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# Ashbourne Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 13 October 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**

The practice is located on two floors of premises in the market town of Ashbourne in the Peak District of North Derbyshire. The practice provides private dental treatments. There is a small car park to the front of the premises otherwise road side parking is available close to the dental practice. There are two treatment rooms one of which is located on the ground floor.

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

The practice's opening hours are – Monday to Friday: 9 am to 5:30 pm. The practice is closed at weekends.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message.

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.

The practice has two dentists; one dental hygienist/therapist; one qualified dental nurse; one trainee nurse; and one receptionist. Dental nurses also worked on the reception desk when required.

# Summary of findings

We received positive feedback from 24 patients about the services provided. This was by speaking with patients and through comment cards left at the practice prior to the inspection.

## **Our key findings were:**

- The premises were visibly clean and there were systems and processes in place to maintain the cleanliness.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients commented they had no problem getting an appointment that suited their needs.
- Patients were able to access emergency treatment when they were in pain.
- Patients provided positive feedback about their experiences at the practice. Patients said they were treated with dignity and respect; and the dentist involved them in discussions about treatment options and answered questions.
- Patients' confidentiality was protected.
- There were systems 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.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns.
- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.

# 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 was visibly clean.

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.

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

No action



### Are services effective?

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

All patients were clinically assessed by a dentist before any treatment began. The practice used a recognised assessment process to identify any potential areas of concern in a patient's mouth including their soft tissues (gums, cheeks and tongue).

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

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

No action



### Are services caring?

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

Patient confidentiality was maintained and dental care records were stored securely.

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

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

No action



# Summary of findings

## Are services responsive to people's needs?

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

Patients who were in pain or in need of urgent treatment could usually get an appointment the same day.

The practice had a ground floor treatment room which allowed easy access for patients with restricted mobility. A disabled access audit in line with the Equality Act (2010) had been completed to consider the needs of patients with restricted mobility.

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

There were systems and processes to support patients to make formal complaints.

No action



## Are services well-led?

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

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

The practice had a system for carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided. Policies and procedures had been kept under review.

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

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

No action



# Ashbourne 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 13 October 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector who had remote access to a dental specialist advisor.

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

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

We reviewed policies, procedures and other documents. We received feedback from 24 patients about the dental service.

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

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

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

# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

The practice had systems for recording and investigating accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed there had been no recorded accidents although the practice had an accident book for recording and a system and process for analysing accidents. The principal dentist said any accident would be analysed using the significant event process.

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

Records at the practice showed there had been a small number of significant events during 2016. The latest being the impact of surgery refurbishments on taking X-rays. The record showed all significant events had been analysed and discussed at staff meetings. We saw that incidents with both positive and negative outcomes were recorded and discussed.

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. These were received by the principal dentist analysed and discussed in staff meetings as appropriate. The most recent alert had been received in July 2016 and related to Glucagon a hormone which helps to raise blood glucose levels. The practice also received Central Alerting System (CAS) alerts which related to medicines.

We saw that patients were told when they had been affected by something that had gone wrong. They had received an apology and been informed of the actions taken as a result. A review of the information in the significant events log supported this. The principal dentist was aware of when and how to notify CQC of incidents which cause harm.

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

The practice had policies for safeguarding vulnerable adults and children. The policies had been reviewed and

updated in February 2016. The policies identified how to respond to and escalate any safeguarding concerns. The relevant contact telephone numbers and a flow chart were available for staff in the policies and on display in the staff room. The relevant telephone numbers and flow chart were also available behind reception. Discussions with staff showed that they were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary. The principal dentist said there had been no safeguarding referrals made by the practice.

The principal dentist was the identified lead for safeguarding in the practice. They had received enhanced training in child protection to level two on 11 October 2016 to support them in fulfilling that role. We saw evidence that all staff had completed safeguarding training to level two during 2015 or 2016.

The practice had guidance relating to the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. This identified the risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. There were hard copies of manufacturers' product data sheets in the COSHH file together with risk assessments for each product. Data sheets provided information on how to deal with spillages or accidental contact with chemicals and advised what protective clothing to wear.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 29 November 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a sharps policy which informed staff how to handle sharps (particularly needles and sharp dental instruments) safely. The policy had been reviewed in February 2016. 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. Practice policy was that only dentists handled sharp instruments. We saw there were devices in each clinical area for the safe removal and disposal of needles and sharps.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk

# Are services safe?

of injury through cutting or pricking.) We saw the sharps bins were located in accordance with the guidance which states sharps bins should not be located on the floor, and should be out of reach of small children.

