

Dentith and Dentith Dental Practice

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Inspection Report

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Overall summary

We carried out this announced inspection on 16 August 2018 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 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

Dentith and Dentith Dental Practice is located in Oakham, the county town of Rutland. It mainly provides private treatment to adults and children and also has an NHS contract to provide treatment to children only.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. There is no car parking facility on site. Parking spaces, including those for blue badge holders, are available in local car parks and on the road within close proximity to the practice.

The dental team includes four dentists, eight dental nurses, two trainee dental nurses, two dental hygienists and a practice manager.

The practice has five treatment rooms; one is on the ground floor.

The practice is owned by a partnership 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 Denith and Dentith Dental Practice is the practice manager.

On the day of inspection we collected 12 CQC comment cards filled in by patients.

During the inspection we spoke with four dentists, three dental nurses, one trainee dental nurse, one dental hygienist and the practice manager. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday to Thursday from 8.30am to 5.15pm and Friday 8.30am to 12.30pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk to patients and staff. We identified areas that required strengthening to ensure that all risks were identified and appropriate mitigating action taken.

- The practice staff had mostly suitable safeguarding processes. Staff demonstrated awareness of their responsibilities for safeguarding adults and children. We found that one member of staff had not updated their safeguarding training within the last three years. This was updated following our inspection.
- Staff recruitment procedures required strengthening. We found that not all appropriate checks had been undertaken at the point of recruitment.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice demonstrated some elements of effective leadership; we noted that this area also required development.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The provider had systems to deal with complaints.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Review the practice's responsibilities to take 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 always ask the following five questions of services.

Are services safe?

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

We found that some of the systems and processes designed to support the delivery of safe care and treatment were not always in place or operating effectively

The practice had a process to record accidents when they occurred and an informal process to record any incidents. We noted that none had been reported within the previous 12 months. We found that the policy for incident reporting required review to ensure that information regarding less serious incidents was also included. Not all staff were aware about significant events but told us they would report any issues or concerns to the partners.

Staff received training in safeguarding; one member of staff's training was updated after our inspection took place as it was previously completed over three years ago. Staff demonstrated awareness regarding recognising the signs of abuse and how to report concerns.

Staff were qualified for their roles. The practice did not demonstrate that they had completed all essential recruitment checks such as obtaining photographic identification and references in the files that we looked at.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

We were provided with evidence that three yearly equipment performance checks had taken place of X-ray equipment. We noted that annual maintenance checks had not taken place. The provider told us following our inspection that that they would make arrangements for this to take place.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as thorough and excellent.

The dentists told us they discussed treatment with patients so they could give informed consent; we found this was not always documented in their records.

No action



Summary of findings

We found that staff awareness of the principles of the Mental Capacity Act 2005 required discussion amongst the dental team to ensure understanding.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles.

Are services caring?

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

We received feedback about the practice from 12 people. Patients were positive about all aspects of the service the practice provided. They told us staff 'delivered outstanding care', were helpful and welcoming.

They said that they were given helpful, thorough and informative explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered some of their patients' different needs. This included providing level access for patients who used wheelchairs and families with pushchairs. The practice did not have access to interpreter services, although some staff spoke other languages. The practice did not have a hearing loop installed.

Staff told us how they had made efforts to accommodate the needs of those with sight and hearing problems.

The practice told us that they took patients views seriously. They valued compliments from patients; they said they would respond to concerns and complaints constructively, if any were received.

No action



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).

There were responsibilities and roles to support governance and management. We identified areas that required strengthening to ensure a robust approach was always adopted in the delivery of the service.

Requirements notice



Summary of findings

The provider had a system of clinical governance in place which included most policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were some effective processes for managing risks and issues. We identified areas that required improvement such as responding to risks presented by fire.

There was a defined management structure and staff felt supported and appreciated.

The practice team kept patient dental care records which were, clearly written or typed and stored securely. We found that consent was not always documented.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, Equipment & premises and Radiography (X-rays)

The practice had some systems to keep patients safe, although we identified areas that required review.

Staff showed awareness of their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse.

