

Adam Toft & Andrew Ralph

# Cavendish Dental Care

## Inspection Report

57 West Bars  
Chesterfield  
Derbyshire  
S40 1BA

Tel: 01246 274852

Website: [www.cavendishdentalcare.co.uk](http://www.cavendishdentalcare.co.uk)

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### Overall summary

We carried out an announced comprehensive inspection on 22 February 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

#### **Background**

Cavendish Dental care is situated over two floors of a building close to Chesterfield town centre in the West Bars area. The practice was registered with the Care Quality Commission (CQC) in September 2011. The practice provides dental services to both NHS and private patients, with approximately 40% receiving NHS dental treatment. Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are: Monday: 8:30 am to 5 pm; Tuesday to Thursday: 8:30 am to 5:30 pm; and Friday 9 am to 5 pm. The practice is closed at the weekend.

Access for urgent treatment outside of opening hours is by ringing the practice and following the instructions on the answerphone message. Alternatively patients should ring the 111 telephone number for access to the NHS emergency dental service.

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

# Summary of findings

The practice has five dentists; one hygienist; one therapist; eight dental nurses and two practice managers. Dental nurses also work on the reception desk

We received positive feedback from 12 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by speaking with patients in the practice.

## Our key findings were:

- Patients spoke positively about the dental services provided and said they were treated with dignity and respect.
- Patients' confidentiality was maintained.
- There were systems and processes to record accidents, significant events and complaints, and where learning points were identified these were shared with staff.
- There was a whistleblowing policy and procedures, and staff were aware of these procedures and how to use them. All staff had access to the whistleblowing policy.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- The practice had the necessary equipment to deal with medical emergencies, and staff had been trained how to use that equipment. This included oxygen and emergency medicines.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control.
- Policies and procedures at the practice were kept under review.
- Dentists involved patients in discussions about the care and treatment on offer at the practice. Patient recall intervals were in line with National Institute for Health and Care Excellence (NICE) guidance.
- Treatment options were identified, explored and discussed with patients.

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

- Review it's responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Consider retaining a copy of the patient satisfaction survey and the analysis completed by foundation dentists to provide evidence of seeking and acting on feedback from patients, the public and staff
- Review the current legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance

# 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.

Accidents and significant events were recorded and any learning points were shared with staff.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts and took appropriate action including sharing information with staff.

All staff had received up-to-date training in safeguarding vulnerable adults and children. There were clear guidelines for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary.

The practice had emergency medicines and oxygen available, and an automated external defibrillator (AED). Regular checks were being completed to ensure the emergency equipment was in good working order.

Recruitment checks were completed on all new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role.

The practice had infection control procedures to ensure that patients were protected from potential risks. Regular audits of the decontamination process were as recommended by the current guidance. Equipment used in the decontamination process was maintained by a specialist company and regular checks were carried out to ensure equipment was working properly and safely.

The risk assessments and data in the Control of Substances Hazardous to Health (COSHH) file was in need of updating.

The Legionella risk assessment was in need of review and updating.

X-rays were carried out safely in line with published guidance, and X-ray equipment was regularly serviced to make sure it was safe for use.

### **Are services effective?**

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

All patients were clinically assessed by a dental professional before any treatment began. This included completing a health questionnaire or updating one for returning patients. The practice used a recognised assessment process to identify any potential areas of concern in patients' mouths, jaws and neck, including their soft tissues (gums, cheeks and tongue).

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

There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Staff were able to demonstrate that referrals had been made in a timely way when necessary.

### **Are services caring?**

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

# Summary of findings

Patients said they were well treated, and staff were polite and caring. Feedback identified that the practice treated patients with dignity and respect.

Staff at the practice were friendly and welcoming to patients and made efforts to help anxious patients relax.

Staff maintained patient confidentiality and were able to demonstrate how they achieved this in both the reception area and the treatment rooms.

Patients said they received good dental treatment and they were involved in discussions about their dental care.

Patients said they were able to express their views and opinions.

## **Are services responsive to people's needs?**

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

Patients said it was easy to get an appointment. Patients who were in pain or in need of urgent treatment could usually get an appointment the same day.

