1A Group Dental Practice Partnership

Mydentist - Millfield - Peterborough

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 20 July 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations

Are services effective?

We found that this practice was not 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 not providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

Mydentist Millfield Peterborough employs three dentists, one dental nurse and three trainee dental nurses, a hygiene therapist, a receptionist and a part time interpreter. The practice manager is based at the practice three days each week as they also manage a smaller practice in the city owned by the same provider. The practice provides mostly NHS dental services and some private dental services. It opens Monday to Friday 8.30am – 5.30pm.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received feedback from eight patients either in person or via CQC comments cards from patients who had visited the practice in the two weeks before our inspection. They told us staff were welcoming and treated them with dignity and respect. Patients were happy with the standard of dental care they received and felt they received appropriate information.

Our key findings were:

Summary of findings

- The practice provided a range of dental services to NHS and private patients within a multi-cultural area of the city. Many patients spoke no or limited English and staff took steps to ensure patients were appropriately supported to understand their care and treatment.
- We found that patients were able to access the service for treatment although we found some patients had difficulties accessing emergency appointments when they required them.
- Procedures for reporting incidents/ accidents and complaints were in place but were not always followed to promote learning and service improvements.
- Some risk assessments were in place and had been regularly reviewed. Although some identified risks had not been assessed and/or actioned.
- There were systems in place for the cleaning and decontamination of dental instruments We found that audits of the procedures were not being closely monitored and some procedures needed to be reviewed.
- Appropriate medicines and life-saving equipment were readily available.
- Patients received care and treatment to promote their dental health in line with clinical guidelines.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in decisions about it
- Patients were treated with dignity and respect and confidentiality of their personal information was maintained

We identified regulations that were not being met and the provider must**:**

- ensure improvement is made to the procedures for reporting, recording and analysing incidents and accidents so that action is taken to prevent further occurrences, make improvements and share learning.
- ensure a quality monitoring procedure such as the Infection Prevention Society (IPS) audit tool is established to ensure that safe decontamination procedures are being followed.
- ensure improvements to staff records are completed to demonstrate that a full recruitment process is followed.
- ensure that identified fire and environmental risks are assessed and control measures are put in place in a timely manner to reduce any on-going risks to staff and patients.
- ensure that all staff complete the mandatory training and receive an annual appraisal. Inexperienced staff must be adequately supervised and supported.
- ensure that staff recognise and report concerns and complaints raised by patients. Thorough investigations and actions must be completed so that improvements can be made to the service and learning shared.

You can see full details of the regulations not being met at the end of this report.

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

- Complete a review of the capacity and temperature of the ultrasonic cleaning bath.
- Complete daily temperature checks of the medicines fridge to ensure that medicines are being stored at safe temperatures.
- Raise staff awareness of the practice whistleblowing procedures.
- Review systems in place for repairing faulty equipment to improve timeliness of actions where possible.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review management of clinical waste to ensure it is segregated and disposed of in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Review the practice's legionella risk assessment
- Review records of staff immunity for Hepatitis B so that they are updated.
- Review staff awareness of first aid guidelines, the Mental Capacity Act 2005 and Gillick principles.
- Review access to the practice for patients with a disability and parents using prams.
- Review the patient referrals to ensure they are appropriate and information is complete.
- Review availability of key information to ensure it is available in alternative languages to meet the needs of the diverse cultural groups of registered patients.

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 not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Some of the safety systems used by the practice required improvement. We found the procedures for reporting, recording and analysing incidents and accidents were unclear and records did not always detail basic information or identify the actions and learning that had taken place following the incident. Some risk assessments were in place and had been reviewed but newly identified risks were not assessed. Actions following a fire risk assessment had not been taken. Records we reviewed did not demonstrate that a full recruitment process was being followed for example references and records of an interview process. There were systems in place for the cleaning and decontamination of dental instruments. We found variations in the protocols being followed and a review of the size and temperature of the ultrasonic cleaning bath was needed. We found the use of the Infection Prevention Society (IPS) audit tool had not been established to ensure that safe decontamination procedures were being followed. Emergency medicines were available and these were regularly checked to ensure they were fit for use. However, a fridge used to store some other medicines was not checked to ensure that medicines were being stored at safe temperatures. Safeguarding procedures were in place although staff were not aware of the practice whistleblowing procedures. X-ray machines and other items of equipment had been serviced, maintained correctly and were operated by the appropriate staff. However, staff told us they often experienced delays in getting faulty equipment repaired in a timely way

Are services effective?