We saw evidence that staff received safeguarding training, although one of the dentists had not updated their knowledge within the previous three years at the time of our inspection. Following our visit, we were sent copies of updated safeguarding training certificates for the member of the team.

Staff demonstrated knowledge about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice computer system included pop up notes which could be used to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or those who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff we spoke with told us they felt confident they could raise concerns without fear of recrimination; although they were not all aware that there was a whistleblowing policy in place.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We noted that whilst the use of rubber dam was recorded on some patient records, we found it was not on included on all dental care records, when it was used. The partners told us they would take appropriate action to improve the record keeping.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had not implemented a recruitment policy and procedure to help them employ suitable staff. We looked at five staff recruitment records which related to staff who had started working for the practice in the last five years. We noted that references or other evidence of satisfactory conduct in previous employment were not held in four of the files. We found that photographic identification was not held by the practice in all of the files we looked at. Evidence of current GDC registration was also not held in those files. The practice had on occasion utilised agency staff. They did not have assurance that the agency who supplied staff had undertaken the required recruitment checks.

We discussed the requirements of The Health and Social Care Act 2008 (regulated Activities) Regulations 2014, Schedule 3 requirements with the partners. We were told that they would take immediate action to strengthen their processes. Following our inspection, one of the partners sent us a copy of a newly implemented recruitment policy which included reference to the requirements. They told us they had obtained evidence of photographic staff identity for all available staff and those on leave would provide this on their return to work.

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

The practice ensured that most facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances. We noted that a five yearly fixed wiring safety inspection had not been undertaken. Following our inspection, one of the partners told us that they had made arrangements with a company for this to be undertaken.

Firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had not maintained records to show they had undertaken routine testing of fire detection equipment such as smoke detectors. The practice had not appointed official fire marshals or practised fire drills. Following our inspection, one of the partners told us that they had since nominated three fire marshals and would commence regular fire drills.

Are services safe?

The practice had mostly suitable arrangements to ensure the safety of the X-ray equipment. We found that rectangular collimators were not fitted to three of the intra-oral X-ray machines. One of the partners told us that these would be ordered and fitted.

We were provided with evidence that three yearly equipment performance checks had taken place of X-ray equipment. We noted that annual maintenance had not taken place. The practice had not undertaken any visual checks to identify any cracks, leaks or loose arm movement. We found that the information contained in the radiation protection file required review to ensure that all required information was held. We discussed the issues identified with the partners and they told us they would arrange for yearly inspection of the X-rays units and would review their current arrangements.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. There was evidence that the practice carried out radiography audits; we reviewed a recent audit undertaken. We found that the audit process could be strengthened to include larger samples in future activity.

We also found that audit activity had been limited in the previous year. One of the partners told us that this was a result of them taking a period of leave from the practice but still maintaining responsibility for this area.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

We found that some systems to assess, monitor and manage risks to patient safety required review.

Whilst the practice demonstrated they had a number of policies, procedures and risk assessments to help manage potential risk, we found that not all risk assessments had been sufficiently completed or implemented. For example, information was held to assist the practice in undertaking a fire risk assessment, but one had not been completed that was specific to the practice environment. This highlighted that the practice management could not be assured or mitigate potential fire risks. Following our inspection, one of the partners told us that a company had been contracted to undertake a full fire risk assessment due to take place on 31 August 2018.

The practice provided us with a health and safety risk assessment, although this required personalisation to the practice.

The practice had current employer's liability insurance.

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.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We found that the effectiveness of the vaccination was not routinely checked. For example, three staff members did not have immunity information held on their records. The practice manager told us they had taken steps to obtain this information. A risk assessment had not been undertaken whilst the practice were waiting for the required information. Following our visit, one of the partners sent us a risk assessment.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Immediate Life Support (ILS) training for sedation was also completed by the dentist involved in administering sedation, although dental nurse(s) involved had not completed this level of training. We discussed this with the partners and they informed us they had made a decision for all clinical staff to attend ILS training, and a date would be arranged for this to be undertaken.