Discussions with dentists and a review of patients' dental care records identified the dentists were using rubber dams when providing root canal treatment to patients. 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. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured. We saw the practice had a supply of rubber dam kits in the practice including latex free rubber dams. The principal dentist described the practice as being latex safe with latex free gloves and rubber dams available throughout the practice.

## Medical emergencies

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

There was a first aid box in the practice and we saw evidence the contents were being checked regularly. One member of staff had completed a first aid at work course during 2016.

There was an automated external defibrillator (AED) at the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The AED was being checked regularly to ensure it was working correctly. This was in line with the Resuscitation Council UK guidelines.

All staff at the practice had completed basic life support and resuscitation training on 6 June 2016.

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

We found that all members of staff had received a DBS check. The practice was routinely taking references for new members of staff and were keeping a record of interview notes. 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 a health and safety policy which had been reviewed in February 2016. The policy identified the practice manager as the lead person who had responsibility within the practice for different areas of health and safety. As part of this policy environmental risk assessments had been completed. For example there were risk assessments for: the use of the stairs, the glass door in the practice, hot water, infection control and hazardous substances.

Records showed that fire extinguishers had been serviced in February 2016. The practice had a fire risk assessment which had been reviewed in February 2016. We saw there was an automatic fire detection system installed within the premises. The fire evacuation procedure was displayed within the practice for patients and staff. Records showed the practice held a fire drill twice a year, with the last one completed on 5 July 2016.



# Are services safe?

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 which had been reviewed in February 2016. A copy of the policy was available to staff in all clinical areas. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures.

Records showed that regular six monthly infection control audits had been completed. This was as recommended in the guidance HTM 01-05. The last audit was completed on 20 September 2016. The audits had been analysed and action points recorded.

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 spillage kits for mercury and bodily fluids. Both spillage kits were within their use by date.

There was one decontamination area located in the upstairs surgery. This was where dental instruments were cleaned and sterilised at the end of each clinical session when. 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. The practice was latex free to avoid any potential latex allergy. Daily check sheets were completed by nurses in the decontamination room.

The practice had one ultrasonic bath. An ultrasonic bath is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound and a liquid. After cleaning instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in one of the practice's autoclaves (a device for sterilising dental and medical instruments). The practice had two steam autoclaves which were designed to sterilise unwrapped or solid dental instruments. The second of the autoclaves was not in daily use, but was available as a back-up should the first one fail. At the completion of the sterilising process, all instruments were dried, placed in pouches and dated with a use by 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 records to demonstrate this and that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

The practice had a policy for dealing with blood borne viruses. There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received blood tests to check the effectiveness of that inoculation. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The practice had a risk assessment for dealing with the risks posed by Legionella. This had been completed by an external contractor in October 2015 and had been reviewed internally in February 2016. 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 flushing of dental water lines as identified in the relevant guidance.

## Equipment and medicines

The practice kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing (PAT) had been completed on electrical equipment at the practice in October 2015. There was also an electrical safety certificate dated October 2015 with the certificate valid for five years. The practice had a Landlords Gas safety



# Are services safe?

certificate dated 23 October 2015. The pressure vessel checks on the compressor which produced the compressed air for the dental drills had been completed in September 2016. Records showed the autoclaves had also been serviced in September 2016.

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

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

## **Radiography (X-rays)**

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

The practice had two intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth) and one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the entire jaw and lower skull. The OPG was not in use, although the principal dentist said a new OPG had been ordered.

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

The practice had critical examination documentation for all three X-ray machines. Critical examinations are completed when X-ray machines are installed to document they have been installed and are working correctly.

Records showed the X-ray equipment had been inspected in September 2016. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years. The regulations also required providers to inform the Health and Safety Executive (HSE) that X-rays were being carried out on the premises. Documentary evidence dated 1 December 2015 confirmed this had been completed when the practice changed ownership.