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

There were systems and processes to support patients to make formal complaints. Where complaints had been made these were acted upon, and apologies given when necessary.

## **Are services well-led?**

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

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

The practice was carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

Patients were able to express their views and comments, and the practice listened to those views and acted upon them. Regular feedback was given to patients following surveys to gather patients' views.

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

# Cavendish Dental Care

## Detailed findings

### Background to this inspection

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

We carried out an announced, comprehensive inspection on 22 February 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

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

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

During the inspection we spoke with two dentists, a dental hygienist, two dental nurses, one receptionist, and both practice managers. We reviewed policies, procedures and other documents. We received feedback from 12 patients about the dental service.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice recorded and investigated accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed the last recorded accident had occurred in August 2015 this being a minor injury to a member of staff. Accident records went back over several years to demonstrate the practice had recorded and addressed issues relating to safety at the practice. There had been two accidents recorded in the 12 months previous to this inspection visit.

We saw documentation that showed the practice was aware of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). The practice manager said that there had been no RIDDOR notifications made. However, they were aware how to make these and there was a pad of forms specifically for making RIDDOR reports.

The practice had recently started to keep a log of significant events. However, the records showed no significant events had been recorded at the practice. Discussions with staff showed they understood the issues which should be considered a significant event.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. Alerts were received by the practice manager by e mail and were analysed and information shared with staff if and when relevant. The practice manager said the most recent alert had been received in December 2015 and related to problems associated with glucose test strips. This had not affected the practice, but the practice manager had kept the information on file for information.

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

The practice had a joint policy for safeguarding vulnerable adults and children. The policy identified how to respond

to any concerns and how to escalate those concerns. Discussions with staff showed that they were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary. A flow chart and the relevant contact phone numbers were on display in reception and in the safeguarding file.

The practice had an identified the registered manager as the lead for safeguarding in the practice. The lead had received enhanced training in child protection to support them in fulfilling that role. We saw the practice had a safeguarding file which contained all of the relevant information and the action plan should the practice have any concerns relating to safeguarding.

Staff training records showed that all staff at the practice had undertaken training in safeguarding adults and children. This had been completed during 2015 and was to the recommended level two training.

There was a policy, procedure and risk assessment to assess risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The COSHH policy had been updated in January 2015. The policy directed staff to identify and risk assess each chemical substance at the practice. Steps to reduce the risks included the use of personal protective equipment (gloves, aprons and masks) for staff, and the safe and secure storage of hazardous materials. There were data sheets from the manufacturer on file to inform staff what action to take if an accident occurred for example in the event of any spillage or a chemical being accidentally splashed onto the skin. A review of the COSHH records identified they were in need of updating. The practice manager said the COSHH file was due to be audited, and the information updated, the practice manager agreed to inform CQC when this had been completed.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 11 February 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a sharps policy which directed staff how to handle sharps (particularly needles and sharp dental

# Are services safe?

instruments) safely. We saw the practice used a recognised system for handling sharps safely in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy.

We discussed the use of safer sharps with a dental nurse, who outlined the steps taken to reduce the risks of sharps injuries. There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) We saw the bins in the decontamination room and treatment rooms were located off the floor. The guidance indicated sharps bins should not be located on the floor, and should be out of reach of small children. Following the inspection the practice sent evidence that the sharps bins had been attached to the wall in all clinical areas. The Health and safety Executive (HSE) guidance: 'Health and safety (sharp instruments in healthcare) regulations 2013', was being followed.

Copies of the practice's sharps policy and how to deal with sharps injuries (A sharps injury is any wound received by pricking, cutting or grazing with a needle or other sharp dental instrument) were displayed in the clinical areas of the practice.

Discussions with dentists and review of patients' dental care records identified the dentists were using rubber dams when completing root canal treatments. Guidelines from the British Endodontic Society say that dentists should be using rubber dams. A rubber dam is a thin, rectangular sheet, usually of thin rubber. It is used to isolate a tooth from the rest of the mouth during root canal treatment; it prevents the patient from swallowing tooth debris or small instruments. We saw there was a rubber dam kit for treating patients in each treatment room.