Emergency equipment and medicines were available as described in recognised guidance. Glucagon was stored at room temperature although the expiry date had not been adjusted to reflect this. The practice manager ordered a new supply of glucagon on the day of the inspection and planned to store it in refrigeration. Staff kept records of their checks on emergency equipment and medicines to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous

Are services safe?

to health. Information was accessible electronically online with use of a password. The practice manager told us they would check that all staff had quick and easy access to the information should they need to obtain this quickly.

The practice occasionally used locum and/or agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of water testing were in place. Records indicated that the required hot water temperature (as identified in the risk assessment) was not always obtained. The legionella lead had not taken action to address this.

Practice staff shared cleaning responsibilities and they used a rota system. The practice was clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. The latest audit identified some areas for action which were being addressed, although this had not been formulated into a formal action plan.

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, (formerly known as the Data Protection Act).

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

The practice had reliable systems for appropriate and safe handling of medicines.

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 practice had not followed current guidance in relation to the storage or record keeping relating to NHS prescriptions. The practice manager told us they would ensure pads were held securely at all times. The practice had not implemented a procedure for recording prescription pad numbers. Following our inspection, the practice manager informed us that they had started to implement a monitoring system.

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

Track record on safety

The practice had a positive safety record.

There were risk assessments in relation to a number of safety issues although we had identified there were some gaps at the point of inspection. Others were completed following our visit.

The practice had processes to record accidents when they occurred. We were informed that there had not been any accidents within the previous 12 months.

Are services safe?

Lessons learned and improvements

There was a policy for significant event reporting and this also referred to near misses. We found that the policy could be improved to include more detailed information on reporting less serious untoward incidents. The practice told us they had not identified any incidents within the previous 12 months. Dental nurses told us that a book was held at reception for staff to record when any issues arose and discussion would be held in practice meetings.

We found that dental nurses staff were not aware of significant event reporting or of the policy in place.

There was an informal process for receiving and reviewing patient and medicine safety alerts. The practice manager told us they received these and would share any information with the other partner, if relevant. The practice had not implemented a logging system for MHRA alerts at the time of our inspection. This presented a risk that the practice could not be assured that they had implemented a robust approach.

Following our inspection, the practice manager told us that the other partner who was a dentist, had signed up to receive the alerts and a spreadsheet had been implemented to record any actions taken.

Are services effective?

(for example, treatment is effective)

Our findings

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.

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 children based on an assessment of the risk of tooth decay.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. We saw a variety of leaflets including those to help inform children of different ages, those who were pregnant and those who experienced acid regurgitation.

The practice was aware of national oral health campaigns available in supporting patients to live healthier lives. We found that not all of the dentists were aware of local services such as smoking cessation.

The dentists and dental hygienist 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. We looked at a sample of patient records and found that they supported our discussions held. We noted that six-point pocket charting or root surface debridement (RSD) was not always logged in respect of one of the clinician's records. We were told that patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice team told us they understood the importance of obtaining patients' consent to treatment. We found that consent was not always recorded in the sample of records we looked at.

The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. We found that whilst children received copies of treatment plans, we were not provided with documentation to show that adults routinely received these. We discussed this with the partners and they told us that whilst discussions always took place with patients, they would review their arrangements with regards to providing written plans for all their patients.

Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice had a consent policy although this required review. The policy did not contain information about the Mental Capacity Act 2005 and information regarding the Act was not held elsewhere.

We found that the dental team would benefit from discussion and review of their responsibilities under the Act. The practice manager told us after the inspection, that this would be tabled for discussion in a forthcoming practice meeting.

The consent policy referred to Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

We looked at a sample of 30 records. The practice kept mostly 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.

We saw the practice had audited patients' dental care records in June 2018 to check that the dentists recorded the necessary information. The latest audit had identified issues with clinicians not always recording consent being obtained. One of the partners told us that they had yet to formulate an action plan in order to drive improvement.

Are services effective?

(for example, treatment is effective)

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

Records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

The operator-sedationist was supported by a trained (in-house) second individual.

Effective staffing

We saw evidence that staff had the skills, knowledge and experience to carry out their roles. For example, one of the partners had completed training in administering sedation. The practice were supporting two trainee dental nurses to become qualified, and the trainee nurse we spoke with told us that she received support and guidance from other clinical staff.

