. Comments from patients confirmed this and described how accommodating the practice had been in urgent cases.

The practice had a website and patients were able to access information or check opening times or treatment options on-line.

The practice operated a reminder service for patients who had appointments with the dentists. Patients received an email or text depending on their preference, three days before their appointment. For more complex treatments where a longer appointment was required, patients also received a telephone call to remind them of the appointment.

Concerns & complaints

The practice had a complaints' policy which had been reviewed in January 2017. The policy explained how to complain and identified time scales for complaints to be responded to. Other agencies to contact if the complaint was not resolved to the patients satisfaction were identified within the policy.

Information about how to complain was displayed in the waiting room, in the practice information leaflet and on the practice website. The practice manager was designated as the person responsible for dealing with complaints in the practice.

We were shown a summary of complaints and saw that there had been four complaints received in the 12 months prior to our inspection. The documentation we reviewed showed the complaints had been resolved appropriately.

Are services well-led?

Our findings

Governance arrangements

There was a governance framework in place which provided a staffing structure whereby staff were clear about their own roles and responsibilities.

Practice specific policies were available which had been regularly reviewed and updated. We looked at policies which included those which covered infection control, health and safety, complaints, consent, sedation and safeguarding children and vulnerable adults.

There were systems and processes for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The leadership team within the practice consisted of the practice manager and principal dentist, with support from a head dental nurse. Overall accountability for the practice was held by the principal dentist who was also the practice owner.

Staff told us they felt able to raise concerns within the practice and were listened to and supported if they did so. Staff we spoke with felt they were a close knit team who worked effectively together.

The practice was aware of the duty of candour and this was demonstrated in the records we reviewed relating to incidents and complaints.

We saw evidence of a range of regular staff meetings which staff were encouraged to participate in fully. There were clinical meetings, reception meetings, dental nurse meetings and whole practice meetings. We saw there were set agendas, meetings were minuted and were available for review by staff unable to attend.

Learning and improvement

There was a rolling programme of clinical audits in place in order to monitor quality and to make improvements. We saw that infection control audits had been carried out at six monthly intervals, the last one having been undertaken in January 2017. Previous infection control audits had a related action plan which had been completed. However the most recent audit did not have an associated action plan. The practice manager told us this would be put in place.

We also saw that the most recent audit of clinical record keeping had taken place in March 2017. This had not yet been analysed to provide a summary and action plan if required. Audits of the quality and justification of radiography (X-rays) were being carried out with the last one having been undertaken in December 2016. We also saw that a sedation audit had been carried out in March 2017 with a summary of findings available. Other audits we looked at related to disability access and prescriptions.

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We saw evidence that clinical staff were up to date with the recommended CPD requirements of the GDC.

The practice ensured that all staff underwent regular training in cardio pulmonary resuscitation (CPR), infection control, safeguarding of children and vulnerable adults and dental radiography (X-rays). Staff development was by means of internal training, staff meetings and attendance on external courses.

We saw evidence that staff had received annual appraisals and personal development plans were in place where appropriate in order to identify staff learning needs.

The practice were committed to ongoing improvement and had achieved the British Dental Association (BDA) Good practice award for the previous ten years. This is a quality assurance programme which allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities.

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

The practice had a number of methods to gain feedback from patients. The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box was being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS England. The results from February 2017 showed that 15 out of 16 NHS patients were extremely likely to recommend the practice to friends and family and in March 2017, there were eight responses all of which stated they were extremely likely to recommend the practice to friends and family.

Are services well-led?

The practice operated an ongoing survey for patients with the results being reviewed and analysed regularly. We saw that the results had last been analysed in October 2016 and the results were displayed in the waiting room. We saw that patient feedback was discussed as a team at practice meetings and where possible changes been implemented. Patients were also able to leave feedback online through the practice website.

It was apparent from the staff we spoke with and the minutes of practice meetings that staff were able to raise issues for discussion and were supported to do so. Staff were also confident to discuss suggestions informally.