We found that this practice did not always provide effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The dental care and treatment provided to patients followed current guidelines. Patients were given appropriate information to support them to make decisions about the treatment they received and to promote their oral health. The practice kept detailed clinical records of assessments and treatments carried out and monitored any changes in patients' oral health. The practice had systems in place to ensure patients were referred for specialist treatment in a timely manner and that essential information was shared between dental practices. These processes were not being audited.

Staff had access to training although we found that not all staff had completed the mandatory training expected by the provider such as health and safety and fire awareness. Staff told us they worked well as a team although less experienced staff told us they were not always well supervised. Not all staff received annual appraisals.

Are services caring?

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

Patients told us they were satisfied with the dental care and treatment they received at the practice. Patients felt well supported and involved with the discussion of their treatment options which included risks and benefits. Staff were helpful, kind and respectful to adults and children who used the service. Staff took time to ensure that patients who spoke limited or no English language, understood their treatment options and dental advice.

Summary of findings

Are services responsive to people's needs?

We found that this practice was not providing responsive care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

We found that patients were able to access the service for treatment although we found some patients had difficulties accessing emergency appointments when they required them. The practice also had a high number of patients who did not attend for their booked appointments and had made attempts to address this with reminder text messages. Methods of seeking patient feedback were available through on-going surveys, friend and family tests and comments cards. However, this information was not provided in alternative languages at the time of our inspection. A complaints process was in place however, we found examples where staff had not recognised concerns raised by patients as a complaint so that issues could be considered and action taken. When a complaint had been received and acknowledged, it was not clear that actions had been taken to improve the quality of the service.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Governance arrangements at the practice were not well established. Monitoring systems were not clear, were not always followed or recorded. Audits of practice such as infection control were not followed up with an action plan to address recommended improvements. The risk assessment file was kept up to date although some identified risks had not been assessed for example the risks to staff and patients caused by high temperatures and poor ventilation. A leadership structure was in place and staff said they felt supported by the team and practice manager. Although staff had access to training the systems to improve learning and service improvements were weak. Staff did not all receive an annual appraisal and the completion of mandatory training was not monitored. There were systems in place to seek feedback from patients although the practice could not demonstrate recent examples of how this had been used to improve the service. Staff were able to contribute to regular staff meetings but records of the meetings were not detailed enough to demonstrate the issues raised and the actions being taken. Staff felt their feedback was listened to most of the time although they had specific concerns about equipment and the working environment that were not addressed in a timely way.

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Detailed findings

Background to this inspection

The inspection took place on 20 July 2015 and was carried out by a CQC inspector and a dental specialist advisor.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and consulted with other stakeholders, such as NHS England area team and Healthwatch; however we did not receive any information of concern from them.

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

We reviewed the process in place for reporting and logging any incidents or accidents. We found there was no clear system being used to identify, report and investigate any issues that had been raised. Records we reviewed did not contain clear information such as the name of the person affected or the date of the incident. Details of any actions taken were limited and we saw no evidence that issues were discussed with staff to promote learning and review practice.

We asked to see a policy to support the reporting of incidents or accidents. We were shown the accident reporting procedures which included the managers responsibility in reporting issues to head office within 48 hours. We did not see any guidelines to help staff identify incidents or review them so that learning and improvement could take place at a local level. We also heard about an incident at the practice that involved a breach of security by a member of the public that could put patients and staff at risk. This had not been reported as a significant event so that the risk of repeated incidents could be reduced and a record of actions completed.

We spoke with staff who told us they followed steps to ensure there were no errors with wrong site surgery. For example they ensured they checked with the patient, referred to X-rays and treatment plans.

There were clear procedures in place to support the safe management of sharp instruments. This included a risk assessment and procedures for managing sharps injuries. No sharps injuries had been reported within the last year.