Staff new to the practice had a period of induction based on a programme. The programme did not include a sign off sheet to show that each area had been covered with staff. Following our inspection, the practice manager told us that they had created a sign off sheet for new staff to complete.

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at informal meetings. The practice had not implemented a formal appraisal process for staff. The practice manager told us about how they had addressed the training requirements of staff.

We were informed that two of the dental nurses were currently undertaking training in implants and this was being funded by the practice. They also told us that if staff identified any learning opportunities, they would consider these and pay for the cost upfront on their behalf. This would then enable the staff member to repay the cost in instalments to the practice. We were told that the practice paid for staff to complete core CPD and for staff GDC registration.

We discussed the appraisal process with the partners and they told us that they had already identified the need to formalise the process. Following the inspection, the practice manager told us that they were developing a new system which would tie in with the new GDC requirements for staff to have a personal development plan every year.

Co-ordinating care and treatment

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

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

The practice 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.

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

Are services caring?

Our findings

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 'delivered outstanding care', were helpful and welcoming.

We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. They 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.

An information folder was available for patients to read and a practice information pack was available for patients to take away.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting area provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy they 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.

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 be involved in decisions about their care and told us they were aware of

requirements under the Equality Act.

- Reception staff were not aware of interpretation services which were available for patients who did not have English as a first language. We were informed that patients could invite family relations to attend to assist. This may present a risk of miscommunications/ misunderstandings between staff and patients.
- Staff spoke other languages including Czechoslovakian, Lithuanian, French, Gujarati and Hindi. They were able to help translate for patients who spoke these languages.
- Reception staff told us how they communicated with patients in a way that they could understand, for example, large print medical history forms could be printed for those with sight problems, and staff told us they could write things down or speak louder for those who had hearing difficulties.
- One of the dentists told us they would always make efforts to communicate with patients in a way that they could understand. They told us they would allow extra time in appointments to ensure the patient fully understood their dental care needs.

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 and information pack provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, software and videos used. There was a large screen in two of the treatment rooms which was used to help patients and their relatives better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care. For example, the practice offered sedation; the dentist told us that they held detailed discussions with patients who requested the service. They told us that as a result of discussions, some of these patients decided that they did not require sedation as their anxieties or concerns about treatment had been allayed.

Patients described their satisfaction with the responsive service provided by the practice.

The practice, currently had a small number of patients for whom they needed to make adjustments to enable them to receive treatment. Patients with mobility problems were seen in the treatment room on the ground floor. One of the dentists provided us with examples where other adjustments were made, for example for those patients with gagging issues.

The practice had made some reasonable adjustments for patients with disabilities. These included step free access by using a concrete ramp which had been built. A ground floor toilet was available for patient use, but was not accessible for those who used wheelchairs. The practice did not have a hearing loop or magnifying glass available.

The practice had implemented a recall system for its patients. Those who were due an appointment and were not booked in, were flagged on the system a month beforehand and contact made with them to attend.

Staff told us that they contacted patients by text message, email (or letter if requested) three days in advance of their scheduled appointments to remind them to attend the practice.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. We noted that the next available routine appointment with one of the dentists was within three working days.

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

The practice had an efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Appointment times were blocked for each of the dentists daily, in the morning and afternoon for any dental emergencies.

Patients told us they had enough time during their appointment and did not feel rushed. Appointments appeared to run smoothly on the day of the inspection.

The dentists took part in an emergency on-call rota arrangement. NHS patients were advised to contact NHS 111 outside of usual opening hours. The practice was within close proximity to another dental provider who held a contract with NHS England for out of hours care. Patients who contacted NHS 111 could be advised to attend the out of hours practice; this was open between 8am to 8pm Monday to Sunday.

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

Listening and learning from concerns and complaints

The practice told us they would take complaints and concerns seriously if any were to be received, and would respond to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients would receive a quick response.

The practice manager told us they would aim to settle complaints in-house and would seek to invite patients to speak with them in person to discuss any issues. Limited information was made available about organisations

Are services responsive to people's needs?

(for example, to feedback?)

patients could contact if not satisfied with the way the practice dealt with their concerns. The practice manager told us they would ensure that contact information was made available for patients.