## Medical emergencies

The dental practice had equipment in readiness to deal with any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the medicines and found they were all in date. We saw there was a system in place for checking and recording expiry dates of medicines, and replacing when necessary.

There was a first aid box in the practice and we saw evidence the contents were being checked regularly. Two members of staff had completed a first aid at work course, and were the designated first aiders for the dental practice.

There was an automated external defibrillator (AED) held in the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

Resuscitation Council UK guidelines suggest the minimum equipment required includes an AED and oxygen which should be immediately available. All staff at the practice had completed basic life support and resuscitation training on 1 September 2015.

Additional emergency equipment available at the practice included: airways to support breathing, portable suction and manual resuscitation equipment (a bag valve mask) and portable suction.

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies.

## Staff recruitment

We looked at the staff recruitment files for seven staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff personnel files. This includes: proof of identity; checking the prospective staff members' skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We found that all members of staff had received a DBS check. We discussed the records that should be held in the recruitment files with the practice manager, and saw the practice recruitment policy and the regulations had been followed.

## Monitoring health & safety and responding to risks

The practice had both a health and safety policy and environmental risk assessments. The health and safety policy and the environmental risk assessments had been



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updated in July 2015. Risks to staff and patients had been identified and assessed, and the practice had measures in place to reduce those risks. For example: manual handling and emergency medicines

Records showed that fire detection and fire fighting equipment such as fire alarms and emergency lighting were regularly tested. The fire risk assessment had been updated in August 2015. The fire extinguishers had last been serviced in September 2015. Staff training records identified that fire training for all staff had taken place on 23 September 2015. This training had included a practical session on the use of fire extinguishers.

The practice had a health and safety law poster on display in the decontamination room. Employers are required by law (Health and Safety at Work Act 1974) to either display the Health and Safety Executive (HSE) poster or to provide each employee with the equivalent leaflet.

## Infection control

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

The practice had an infection control policy a copy of which was readily available to staff working in the practice. The policy had been reviewed and updated within the previous year. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures. Records showed relevant staff had received training in infection control.

Records showed that regular six monthly infection control audits had been completed as identified in the guidance HTM 01-05. The last audit in January 2016 scored 93%. The practice manager said this audit was due to be repeated as the taps in clinical areas had been replaced with elbow taps. Staff said that having manual taps had been largely responsible for the score being below 100%.

The practice had a clinical waste contract with a recognised company. Clinical waste was collected regularly, and was

stored securely away from patient areas while awaiting collection. The practice had a contract with a different company for the collection of amalgam, a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had spillage kits for both mercury and bodily fluids, which were in date.

There was a dedicated decontamination room that had been organised in line with HTM 01-05. The decontamination room had dirty and clean areas, and there was a clear flow between to reduce the risk of cross contamination and infection. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). A dental nurse demonstrated the decontamination process, and we saw the procedures used followed the practice policy.

The practice manually cleaned and rinsed dental instruments after use. The instruments were then examined using an illuminated magnifying glass to ensure they were clean and free from damage. Finally the instruments were sterilised in one of the practice's autoclaves (a device for sterilising dental and medical instruments). The practice had three steam autoclaves, which were designed to sterilise unwrapped or solid instruments. At the completion of the sterilising process, instruments were dried, packaged, sealed, stored and dated with an expiry date.

We checked the equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers' instructions. There were daily, weekly and monthly records to demonstrate the decontamination processes to ensure that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

We examined a sample of dental instruments that had been cleaned and sterilised using the illuminated magnifying glass. We found the instruments to be clean and undamaged.

There was information in the practice to identify that staff had received inoculations against Hepatitis B and had received regular blood tests to check the effectiveness of



# Are services safe?

that inoculation. Health professionals who are likely to come into contact with blood products, or are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting this blood borne infection.

The practice had a policy for assessing the risks of Legionella and a Legionella risk assessment. These documents had last been reviewed and updated in January 2013. We discussed this with both practice managers, who said they would make arrangements to update the Legionella risk assessment, and let CQC know when this has been done. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice was aware of the risks associated with Legionella and had taken steps to reduce them.