Reliable safety systems and processes (including safeguarding)

Records of staff training we reviewed showed that staff had received training in safeguarding adults and child protection within the last two years. We spoke with two members of staff who confirmed they had received training and were able to describe potential warning signs of abuse. A policy was in place for staff to refer to and this contained telephone numbers of who to contact outside of the practice if there was a need to report a safeguarding concern. The practice manager was the identified lead for safeguarding concerns. They told us there had been no safeguarding incidents since this practice had registered.

Staff we spoke with were not all aware of whistleblowing procedures and who to contact outside of the practice if they felt that they could not raise any issue with the dentists or practice manager. However they felt confident that any issue would be taken seriously by the manager if necessary.

We spoke with the dentists about the use of rubber dams used during treatment and saw evidence of their presence in the consulting rooms. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth. We found that rubber dams were not used all of the time by all of the dentists and this was not in line with current guidelines issued by the British Endodontic Society.

The practice was supported by a regional clinical manager who provides company oversight and clinical advice to the dentists at the practice.

Medical emergencies

We saw that emergency medicines, an automated external defibrillator (AED) and oxygen were readily available if required. These items met the requirements listed in the British national Formulary (BNF) and the Resuscitation Council (UK) guidelines. An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

All emergency equipment was readily available and staff received annual training in basic life support procedures and dealing with medical emergencies. In addition, quarterly medical emergency scenarios were practised. We checked the emergency medicines and found that they were of the recommended type and were all in date. A system was in place to monitor stock control and expiry dates.

During the inspection a young patient felt faint on leaving the practice after having multiple dental extractions. A member of staff gave them prompt attention although immediate attention by a dental nurse or clinician was not given. We noted that staff did not follow procedures in line

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with UK first aid guidelines. They told us this was because they had to attend the patient in the waiting room and there was no private space in the practice to take them. The patient recovered and staff recorded the incident so that learning and reflection could take place.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We looked at staff recruitment files for five of the ten staff employed at the practice and found there were gaps in the evidence to support this process. For example references and records of an interview process were not held on file and only one file contained a job application form. Three of the five files did not contain a photographic record of the employee's identification. Two employees who were employed as registered professionals did not have evidence of their registration with the General Dental Council held on the file although this evidence was seen in a separate record we reviewed. All five files contained evidence that disclosure and barring service (DBS) checks had been completed. DBS checks are completed by employees to 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.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This covered the risk to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. A current COSHH file was also in place. Control of Substances Hazardous to Health (COSHH) was implemented in 2002 to protect workers against ill health and injury caused by exposure to hazardous substances such as mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

We saw the practice had commissioned a contractor to carry out a fire risk assessment of the building in January 2014. This had resulted in a list of recommendations but there was no evidence that any action had been taken or that a review to re-assess the practice had been completed. Fire extinguishers were last serviced in December 2014. These were placed at appropriate points in the practice.

We found that staff separated clinical and general waste in line with recommended guidelines and an appropriate contract was in place for the safe management of waste. Sharps bins when full, were stored safely away from patients until they were collected for disposal. However, clinical waste bags were being stored in a large yellow bin at the rear of the premises which was unlocked and could easily be accessed by members of the public. This was a potential health and safety risk which we shared with the practice manager. Action was taken to ensure the storage bins were locked before the end of the inspection visit. Further action was required to ensure that staff were aware of the practice policy to ensure that clinical waste was stored securely at all times.

The room temperature in the waiting room and one particular treatment room were uncomfortably warm. Staff told us this was a current issue for them as well as patients. Due to a previous security breach, staff were not able to open the rear exit of the building to aid ventilation. Staff told us the warm temperatures had a physical effect on their ability to complete their role and there had been an incident where a member of staff had fainted while at work. They had raised concerns with the practice manager who was waiting for action from the provider. Meanwhile a risk assessment had not been completed and simple measures such as installing free standing fans in the waiting room had not been implemented. We raised this with the manager who agreed to take action.