The practice told us that they had not received any verbal or written complaints within the previous 12 months.

We reviewed the NHS Choices website and found that there had not been any reviews left of the service.

Are services well-led?

Our findings

Leadership capacity and capability

The dentists had the capacity and skills to deliver high-quality, sustainable care. We were told that leaders were visible and approachable by all of the staff.

The practice was family run; this included the previous providers of the service who were related to the current partners.

We found that the practice had not yet demonstrated that they had embedded effective processes to sustain leadership capacity and skills in the longer term.

Vision and strategy

There was a vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Whilst the leaders were aware of the requirements of the Duty of Candour, they did not demonstrate how they had applied these in practice. This was because there had not been any recorded incidents or complaints. We also identified that the system for incident reporting required some review.

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

Governance and management

The partners had overall responsibility for the management and clinical leadership of the practice. One of the partners was also the practice manager and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

There were responsibilities and roles to support governance and management. We identified areas that required strengthening to ensure a robust approach was always adopted in the delivery of the service. For example, ensuring staff timely completion of mandatory training

such as safeguarding, improving recruitment processes and implementing practice specific risk assessments when risks emerge. We noted that the provider took responsive action when we discussed issues identified.

The provider had a system of clinical governance in place which included most policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were some effective processes for managing risks and issues. We identified areas that required improvement such as responding to risks presented by fire.

Appropriate and accurate information

We found that some of the practice systems required review to ensure that they always acted on appropriate and accurate information, such as water temperature checks for legionella.

The practice 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

The practice involved patients, staff and external partners to support high-quality sustainable services.

The practice used patient surveys to obtain staff and patients' views about the service. The last survey was undertaken in May 2018. The practice identified that they needed to widen the scope of how they requested feedback from patients, such as the use of electronic surveys to increase the number of responses.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Staff requested that their colleagues ensure they use correct options on pop up notes on the practice computer system when using the tool.

Continuous improvement and innovation

Are services well-led?

There were some systems and processes for learning and continuous improvement.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had records of the results of audits undertaken. We found that audit processes could be improved, for example, implementing a robust action plan following the latest dental care record audit undertaken and using a larger sample for future radiography audits. The partners told us that they would seek to strengthen their audit systems and would take into account the issues identified during our inspection.

The partners told us that they were committed to learning and improvement and valued the contributions made to the team by individual members of staff.

The dental team had not completed annual appraisals. We were provided with examples of how staff were supported to undertake continuing professional development and training. The practice manager told us that learning needs, general wellbeing and aims for future professional development had up until the present time been discussed informally with an open-door approach in place. The partners told us that they had already identified that this required formalising into an annual appraisal process.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. The practice told us they encouraged them to do so.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Dentith and Dentith Dental Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 17 (1) (2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>There were limited systems or processes established to enable the registered person to assess, monitor and improve the quality and safety of services provided. In particular:</p> <ul style="list-style-type: none">· An effective policy and procedure framework was not in operation to enable staff to report, investigate and learn from untoward incidents.· There were limited systems for monitoring and improving quality. For example, audit activity had been limited; a record keeping audit had not resulted in an action plan or any improvements to the service.· There were limited processes to improve quality; staff had not received annual appraisals.· The provider had not ensured improvement in the quality of services delivered. For example, they had not ensured that those who worked within the practice had a comprehensive understanding of the principles of the Mental Capacity Act and how those principles related to their role. <p>There were limited systems or processes established to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p>

This section is primarily information for the provider

Requirement notices

- The provider had not implemented a system for the review and action of patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority. (MHRA)
- The provider had not identified or assessed the risks presented by fire.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 (1) (2) (3) HSCA (RA) Regulations 2014 Fit and proper persons employed.

There were limited procedures established and operated effectively to ensure that persons employed are of good character. In particular:

The provider was not assured that any agency staff were suitable to work in the practice at the point of recruitment.

Information had not been made available in relation to each person employed as specified in Schedule 3 at the point of recruitment. In particular:

- Proof of identity including a recent photograph and satisfactory evidence of conduct in previous employment.