

S A Groups Highfield Clinic

Inspection Report

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Date of inspection visit: 2 July 2019
Date of publication: 13/09/2019

Overall summary

We carried out this announced inspection on 2 July 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

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 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 not providing well-led care in accordance with the relevant regulations.

Background

Highfield Clinic is in Edgbaston, Birmingham and provides private treatment to adults and children.

The practice is located on the first floor of a multi-occupancy building and can only be accessed by stairs. Car parking spaces are available in the practice car park at the rear of the building.

The dental team includes three dentists, four dental nurses, including the practice manager, a dental hygiene

Summary of findings

therapist and two receptionists. The practice has two treatment rooms. The dentists who own and work at Highfield Clinic also own and work at a sister practice located in Wolverhampton.

The practice is owned by an organisation and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Highfield Clinic is the principal dentist.

On the day of inspection we received feedback from 23 patients.

During the inspection we spoke with two dentists, one dental nurse, one dental hygiene therapist, a receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday 9am to 7pm, Tuesday and Thursday 9am to 6pm, Wednesday 9am to 8pm, Friday 9am to 5pm. The practice is also open on alternate Saturdays from 9am to 1pm.

Our key findings were:

- The practice appeared clean and well maintained. Patients commented positively that the practice was always spotless, clean and comfortable.
- The provider had infection control procedures which reflected published guidance. We were sent evidence to demonstrate that the infection control lead completed training regarding infection prevention and control following this inspection.
- Evidence was not available on the premises to demonstrate that some staff had completed update training to deal with medical emergencies. Not all appropriate medicines and life-saving equipment were available. Missing items were purchased following this inspection.
- The provider had some systems to help them manage risks to patients and staff, but improvements were required.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

- Information was not on the premises to demonstrate that the provider had thorough staff recruitment procedures. Recruitment information was held off site by a human resources manager and was not available for review at this inspection. Prior to this inspection, the provider had been informed that recruitment and training records would be required for review.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided, although few responses had been received.
- Improvements could be made to the arrangements for ensuring good governance.

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation/s the provider is not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'
- Improve and develop the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, take into account relevant guidance, and staff follow them.

Summary of findings

- Improve the practice's complaint handling procedures and establish an accessible system for identifying, receiving, recording, handling and responding to complaints by service users.
- Take action to ensure the service takes into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

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

Requirements notice 

Are services effective?

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

No action 

Are services caring?

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

No action 

Are services responsive to people's needs?

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

No action 

Are services well-led?

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

Requirements notice 

Are services safe?

Our findings

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 section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Contact details for reporting child safeguarding concerns were available to staff. The practice did not have contact details should they need to report adult safeguarding. The practice's policy was amended to include contact details and an updated copy sent to us following this inspection. A copy of an on-line reporting form was available, and we were told that staff would use this to make contact. Staff were aware whom the safeguarding lead was at the practice and confirmed that they would report any suspicions of abuse to them. We saw evidence that the safeguarding lead had received child safeguarding training at a higher level. Evidence was not available on the premises to demonstrate that all staff had completed adult and child safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Information regarding this was available in the safeguarding folder which was accessible to staff.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations e.g. those who were known

to have experienced modern-day slavery or female genital mutilation (FGM). Information regarding FGM and modern-day slavery was available in the safeguarding folder including contact details for staff to report concerns.

The practice had a whistleblowing policy. Contact details were available for external organisations to enable staff to report concerns if they did not wish to speak to someone connected with the practice. Staff felt confident they could raise concerns without fear of recrimination and felt that they would be listened to.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider did not have a business continuity plan to describe how they would deal with events that could disrupt the normal running of the practice. However, a list of emergency contact details was available for example regarding a loss of IT, telephone, electricity and staff contact details.

The provider employed a human resources manager to assist with the recruitment of staff, including developing policies, procedures and all additional paperwork. The human resource manager held recruitment files and other related information off site. Prior to this inspection, the practice was informed that recruitment and training records should be available for review. We were shown a recruitment file for the practice manager and a self-employed dental nurse. There was no information for other staff. The practice held some documentation such as disclosure and barring checks (DBS). Evidence was not available to demonstrate that DBS checks had been completed for all staff. From information seen it was difficult to identify whether the provider followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff said that they ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The building was leased, and we were told that the landlord would have copies of

Are services safe?

gas safety certificates and electrical fixed wiring safety certificates. These were not available to review on the day of inspection. Following this inspection, we received confirmation that a gas safety check has been arranged for 27 August 2019. An electrical installation condition inspection and test has been booked for 20 August 2019. Portable appliance checks had been completed and we saw records for 2014, 2016 and 2019. The practice manager completed an electrical audit checklist of rooms. This did not specifically record details of the equipment available in each room or what check was being completed. Staff were unable to find a certificate demonstrating when the compressor was last serviced. A copy of this document was sent to us following this inspection demonstrating that the compressor was serviced in February 2019.