Infection control

The practice was visibly clean, tidy and uncluttered. A cleaner was employed and the dental nurses also had responsibility for cleaning the consultation rooms. An infection control policy was in place and clearly described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. The types of cleaning and frequency were detailed and checklists were available for staff to follow. We looked at the records kept and found that they had been completed correctly.

The manager had completed an annual self- assessment audit of compliance for the management team based at

Are services safe?

the head office which included infection control. This had been completed in October 2014 and showed the Infection Prevention Society (IPS) audit tool was not in regular six monthly use. We found the IPS audit had been carried out in February 2015 but there was no evidence that identified actions had been addressed.

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises and hand washing techniques were displayed in the toilet facilities. Sharps bins were properly located, signed, dated and not overfilled.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. The dental nurse with responsibility for leading on decontamination and infection control was not available on the day of the inspection. It was not clear who takes this responsibility in the absence of the lead.

We observed several routine decontamination cycles carried out by each of the three trainee dental nurses. We found variations in the protocols being followed as some nurses were based at other practices where protocols differed. This led to gaps in procedures. For example, used instruments were not being stored in solution to prevent them from drying out prior to cleaning. There were written guidelines displayed for staff reference while working in the decontamination room. However, they were not a clear and easy reference for staff, including those who worked at the practice temporarily. This increased the risk of staff not following the practice's decontamination protocols.

The practice had one ultrasonic cleaning bath. This is a device used for cleaning dental instruments prior to sterilisation. Staff described how this was the method of choice for the cleaning phase of the decontamination process, in line with company policy. Heavily soiled instruments were rinsed in the treatment rooms before they were removed to the decontamination room. This could pose a potential 'splash' risk if not carried out under water. We observed that the temperature of the water in the ultrasonic bath quickly heated to far in excess of the recommended 45 degree limit, whenever the water was renewed, which potentially compromised effective cleaning. In addition we found that the capacity of the ultrasonic bath was small for the turnover of instruments within the practice. This could potentially compromise the loading guidelines as detailed in HTM01-05.

We raised our concerns with the practice manager on the day of the inspection and the management team for the provider following the inspection. They agreed to complete a review of these procedures.

At the end of the sterilising procedure the instruments were checked, correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all contained an expiry date that met the recommendations from the Department of Health. All instruments were bagged and appropriately stored.

The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear. The equipment used for cleaning and sterilising equipment was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of sterilisation cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained.

Three of the clinical staff files examined showed that staff had received Hepatitis B vaccinations although one member of staff did not have a record of their immunity.

The legionella risk assessment was last completed in June 2013 and was due for review. This had been booked for September 2015. Regular tests on the water supply were also conducted.

In line with good practice for infection prevention and control, all laboratory work was disinfected before being sent to the Dental Technicians. However, there was no system in place to ensure that items were disinfected again before being returned to the practice.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. Portable appliance testing (PAT)

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took place on all electrical equipment. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

Some medicines in use at the practice were stored in a dedicated medicines fridge. We found the fridge temperatures were not monitored to ensure that items were correctly stored. Medicines in use were checked and found to be in date. Staff described the protocol they followed for disposing of any unused and out of date items. Stock levels were sufficient and the ordering system was effective. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

We spoke to clinical staff all of which understood the indications for the use of emergency medicines and stated they felt confident to intervene in the event of an emergency. Some staff commented on the lengthy waits they experienced to get faulty items of equipment mended or replaced in order to complete patient treatments. For example a valve on one piece of equipment had been faulty for some while, which meant that dry air could not be used to dry the teeth before filling. This is critical for some procedures such as white fillings. The practice manager also described some of the difficulties they had in ordering spare parts for some items of equipment.

Radiography (X-rays)

The practice had a named radiation protection adviser and radiation protection supervisors to monitor safe practice and ensure that best practice guidelines were in place. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment.

The practice's radiation protection file contained the necessary documentation demonstrating the maintenance and calibration of the X-ray equipment. These included a critical examination certificate for each X-ray set along with the three-yearly maintenance logs in accordance with current guidelines. A copy of the local rules was displayed in each treatment room and an inventory of X-ray equipment used in the dental practice was displayed with each X-ray set.