The practice was flushing the dental unit water lines used in the treatment rooms. This was done for two minutes at the start of the day, and for 30 seconds between patients, and again at the end of the day. A concentrated chemical was used for the continuous decontamination of dental unit water lines to reduce the risk of Legionella bacterium developing in the dental unit water lines. This followed the published guidance for reducing risks of Legionella and other water borne bacteria developing in dental water lines.

## Equipment and medicines

The practice maintained a file of records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing (PAT) had taken place on electrical equipment at the practice on 15 January 2016. Fire extinguishers were checked and serviced by an external company and staff had been trained in the use of equipment and evacuation procedures.

There were further records to demonstrate the practice was safe. For example: records to demonstrate the fire alarm and autoclave had been serviced in August 2015 and the compressor had all been serviced during January 2016.

The practice had all of the medicines needed for an emergency situation, as identified in the current guidance. Medicines were stored securely and there were sufficient stocks available for use. Medicines used at the practice were stored and disposed of in line with published guidance.

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

Prescription pads at the practice were available and managed effectively. Numbered prescription pads were used and the practice was able to track their movement. The prescription pads were stored securely when not in use.

## Radiography (X-rays)

The dental practice had five intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth). There was also one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the whole mouth including the teeth and jaws. X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

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

The practice used digital X-ray images; these rely on lower doses of radiation, and do not require the chemicals to develop the images required with conventional X-rays. This makes them safer for both patients and staff.

All patients were required to complete medical history forms and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant. There were risk assessments in place for pregnant and nursing mothers.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings.

## Are services safe?

Discussions with dentists identified that grading of the radiographs occurred every time an X-ray was taken, to judge if the equipment was working correctly. We saw examples of this in practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Each patient at the practice had a dental care record. We looked at a small number of these dental care records to confirm what the dental staff had told us during the inspection. The records included all information about the assessment, diagnosis, treatment and advice given to patients by dental healthcare professionals. The care records showed a thorough examination had been completed, and included examination of the soft tissues including the tongue and the jaw and neck.

Patients at the practice completed a medical history form, or updated their details. The patients' medical histories form included any health conditions, medicines being taken and whether the patient had any allergies.

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

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

### Health promotion & prevention

There was information for patients in the waiting room, this included posters and leaflets about the services on offer and health information related to dental care. There were posters and leaflets providing information about improving patients' oral health, for example: information about acidic drinks, and acid erosion. There was television in the waiting room which showed short films providing information about treatments and giving positive dental health

messages. For adults there was information about the risks associated with smoking, and leaflets providing support with stopping smoking. There were also leaflets and posters about using the 111 service.

A dentist said the practice routinely provided fluoride application varnish and fluoride toothpaste to all children identified as being at increased risk of tooth decay.

Staff at the practice said they got involved with national campaigns, such as: national smile month in April and national no smoking day in March. Staff said the dental hygienist tended to take the lead with regard to health promotion initiatives within the practice.

We saw examples in patients' dental care records that dentists had provided advice on the harmful effects of smoking, alcohol and diet with regard to oral health. With regard to smoking dentists had particularly highlighted the risk of dental disease and oral cancer.

### Staffing

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

During the inspection we saw the staff training records and these identified that staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the General Dental Council (GDC). The training records identified how many hours training staff had undertaken together with training certificates for courses attended. The practice manager said principal dentist monitored that clinical staff were on target for their CPD targets. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Examples of training completed included: Radiography (X-rays), medical emergencies and safeguarding. We saw that training certificates in files evidenced what training had been completed.

Records at the practice showed that appraisals had been completed during 2015 for all staff with the principal dentist. We saw evidence in six staff files that appraisals

# Are services effective?

(for example, treatment is effective)

had taken place. We also saw evidence of new members of staff having an induction programme. We spoke with three members of staff who said they had received an annual appraisal in the past year.

## **Working with other services**

The practice made referrals to other dental professionals in a range of different circumstances. For example: when it was clinically indicated that a referral should be made, or if there were access issues and the patient was unable to physically access the building or facilities. The practice also referred for complex cases or if sedation was required. The practice usually referred to a dental practice in nearby Wheatbridge, or to the community dental service or one of the maxillofacial units at the local NHS hospitals.