Records showed that some of the fire detection and firefighting equipment were regularly tested and serviced. For example, the fire alarm was last serviced in April 2019 and fire extinguishers in May 2019. There were no records to demonstrate that emergency lighting was serviced or checked on a regular basis. Evidence was sent to demonstrate that emergency lighting was serviced following this inspection.

A fire safety log book was available, but this had not been fully completed, checks had not been completed regarding fire exits or fire extinguishers. Fire alarm testing was completed but not done routinely on a weekly basis as required in the log book. There was no evidence that fire drills had taken place and staff confirmed that they had not done a fire drill. A fire alarm audit had been completed in September 2018 and this identified issues for action. There was no evidence that all the issues identified had been acted upon. For example, the fire alarm was not being tested weekly.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff employed at the practice completed continuing professional development (CPD) in respect of dental radiography. Evidence was not available on the premises to demonstrate that the visiting implantologist had CPD in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety although some improvements were required.

We saw that not all of the practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The fire risk assessment was not dated or signed by the person who completed the information. We were told that there was no practice risk assessment and no risk assessment for hazardous substances in use at the practice. The provider has since developed a practice risk assessment and sent a copy as evidence.

We were shown a health and safety checklist which included information regarding electrical safety, first aid and lasers. We were told that lasers were not used at the practice. Following this inspection, we were sent a copy of an updated health and safety checklist which recorded not applicable next to questions regarding lasers and we were told that lasers were not used at the dental practice. The provider had current employer's liability insurance, this was in date and on display in the first floor waiting room.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider did not have an effective system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. There were no systems in place to check the effectiveness of the vaccination. Titre levels were not recorded for all staff and there was no other evidence to demonstrate that some staff had responded to the vaccination. The practice manager confirmed that they would obtain this information for staff as soon as possible. Following this inspection, we have been provided with this information for some staff but not all. A risk assessment

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regarding hepatitis B non-responder staff was available but had not been filled in. There was no completed risk assessment for the staff member whose titre levels showed they were a non-responder to this vaccine.

Staff knew how to respond to a medical emergency and we were told that staff completed training in emergency resuscitation and basic life support every year. Training certificates were not available for all staff to demonstrate this.

Most of the emergency equipment and medicines were available as described in recognised guidance. The practice did not have an oxygen face mask with reservoir and tubing for a child or a spacer device for inhaled bronchodilators. We found staff kept records of their checks of medicines and equipment to make sure these were available, within their expiry date, and in working order. The practice manager confirmed that they would order the missing equipment as soon as possible. These items were ordered following this inspection. Evidence provided demonstrated that they had been received and were available for use at the practice.

A dental nurse worked with the dentists and the dental hygiene therapist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The provider had a control of substances hazardous to health (COSHH) folder which contained product safety data sheets for products in use at the practice. There were no risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Following this inspection, we were told that the provider had started completing these risk assessments.

The provider had an infection prevention and control policy and procedures. They mostly followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Evidence was not available on the premises to demonstrate that all staff had completed infection prevention and control training and received updates as required, this included the infection prevention and control

lead nurse. Infection prevention and control training was completed by the lead nurse following this inspection and copies of training certificates were sent to us to demonstrate this.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

We identified that infection prevention and control procedures were not followed on one occasion when a patient was seen by a dentist not in a designated dental treatment room. The practice could not provide adequate assurances that they were meeting the guidance in Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care on this occasion. They were also unable to confirm that they would meet the guidance should they treat patients in an area other than a designated dental treatment room in the future. Following this inspection, we were sent a copy of an updated disabilities policy. This recorded that patients who could not access the first-floor treatment room would be referred to the sister practice which had ground floor treatment rooms.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. There was no evidence to demonstrate that recommendations recorded in the legionella risk assessment had been actioned, we were told that information had been passed to the Landlord of the building for action. Following this inspection, we were sent a copy of an action plan with details of action to be taken to address issues raised. Records of water testing and dental unit water line management were in place.

The practice employed a cleaner for two days per week and staff at the practice completed the environmental cleaning at other times. We saw cleaning schedules for the premises up to April 2019. Following this inspection, we were sent copies of cleaning schedules from April to June 2019,

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although these were not always correctly completed and had not been signed by the person who undertook the cleaning task. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The practice did not have a waste acceptance audit.