Records confirmed that staff had completed appropriate training updates although there was no system in place to prompt staff when training updates were due so that training could be booked and completed in a timely way. Audits of dental X-rays had also been completed although further improvement could be made to the audits to strengthen the reviews of X-ray grading.

Risk assessments for radiology equipment had been completed including the equipment for completing an Orthopantomogram (OPG). An OPG is a panoramic dental X-ray of the upper and lower jaws.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients attending the practice for a consultation received an assessment of their dental health after supplying a medical history covering health conditions, current medicines being taken and whether they had any allergies. There was also consideration made whether the patient required an X-ray and whether this might put them at risk, such as if a patient may be pregnant.

The dental assessments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

Following clinical assessment, the dentists followed the guidance from the Faculty of General Dental Practice before taking X-rays to ensure they were required and necessary. A diagnosis was then discussed with the patient and treatment options explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice, alcohol consumption guidance and general dental hygiene procedures such as prescribing dental fluoride treatments. The patient notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations.

Health promotion & prevention

A dental hygiene therapist was available at the practice on a part time basis. They focused on treating gum disease and giving advice on the prevention of decay and gum disease including advice on tooth brushing techniques and oral hygiene products. There was some information available for patients about oral health on the practice website and information leaflets were given out by staff.

The dentist we spoke to confirmed that adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. The dentists were aware of the NHS England publication Delivering Better Oral Health. This is an evidence based toolkit to support dental practices in improving their patient's oral and general health. We found that smoking and alcohol consumption was reviewed on the medical health information forms for each patient. However records of examinations completed for patients did not include this information.

Dentists recorded a basic periodontal examination (BPE). This is a simple and rapid screening tool to indicate the level of treatment needed in relation to a patient's gums. Examination records always included detailed assessment of the gums and soft tissues of the mouth although they did not make a direct reference to any risks of cancer. When the BPE scores were high, appropriate action was taken to explain the assessment findings to the patient and further treatment required or referral to the hygienist or a specialist practitioner was offered.

Staffing

The practice has three dentists, a hygiene therapist, one qualified dental nurse, three trainee dental nurses, a receptionist, an interpreter and a practice manager. The practice is part of a large corporate provider and is also supported by head office and regional staff.

Dental staff were appropriately trained and those that were qualified were registered with their professional body, those not yet qualified were undertaking a recognised training programme.

On the day of our inspection we found that the staffing skill mix was not ideal because all three dentists were supported by temporary trainee nurses. This was due to some planned and unplanned staff leave. The practice was part of a large corporate group that ran other dental practices within the local area. This meant that staff based at other practices could be used to cover staffing gaps rather than using agency staff who were unfamiliar with the practice.

When we spoke with temporary staff, we found that one member of staff had limited experience in dental nursing. They did not have easy access to written guidance to assist them with their key responsibilities such as the decontamination of dental equipment. This was further supported by our observations of the decontamination area and discussion with other staff. Staff told us they had to work with minimal supervision at times due to staffing issues.

Are services effective?

(for example, treatment is effective)

We found some evidence of staff training in the five personal files we reviewed. The practice had identified some training that was mandatory and this included fire awareness, basic life support and safeguarding. There was a head office based training academy in place and this had been operational for approximately four months. Records we reviewed did not include evidence that all staff had received required training. For example two staff had no record of completing health and safety and fire awareness training and two staff had no records of training in the management of information (data).

When we spoke to staff about their training opportunities they confirmed that support was available through the company online training academy and some face to face training had also been received. However, they felt the training was sometimes difficult to complete as they did not get protected time for this and service needs were their first priority.

We found that most staff had received an appraisal. However, there was no evidence to show that two staff had received their annual appraisal. Most staff said they felt supported and had the opportunity to contribute to regular staff meetings.

In addition to the practice manager there is a clinical manager who provides appraisals for the dentists which were up to date. However we noted that one, completed in February 2015 had an action plan that had not been completed.

Working with other services

The practice had a policy in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. This included conscious sedation for nervous patients. We saw evidence of records containing valid consent and patient leaflets were available with up to date British Dental Association advice sheets. A high number of referrals were made, for example 36 patients had been referred during July to other service providers. The practice did not complete any referral audits.