The practice used manual X-rays but a change to digital X-rays was scheduled for 31 October 2016, Digital X-rays allow the image to be viewed almost immediately, and rely on lower doses of radiation. Therefore reducing the risks to both the patients and staff.

All patients were required to complete a medical history form and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant. 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. We saw that the Faculty of General Dental Practice (FGDP UK) guidelines: 'selection criteria for dental radiography' (2013) were being followed.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice held paper dental care records for each patient. However, arrangements had been made to introduce electronic dental care records on 31 October 2016. The principal dentist said the electronic records would provide a framework and template for the dental care records to become more consistent.

Dental care records contained information about the assessment, diagnosis, and treatment and also recorded the discussion and advice given to patients by dental healthcare professionals. The care records showed a thorough examination had been completed, and identified with risk factors such as smoking and diet for each patient.

Patients at the practice completed a medical history form which was checked verbally by the dentist in the treatment room with the patient. The form was used to capture any changes to the patients' medical history. If there were any significant changes patients were asked to complete a new medical history form. The patients' medical histories included any health conditions, medicines being taken and whether the patient had any allergies.

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

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

### Health promotion & prevention

The practice had one waiting room where posters and leaflets relating to good oral health and hygiene were on display.

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

We saw several examples in patients' dental care records that the dentist had provided advice on the harmful effects of smoking, alcohol and diet and their effect on oral health. With regard to smoking, the dentist had particularly highlighted the risk of dental disease and oral cancer. The dental care records contained an oral cancer risk assessment.

### Staffing

The practice had two dentists; one dental hygienist/therapist; one qualified dental nurse; one trainee nurse; and one receptionist. Dental nurses also worked on the reception desk when required. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

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

We looked at staff training records for four staff members and these showed 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 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 all staff had an annual appraisal. As part of the appraisal process staff completed a review of their own learning objectives and identified the

# Are services effective?

(for example, treatment is effective)

CPD they had completed. Staff completed a personal development plan as part of the appraisal process. We also saw evidence of new members of staff having an induction programme.

## **Working with other services**

The practice made referrals to other dental professionals based on risks or if a service was required that was not offered at the practice. We saw the practice referred to other local dental services and to the maxilla-facial department in Derby for NHS oral surgery. A private option was also available within Derby or more locally in Wirksworth.

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere. This was usually to a private dental service or to hospital.

The practice referral system was monitored through a tracking system at reception. All referrals were recorded in a book and telephone calls were made to ensure referral letters had been received and check progress.

## **Consent to care and treatment**

The practice had a consent policy which had been reviewed in February 2016. The policy made reference to the Mental Capacity Act 2005 (MCA). The issue of capacity was explored within the policy and this included making best interest decisions as identified in the MCA. The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves.

We saw how consent was recorded in the patients' dental care records. The records showed the dentist had discussed the treatment plan with the patients, which allowed patients to give their informed consent.

The consent policy made reference to obtaining consent from children under the age of 18. We talked with dental staff about this and identified they were aware of Gillick competency. This refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge. The consent policy identified the Children's Act 1989 and the Family Law Reform Act 1969.

# Are services caring?

## Our findings

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

During the inspection we observed staff speaking with patients. We saw that staff were polite, and had a professional approach. We saw that staff spoke with patients with due regard to dignity and respect.

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

We saw examples that showed patient confidentiality was maintained at the practice. For example the reception desk could not be overlooked so that information with the receptionist was secure. Patients' dental care records were held securely.

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

We received positive feedback from 24 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection.

The practice offered only private dental treatment and the costs were clearly displayed in the practice, with leaflets available at reception.

We spoke with the principal dentist about how patients had their diagnosis and dental treatment discussed with them. The dentist demonstrated in the patient care records how the treatment options and costs were explained and recorded. Patients were given a written copy of the treatment plan which included the costs. We noted that patients' dental care records identified the diagnosis and treatment options discussed with patients.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice was located over two floors of premises in the market town of Ashbourne in the Peak District of North Derbyshire. There was a small car park to the front of the practice or alternatively road side parking close to the dental practice.

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

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

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

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist. The practice had a newly appointed dentist who was having double appointments for each patient. This was to assist the dentist in getting to know the patients.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy which had been reviewed in February 2016 and an equal opportunities policy which had been reviewed in August 2016.