We looked at the infection prevention and control audit for January 2019 and April 2019, we were told that these were now scheduled to take place on a six-monthly basis but had not been completed in the past. The latest audit showed the practice was meeting the required standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

Some improvements were required to the practice's systems for appropriate and safe handling of medicines. For example, appropriate dispensing information was not recorded on dispensing labels. Following this information evidence was sent to demonstrate that dispensing labels had been amended and now included correct dispensing information.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentists were aware of current guidance with regards to prescribing medicines.

The dental hygiene therapist did not have any patient group directives. We were told that they accepted direct access patients for scale and polish only. The practice's direct access policy did not reflect what treatment was offered to direct access patients. Following this inspection, we were sent a copy of the updated direct access policy.

Track record on safety and Lessons learned and improvements

Improvements were required to risk assessments in relation to safety issues. There was no practice risk assessment and the practice's fire risk assessment had not been dated or signed by the person who completed the assessment. Following this inspection, action had been taken to address some of these issues raised. For example, a practice risk assessment had been developed.

In the previous 12 months there had been no safety incidents. There were adequate systems for reviewing and investigating when things went wrong. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements. A significant events file was available, details were recorded of three significant events that had occurred during 2019. The practice had a system in place to learn, share lessons, identify themes and act to improve safety in the practice. Accident recording books were available, there had been no accidents documented in the previous 12 months.

There was a system for receiving and acting on safety alerts. A file was available which contained an alert for June 2019 and field safety notice with a list of alerts for May 2019. Staff learned from external safety events as well as patient and medicine safety alerts. We were told that they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice carried out private orthodontics. The orthodontist was not available at the practice on the day of inspection.

The practice offered dental implants. These were placed by a visiting implantologist. Training records for the visiting implantologist were not available on the day of inspection. We requested evidence to demonstrate that this practitioner had undergone appropriate post-graduate training in this speciality. This information was not provided. The implantologist was not present at the practice on the day of inspection. A number of patient records were reviewed. Written treatment plans were provided to patients including the risks and benefits of any treatment. Provision of implants appeared to be in accordance with national guidance.

Staff had access to intra-oral cameras to enhance the delivery of care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentists/clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

The dental hygiene therapist described to us the procedures they used to improve the outcomes for patients

with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Comprehensive consent forms were available for patients to take home and sign. Patients were shown videos, X-rays and given detailed information to explain treatments. Staff discussed treatment plans with patients to ensure clear understanding before patients agreed to treatment. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The practice did not have capacity assessment forms. However, staff showed an understanding of the Mental Capacity Act and Gillick competence guidelines and how it might impact on treatment decisions. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Evidence was available to demonstrate that some of the staff had completed training regarding the Mental Capacity Act. Following this inspection copies of capacity assessment forms and a copy of an updated consent policy were sent as evidence.

We identified in one set of patient dental care records that consent to treatment had been signed by the patient's relative/carer. We were told that the patient had capacity to consent. There was no explanation as to why the patient had not signed the consent form.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

Are services effective?

(for example, treatment is effective)

We saw the practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information.

A visiting sedationist carried out conscious sedation at the practice. We were told that this had not taken place for over 12 months. The sedationist was not on the premises during this inspection. We were told that equipment used during sedation was not kept on the premises and any medicines were specifically ordered in as required. We were not provided with information to demonstrate that the visiting specialist had received up to date training regarding sedation.

A dental nurse had been trained to support the operator-sedationist as required.

Effective staffing

We were told that staff kept their own personal development plans which contained evidence of training completed. These were not available on the day of inspection. Some training certificates were available. However, we did not see evidence that some staff had completed training regarding safeguarding, basic life support or infection prevention and control. Without this information the practice was unable to demonstrate that clinical staff completed the continuing professional development required for their registration with the General Dental Council. Infection prevention and control training was completed by the lead nurse following this inspection and copies of training certificates were sent to demonstrate this.

New employees had a period of induction based on a structured programme. Staff told us that induction training took approximately two days. We were told that induction of all staff took place at the sister practice in Wolverhampton. Staff were given a copy of the staff

handbook which contained background information to be used in the induction process. For example, information regarding clinical logs, waste management, decontamination protocol and hand hygiene.