The care and treatment required was explained to the patient and where possible, they were given a choice of other dentists who were experienced in undertaking the type of treatment required. A referral letter was then prepared with full details of the consultation and the type of treatment required. This was then sent to the practice that was to provide the treatment so they were aware of the details of the treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring.

Where patients had complex dental issues, such as oral cancer, the practice referred them to other healthcare professionals using their referral process. This involved supporting the patient to access the 'choose and book' system and select a specialist of their choice.

Consent to care and treatment

Staff we spoke to had a clear understanding of consent issues and a policy was in place. They understood that consent could be withdrawn by a patient at any time. Patients were invited to repeat back their understanding of the proposed treatment to ensure they had a valid understanding. The practice was often challenged in gaining valid and informed consent by many of their registered patients who had limited or no English language skills. They used double appointments so they had more time to communicate with patients, encouraged support from patient's representatives over the age of 18, who could translate on their behalf and used staff or an interpreting service if required. At the time of the inspection the practice did not have information leaflets in pictorial form or in alternative languages to help support the process. We were informed that the provider was in the process of rebranding and these information leaflets would become available for use very soon.

Not all of the clinical and reception staff were aware about consent in relation to children under the age of 16 who attended for treatment without a parent or guardian. This is known as Gillick competence and supports children of this age to be seen without their parent/guardian if they are able to understand and consent to care and treatment proposed. This is known as the Gillick competency test.

We spoke with five patients and asked them about their care, they said they felt fully involved in their care and options for treatment. They were able to show the places where costs were advertised and we found these on notice boards in both waiting areas and in the reception.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that staff greeted patients in a welcoming way and were respectful. The reception desk was situated in an open area which made it difficult to have private conversations. If a patient required a more confidential discussion, staff used the treatment rooms to do this when they were available. We spoke with five patients during the inspection, two patients through an interpreter. Overall patients were happy with the service they received. Four patients had been receiving treatment from the practice for at least four to five years told us they were satisfied with the treatment they received. A child told us they liked visiting the dentist and receiving stickers for being brave. One patient told us they were not happy with the treatment they had received from a dentist who was no longer working at the practice. They told us they were in on-going pain and their current dentist was helping to resolve the problem. However they had not been advised on how to raise a complaint and told us they had difficulty getting an appointment when they were in pain.

We spoke with trainee dental nurses who told us they felt it was important to put patients at ease. For example one dental nurse explained that they would explain what was about to happen to a child in simple terms to try and reassure them about what was happening. Staff told us they often dealt with patients who were angry and upset but they had not received any training to help them deal with this.

We received 4 CQC comments cards completed by patients during two weeks leading up to the inspection. The comments were all positive showing that patients felt the service provided good dental care. Patients said they found that the practice was clean and comfortable and staff treated them with dignity and respect and were helpful and caring.

Involvement in decisions about care and treatment

Patients that we spoke with said they received appropriate information to make choices about their treatment and felt able to ask questions if they did not understand their treatment options. A patient who did not speak English used the support of an interpreter who had been employed by the service on a part time basis. They told us they felt confident in the level of information they received. However, they told us they did not receive any written information they could understand and this was problematic when the interpreter was not available. We also noted that patients with limited English did not have access to written information in a form they could understand.

The results of a patient survey completed by the practice during May 2015 showed that 94.4% of 72 respondents were satisfied with their treatments and choices.

Staff told us their priority was to ensure that patients understood their dental health issues and were informed about the treatment options available to them. For example an unaccompanied patient had attended for treatment that morning but were unable to understand English. Treatment was postponed for five days until they could return with someone able to translate the information and help them understand their choices.

Training records we reviewed did not include training about consent issues and the Mental Capacity Act 2008 or Gillick principles supporting the right of young people to make decisions about their own care and treatments. When we asked dental nurses and trainee staff, they were unaware of these issues.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice leaflet and website explained the range of services offered to patients. This included regular check-ups (including X-rays and teeth cleaning), fillings, extractions, root canal treatments, dentures, and teeth whitening. The practice undertook mostly NHS treatments but also offered some private treatment. Costs were clearly displayed within the practice and were explained to patients during their consultation. The practice had recently changed their policy so that payment was taken from them before they saw a dentist for their check-up. This information had been shared prior to the change and staff reminded patients of this policy during phone calls when relevant.