Records within the practice identified that referrals for patients with suspected oral cancer had been made within the two week window for making urgent referrals. This was in line with NICE guidelines. Referrals were tracked to ensure they had been received and the patient seen. The practice manager said that the patients were asked to ring the practice if there was any significant delay.

Patients' care records showed that referrals had been made, and that patients' had been involved in discussions about the referral and the reasons why it was necessary.

## **Consent to care and treatment**

The practice had a consent policy which made reference to capacity and the Mental Capacity Act 2005 (MCA) and best interest decisions. The MCA provided a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves. The consent policy had been reviewed and updated February 2016. In addition the practice had a Care Quality Commission outcome document which provided more detailed information about the MCA and issues related to capacity

The practice recorded consent for NHS patients using the standard FP17DC form. For private patients a treatment plan and consent form was scanned directly into the patients' dental care records.

Discussions with the dentists showed they were aware of and understood the use of Gillick to record competency for young persons. Gillick competence refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge.

# Are services caring?

## Our findings

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

During the inspection we observed how staff behaved when they talked with patients. We also observed how friendly and approachable staff were towards patients when they entered the practice. We saw that staff were both friendly and polite. There were examples of reception staff speaking to patients in a respectful and professional manner, while making efforts to put patients at ease. Our observations showed that patients were treated with dignity and respect in all areas of the dental practice.

The practice had two reception desks; both were located in the waiting rooms, one upstairs and one down. We discussed the need for confidentiality with reception staff who explained how this was achieved. Staff said if it were necessary to discuss a confidential matter, there were areas of the practice where this could happen, such as an unused treatment room. Staff said that all details of patients' individual treatment was discussed in the privacy of the treatment room.

We spoke with two patients during the day and found that neither patient had an issue with confidentiality at the practice. Patients said they felt they were well treated at the practice, and this was identified through face to face discussions and Care Quality Commission (CQC) comment cards left at the practice. We saw that dental care records were held securely and computers were password protected.

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

We received feedback from 12 patients on the day of the inspection. Feedback was positive with patients identifying positive experiences at the dental practice. Several CQC comment cards identified dentists took the time and trouble to explain the treatment and involve patients in any decisions. Feedback from patients also identified that dental staff were friendly, open and approachable, and patients were able to ask questions or raise any worries or concerns.

The practice offered NHS dental treatment to approximately 40% of its patients. The costs for both NHS and private treatments were clearly displayed in the practice. The cost of NHS treatment within the banding scheme was also identified in the practice leaflet.

We spoke with two dentists, and a dental hygienist who explained how each patient had their dental treatment discussed with them, including their diagnosis. The treatment options and costs were explained before treatment started. Patients were given a written copy of the treatment plan which included the costs.

Dentists risk assessed each patient and where necessary or relevant dentists gave patients information about preventing dental decay. This included discussions about smoking and diet, and the effects of carbonated drinks with a high sugar content on the patient's teeth, gums and mouth. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines. Information posters for patients regarding the frequency of dental visits and the NICE guidelines were displayed within the practice leaflet.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice was situated in a building close to the town centre. There was car parking available at car parks around the town centre.

The practice had separate staff and patient areas, to assist with confidentiality and security. The ground floor treatment rooms were accessible with difficulty to patients in wheelchairs or with restricted mobility.

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

We spoke with two patients during the inspection. Both patients said they had not had a problem getting an appointment. Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient within 24 hours, and usually the same day.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy which had been updated in February 2016. In addition one of the partners had completed a training course on dental care for people with intellectual disabilities in April 2015.

The patient areas of the practice were situated over two floors of a building close to the centre of Chesterfield. There were treatment rooms on the ground floor however there were steps to reach these treatment rooms. A portable ramp provided access to the treatment rooms from the rear of the building. However, there were potholes outside the rear door which would make wheelchair access difficult.

The practice had access to a recognised company to provide interpreters, and this included the use of sign

language. Staff said that there were very few patients who could not speak English, and if language was a problem the patient usually brought someone to interpret therefore avoiding the need for interpreters.

### Access to the service

The practice was open: Monday: 8:30 am to 5 pm; Tuesday to Thursday: 8:30 am to 5:30 pm; and Friday 9 am to 5 pm. The practice was closed at the weekend.