We were told that staff discussed their training needs at annual appraisals. We saw evidence of a completed appraisal for the practice manager and were told that all other appraisal records were held off site by the human resources manager. We asked for evidence to demonstrate that appraisals took place and were sent documentation demonstrating appraisals had been completed with two staff members prior to this inspection. We were told that the practice manager also undertook monthly one to one meetings with staff. Notes of these meetings were also kept by the human resources manager and were not available on the day of inspection. Following this inspection, we were sent evidence that one to one meetings had been held in June 2019 with two staff members.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Staff monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were gentle, professional and an absolute delight. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients commented that their care was centred around their needs and that they were listened to and treated with the utmost care. Patients could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

Patients told us that staff respected and promoted patients' privacy and dignity. Patients commented that they were always treated with dignity and respect. We identified on one occasion that a patient may not have been treated with dignity due to the location in the building where the treatment was carried out.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. There was a reception desk on the ground floor of the building and a reception and waiting area on the first floor. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. Treatment room doors were closed when dentists were seeing patients.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act. We saw:

- We were told that interpretation services had not been used for patients who did speak or understand English and staff were not aware whether this service was available. We were told that patients who could not speak English brought a relative with them to their appointment. The practice would not be able to assure themselves that patients were giving informed consent. Staff said that they had not had any difficulties communicating with patients. Following this inspection, we were sent details of translation and interpreter services that could be used at the practice.
- Communication aids were not available. However, we were told that information could be made available in large print if requested. Following this inspection, we were sent evidence to demonstrate that reading glasses had been purchased and were available in various lens strengths for patient use.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models, videos, X-ray images and an intra-oral camera. The intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patients' needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Staff described examples of patients who were anxious about visiting the dentist and the methods they used to try and reduce their anxiety. We were told that staff chatted to patients to distract them whilst they waited to see the dentist. Facilities were available in the waiting room for patients to make themselves a hot drink and water was also available. A large television could be played to help distract anxious patients and a selection of magazines were available. We were told that longer appointments were offered to dental phobic patients as the dentist might need to take extra time reassuring the patient and explaining treatments. Patients could bring a friend or relative with them to appointments and music was played in the treatment room to try and help relax them. Patients said that staff were attentive, caring and the environment was comfortable, relaxing and made them feel at ease.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. However, the practice was located on the first floor of a building shared with other services. There was a ground floor reception and disabled access toilet with hand rails and a call bell but access to the dental practice was by stairs. The practice did not have facilities to assist patients with sight or hearing impairments, for example, a hearing loop, magnifying glass or reading glasses. Following this inspection, we were sent a copy of an updated disabilities policy and photographic evidence to demonstrate that reading glasses had been purchased for use by patients.

Costs of treatment were on display in the first floor waiting room. The practice had a social media page which gave patients up to date information about the practice including costs of treatment.

The practice offered extended opening hours on a Monday until 7pm a Wednesday until 8pm and on alternate Saturdays between the hours of 9am to 1pm. This enabled patients to see the dentist outside of usual working hours.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice. Either the dentist or dental nurse gave a courtesy call to patients following any extraction or lengthy dental treatment and to those who were extremely anxious about visiting the dentist.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice took part in an emergency on-call arrangement with dentists working there. We were told that the practice operated a 24-hour emergency service. When the practice was closed the answer phone message directed patients to call a mobile phone number which was answered by the registered manager. Patients were also offered appointments at the sister practice located in Wolverhampton.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

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

The registered manager took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint.

The registered manager or practice manager were responsible for dealing with complaints. Staff would tell the registered manager or the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us that they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice had dealt with their concerns.

The practice had not received any written complaints within the last 12 months. Systems for recording complaints needed improvement. Details of verbal complaints received were recorded on patient dental care records. The practice was not keeping a log of verbal complaints and were not monitoring these and because of this they were not able to learn from these concerns. Following this inspection, we were sent a copy of a concerns log which would be used to record verbal complaints. We were also sent a copy of an amended complaint policy which included information about recording verbal complaints.

Are services well-led?

Our findings

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). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The registered manager was supported by a practice manager and a human resources manager. The other practice owner also worked at the practice and provided support as required.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership. Staff said that the practice was a nice place to work and had an inclusive, family atmosphere. Patients praised staff saying that they were professional, knowledgeable and efficient.

Vision and strategy

There was a clear vision and set of values. The practice's vision was to provide very high quality care in a safe environment at all times without compromising standards. The practice aims and objectives were set out in the practice Statement of Purpose and included;

- To provide a working environment for our staff where everyone feels safe and supported at all times.
- To provide continuous support and encourage our team to develop their full potential.
- Welcome feedback/suggestions from staff and patients so that we can improve our services.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. Staff said that they worked in accordance with legislation, providing high quality care and worked well together. We were told that there was a supportive, positive atmosphere at the practice.