Staff we spoke with said the practice scheduled enough time with each patient to assess and undertake their care and treatment needs. For patients with particular needs such as a limited understanding of English, longer appointment times were given to enable staff more time to explain care and treatment options.

Our observation of the appointment system used at the practice showed that each dentist held two emergency appointments slots per day. If these were filled, the dentists often double or triple booked patients and made every effort to accommodate needs. If this was not possible and the capacity for emergency bookings was low, patients were signposted to the dental access centre. One patient we spoke with told us they had experienced this but the centre would not treat them without a referral letter which had not been supplied. They also said they were in pain but were not able to get an appointment at the practice for three weeks. We referred them to the practice manager who rearranged an appointment for one week's time.

We observed a patient at the reception desk who wanted a non urgent appointment and this was booked for a week later.

Tackling inequity and promoting equality

The practice was located in a multi-cultural area of the city and many patients had limited or no English language skills. The practice employed staff who spoke some alternative languages. They also employed a part time interpreter who worked with patients who spoke Portuguese and we received positive feedback about this support during the inspection. Staff told us they were also able to access an interpreting service if required.

The practice worked with a local charity that supported patients who were seeking asylum.

There was very limited written information for patients who did not speak English. The practice manager told us that improvements to this were planned but was unclear when this would be.

Information held by the practice did not help to identify the ethnicity of the patient population. The practice manager did not know how many patients were registered at the service or the most common ethnic groups so that information could be tailored to meet their needs.

Access to the service

The practice offered a range of general dental services and some specialist treatments. The practice opened weekdays from 8.30am until 5pm and Saturdays by request. It provided treatment to NHS patients although some private dentistry treatments were also available.

The practice operated a system to remind patients of their appointment details by email or text

messaging if the patient had given permission for this. However, they experienced up to 27% of all weekly appointments were not attended by their patients.

The practice manager told us that a large proportion of their registered patients did not utilise routine checks but accessed the service when they experienced a dental problem. Our observation, discussion with staff and patients indicated that the practice had a limited number of emergency appointment slots available. This meant patients experienced delays in getting treatment at times.

Information about obtaining emergency care out of hours was displayed in the window of the practice. If patients called when the practice was closed, an answerphone message explained what to do. Patients may find it useful to have this information on the practice website. Out-of-hours dental cover was provided by the NHS 111 service.

The service was provided on the ground floor of the building but we found the door to the practice was not easily accessible for patients with a disability or for parents

Are services responsive to people's needs?

(for example, to feedback?)

using prams or buggies. Although the reception desk was close to the front door, there was no means for patients to call for help if they required assistance to access the building.

Concerns & complaints

A complaints procedure was in place and information was available to patients on how to make a complaint. These were not available in alternative languages.

We spoke with one patient who told us they were not satisfied with the treatment they had received from a dentist who no longer worked at the practice. They were still having problems as a result of the treatment and had raised their concern with current staff. The patient had not been made aware of the complaints process so they could raise the complaint for consideration by the practice. We referred them to the practice manager.

Staff we spoke with were aware there was a complaints policy in place. However, we became aware from a member of staff, that a patient had recently raised a concern about access to the building. This had not been recorded in the complaints log.

The practice manager's desk was positioned so that the reception area was clearly visible. This meant they were able to oversee any verbal concerns or complaints that were raised and support staff where necessary. Several staff told us they had to deal with patients who were verbally abusive at times but they had not received any training to help them deal with this. This type of concern was not recorded as a significant event.

The practice manager held a complaints log and this included five complaints the practice had received since October 2014. The records showed that learning had been considered in each case. However, the details of the concerns, the learning identified and action taken could be more detailed. There was no evidence to confirm when the actions had been completed.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements at the practice were not well established. The practice manager had difficulty identifying and locating records to evidence to us that quality monitoring processes were being followed and we found that the systems in place were not clear. For example, the practice did not follow a clear process for recording incidents or accidents so that opportunities for learning and improving the service could be put in place. The manager told us that all incidents were reported to head office but there was no system in place to help identify any trends that could be used to improve the quality of the service.