Patient areas were situated on both the ground floor and the first floor. The ground floor treatment room allowed patients with restricted mobility easy access treatment at the practice. The treatment room was large enough for patients to manoeuvre a wheelchair or push chair.

The practice had one ground floor toilet which was suitable for patients with restricted mobility. The toilet was due to be upgraded as part of the planned refurbishment which the provider said would make it fully compliant with the relevant legislation.

Large print leaflets were available if required.

The practice had completed an access audit in line with the Equality Act (2010) this had been reviewed and updated on 3 March 2016. The practice could accommodate patients with restricted mobility; with level access from the street to the ground floor treatment room. The practice had a hearing induction loop to assist patients who used a hearing aid. The Equality Act requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices.

The practice had access to a recognised company to provide interpreters and this included the use of sign language. The practice had seen deaf patients in the past and arrangements had been made to ensure there were no communication difficulties.

### Access to the service

The practice's opening hours were – Monday to Friday: 9 am to 5:30 pm. The practice was closed at weekends.

Access for urgent treatment outside of opening hours was by telephoning the practice and following the instructions on the answerphone message.

The practice was instigating a text message reminder service on 31 October 2016 when patients would receive a text reminder three working days before their appointment was due.

### Concerns & complaints

The practice had a complaints procedure for private patients which had been reviewed in February 2016. The procedure explained how to complain and identified time scales for complaints to be responded to, and other agencies to contact if the complaint was not resolved to the patients satisfaction. The policy gave an explanation of what would happen if and when another agency was contacted.

Information about how to complain was displayed behind reception and was available in the practice leaflet.

From information received before the inspection we saw that there had been no formal complaints received in the 12 months prior to this inspection. The documentation showed the last complaint had been received in November 2010 and had been handled appropriately.

# Are services well-led?

## Our findings

### Governance arrangements

We saw a number of policies and procedures at the practice and saw they had been reviewed and where relevant updated in February 2016. The practice manager identified that all policies were updated on an annual basis usually in February. There was a management planner on display which identified key tasks such as reviewing the main policies and audits throughout the year.

We spoke with staff who said they understood the structure of the practice. Staff said if they had any concerns they would raise these with either the principal dentist or practice manager of the principal dentists. We spoke with three members of staff who said they liked working at the practice and there was a close working team. Staff said there was a supportive approach from management at the practice and personal development was encouraged.

We saw 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

We saw that full staff meetings were scheduled for once every three months throughout the year although the principal dentist said this was under review. The principal dentist acknowledged staff meetings should be held more regularly. Staff meetings were minuted and minutes were available to all staff. When there were learning points to be shared with staff we saw evidence these had been discussed and shared as appropriate.

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

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

The practice had a duty of candour policy which was dated 1 February 2016. This policy identified the practice would be open and honest in their dealings with patients.

### Learning and improvement

The practice had made arrangements to introduce electronic dental records and digital X-rays on 31 October 2016. The principal dentist said this would address a number of issues currently facing staff at the practice and would lead to a safer and more efficient and effective service delivery.

Planning permission had been granted to create a new decontamination room. Building regulations and building design were being finalised. The principal dentist said that it was projected that a new purpose built decontamination room would be completed in 2017. The principal dentist said this would enable the practice to become fully compliant with the guidance HTM 01-05.

We saw the practice completed a range of audits throughout the year. This was for clinical and non-clinical areas of the practice. The audits identified both areas for improvement, and where quality had been achieved. Examples of completed audits included: Regular six monthly infection control audits, a hand hygiene audit in September 2016, X-ray (radiographs) had been completed in October 2016. This audit had identified the dental chair had moved during a refurbishment, consequently X-rays could only be taken with the patient lying down. To address this, a longer arm for the X-ray machine had been identified as being needed and this had been ordered. Record keeping audits had been completed in March and September 2016. Learning points had been identified and an action plan produced.

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

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

## Are services well-led?

The practice had a suggestion/ comment box in the waiting room for patients to provide feedback. Feedback received through the suggestion/ comment box had been positive. Comments had been shared with staff.

The practice was implementing a new system through a corporate partner in the coming months and the principal dentist said this would make the feedback system more structured.