The practice focused on the needs of patients. Patients in dental pain were generally seen on the same day that they

contacted the practice. The practice opened until 7pm on a Monday and 8pm on a Wednesday and was open from 9am to 1pm on alternate Saturdays. The registered manager or another dentist at the practice was on call 24 hours per day to provide emergency cover.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. Support was also provided by a human resources manager who was involved in the recruitment of staff, developing related policies and procedures and appraisal of staff. The other practice owner also provided support as required and held lead roles at the practice.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff, we were told that these were reviewed on a regular basis. We identified some policies and risk assessments that did not record a date of implementation or review. The practice did not have contact details should they need to report adult safeguarding and the practice's direct access policy required updating. The practice had not completed a business continuity plan. Following this inspection, we were sent evidence to demonstrate that some of these issues for action had been addressed. For example, we were sent a copy of an updated safeguarding policy which recorded contact details should the need arise to report adult safeguarding concerns, we were also sent a copy of an updated direct access policy.

CCTV systems were used as a security measure in the practice. We were told that the system only recorded video

Are services well-led?

without sound. Signs were in place to inform patients that CCTV video recording was taking place. The practice had developed a CCTV policy and a privacy impact assessment had been completed.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support high-quality sustainable services.

The provider used patient surveys and verbal comments to obtain patients' views about the service. Satisfaction surveys were available on the reception desk for patients to complete. We reviewed completed satisfaction surveys for 2019. Although there had been a low response rate, comments recorded were all positive. The "experience" questionnaires completed did not have space for a date, comments or the patients name to be recorded. It was difficult to confirm when these surveys were completed. The practice manager said that they intended to implement a system to improve response rates for these surveys.

Written and video testimonials were available on the practice website.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. A questionnaire was sent out to staff with their annual appraisal. Staff were encouraged to give feedback about what works well and what could be improved at the practice, including information regarding job satisfaction. We were told that the results were reviewed, and changes made at the practice if applicable. Staff told us that they were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

We saw evidence to demonstrate that practice meetings were held approximately every six weeks. A standard agenda was in place, but staff could also include items for discussion.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. We saw the audits of dental care records for March 2019, radiographs for March 2019 and infection prevention and control dated January and April 2019. They had clear records of the results of these audits and the resulting action plans and improvements. We noted that infection prevention and control audits were not completed prior to January 2019.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff told us that the registered manager was supportive and encouraged staff to discuss ideas for improvement or change.

We were told that the whole staff team had appraisals approximately every three months. We were shown one completed appraisal record for the practice manager. They discussed learning needs, general wellbeing and aims for future professional development. We were told that the human resources manager held all other appraisal documentation off site and this was not available on the day of inspection. We were not shown any information to confirm the frequency of appraisals or evidence that they had taken place. A member of staff spoken with confirmed that appraisal meetings took place. We were told that the practice manager also undertook monthly one to one meetings with staff. Notes of these meetings were also kept by the human resources manager and were not available on the day of inspection. We asked for evidence to demonstrate that appraisals took place for all staff and following this inspection were sent evidence that two staff had received an appraisal and two had one to one meetings.

Evidence was not available to demonstrate that all staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>Not all medical emergency equipment was available. The practice did not have an oxygen face mask with reservoir and tubing for a child or a spacer device for inhaled bronchodilators.</p> <p>Not all staff had completed training regarding safeguarding vulnerable adults and children, basic life support or infection prevention and control. There was no evidence that the visiting sedationist had received update training regarding sedation.</p> <p>There was insufficient assurance that treatment of patients in areas other than a designated dental treatment room met the guidance in Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care</p> <p>Emergency lighting had not been subject to routine servicing or checks.</p> <p>There was no evidence of a five-year fixed wiring test being completed. There was no evidence of a gas safety certificate.</p> <p>Appropriate dispensing information was not recorded on dispensing labels.</p>

Regulated activity	Regulation
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Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

The provider could not demonstrate that records relating to people employed included information relating to the requirements of Schedule 3 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. For example, evidence was not available to demonstrate that disclosure and barring service checks had been completed for all staff.

Risk assessments were not available regarding all substances hazardous to health in use at the practice. There was no practice risk assessment. The practice's fire risk assessment had not been dated and signed by the person completing the information.

There was additional evidence of poor governance. In particular:

The provider did not have assurances that all clinical staff had immunity against vaccine preventable infectious diseases.

There was no evidence that a system had been established for the on-going assessment, supervision and appraisal of all staff.