The provider had introduced annual quality assurance checks in October 2014 and we saw evidence this had been completed by the practice manager and area manager. There were no records to demonstrate actions taken following the check or that the provider had followed this up. We saw no other evidence that the practice manager was supported in her role to monitor quality by other corporate staff.

Audits of practice such as infection control and the fire risk assessment when completed, were not followed up with an action plan to address recommended improvements.

The practice had a risk assessment file in place and was able to demonstrate that these were kept up to date. Risk assessments included the use of sharp instruments and radiographic equipment. However some identified risks had not been assessed for example the risks to staff and patients caused by high environmental temperatures and poor ventilation and the risk of security breaches.

We did not see evidence to ensure that staff had read and were familiar with the practice policies.

Leadership, openness and transparency

There was a leadership structure in place and staff were clear about their roles and responsibilities. However, in the absence of the lead dental nurse it was unclear who had responsibility for overseeing the daily decontamination process .

Staff told us there was an open culture at the practice and they felt supported by the practice manager and the dentists.

There were arrangements for sharing information across the practice on a daily basis and through regular practice meetings. Staff told us this helped them keep up to date with new developments and policies. It also gave them an opportunity to make suggestions and provide feedback to the practice manager.

Learning and improvement

The systems to improve learning and service improvements were weak. There was no system in place to ensure that staff all received an annual appraisal and although there was a process in place for staff to receive mandatory training this was not monitored.

Staff we spoke with said they had opportunities to receive mandatory training and additional training that supported their role and responsibilities. For example the lead dental nurse had completed a fluoride course and a course on taking dental impressions. However, some staff felt they did not receive sufficient time to complete essential training due to pressures on the service.

All dentists and dental nurses at the practice were registered with the GDC. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. The practice manager kept a record to evidence that staff were up to date with their professional registration.

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

The practice followed their complaints process and we saw that patients had received feedback. However, the actions taken following complaints were not recorded in detail and it was unclear when the actions were completed.

Staff told us they attended regular monthly meetings where they were able to raise and discuss issues that affected their practice and the smooth running of the service. Records of meetings were not detailed enough to support this view and were not a complete reference to members of staff who were unable to attend the meetings. However, some staff said at times, they felt they were not supported because faulty equipment was not improved in a timely manner so that patient care and treatment could be

Are services well-led?

provided to a high standard. Staff also felt the problems with the temperature of the building were not being addressed quickly enough to help improve the working environment.

The practice had a system in place to complete on-going patient satisfaction surveys and comments cards. We reviewed the results of the survey completed during May 2015 which showed that 72 surveys had been received. This showed that 88.9% of respondents were happy with their overall experience at the practice. It was not clear how this was used to improve performance and outcomes for patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control Procedures for reporting, recording and analysing incidents and accidents were not followed or thoroughly reviewed to ensure that action was taken to prevent further occurrences, make improvements and share learning. Regulation 12 (2)(b) The Infection Prevention Society (IPS) audit tool had not been established to ensure that safe decontamination procedures were being followed. Regulation 12 (2)(h)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The governance arrangements at the practice were not well established. The practice manager had difficulty identifying and locating records to evidence to us that quality monitoring processes were being followed. Regulation 17 (1). Records did not demonstrate that a full recruitment process was being followed. Regulation 17 (2)(d)(i). Some identified risks had not been assessed for example the risks to staff and patients caused by high temperatures and poor ventilation. The fire risk assessment had not been actioned. Regulation 17 (2)(b).

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

This section is primarily information for the provider

Requirement notices

Staff did not always recognise complaints raised by patients so that issues could be considered and action taken. When a complaint had been received and acknowledged, it was not clear that actions had been taken to improve the quality of the service. Regulation 16(1)(2)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Not all staff had completed the mandatory training set by the provider or received an annual appraisal. Inexperienced staff were not always well supervised. Regulation 18 (2)(a)