Access for urgent treatment outside of opening hours was by ringing the practice and following the instructions on the answerphone message. Alternatively patients could ring the 111 telephone number for access to the NHS emergency dental service.

Patients were sent a text reminder that their appointment was due, and in some cases a letter. Staff also made telephone calls to patients the day before their appointment to remind them that their appointment was the following day.

### Concerns & complaints

The practice had a complaints procedure which had been reviewed in January 2016. The complaints procedure was for patients who wanted to make a complaint. The procedure explained the process to follow, and included other agencies to contact if the complaint was not resolved to the patients satisfaction. This included NHS England and the Parliamentary and Health Service Ombudsman.

Information about how to make a complaint was displayed in the practice waiting rooms, and an abridged version of the complaints procedure was in the practice leaflet.

From information received prior to the inspection we saw that there had been two formal complaints received in the previous 12 months. Records within the practice showed that the complaints had been handled in a timely manner, and evidence of investigation into the complaints and the outcomes were recorded.



# Are services well-led?

## Our findings

### Governance arrangements

There was a clear management structure at the practice, with staff having set roles and responsibilities. The practice had a registered manager, who was one of the partners.

Discussions with a variety of staff identified they understood their role and could speak with either the practice managers or one of the partners if they had any concerns. Staff said they understood the management structure at the practice. We spoke with eight members of staff who said they were happy working at the practice and there was good communication within the staff team. We observed staff working co-operatively and saw positive working relationships through the day.

We reviewed a number of policies and procedures at the practice and saw that they had been reviewed and where relevant updated during January and February 2016. The organisation had a management plan which included the review and updating of policies and procedures. The Legionella policy and risk assessment had not been reviewed. However, the practice manager said arrangements would be made to review this document following the inspection.

We were shown a selection of dental care records to assess if they were complete, legible, accurate, and secure. The dental care records were computerised records and the examples we saw contained sufficient detail.

### Leadership, openness and transparency

The practice had a management structure for meetings throughout the year. Practice meetings for all staff were scheduled for every month, and minutes were produced. We saw that minutes were available to all staff. We saw minutes identified topics such as health and safety and staff training.

We spoke with several staff at the practice about the management structure. Staff said there was an open culture, and managers were approachable. Managers were available to discuss any concerns and there was support available regarding clinical issues. Staff said they were confident they could raise issues or concerns at any time. Discussions with different members of the team showed there was a good understanding of how the practice

worked, and knowledge of policies and procedures. Two staff members commented that policies were updated, and if anything changed, or if there were any issues these were shared among the staff quickly.

The practice had a whistleblowing policy which was on display in the decontamination room. This policy identified how staff could raise any concerns they had about colleagues' conduct or clinical practice. This was both internally and with identified external agencies. We discussed the whistleblowing policy with a member of staff who was able to describe what the procedures were for, and when and how to use them.

### Learning and improvement

The practice was a training practice for foundation dentists. On completion of their dental training dentists are required to complete one year working in a dental practice as a foundation dentist. This being the opportunity to gain experience in a working dentist.

A practice manager demonstrated the schedule of audits completed throughout the year. This was for both clinical and non-clinical areas of the practice. The audits showed both areas for improvement, and identified where quality had been achieved, particularly in respect of clinical areas. The schedule showed that audits were carried out at various time intervals from annually to three monthly. We saw completed audits for infection control, patients' dental records and oral cancer. Medical history forms were audited annually for each dentist, and the results discussed in staff meetings.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals need to complete 150 hours over the same period. This was being monitored through annual appraisal.

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

The practice had a NHS Friends & Family (F&F) comment box were located on the reception desk. F&F was



## Are services well-led?

specifically to gather regular feedback from the NHS patients, and to satisfy the requirements of NHS England. The responses within the boxes were analysed on a monthly basis.

We visited the NHS Choices website and reviewed the information and comments that patients had left about the practice. However, the most recent comment had been left in 2013, and there was nothing current.

The practice also conducted its own survey. This was usually completed by the foundation dentist as part of their foundation year experience. The results were analysed and discussed in staff meetings. Discussions with the practice managers identified that the practice did not usually retain a copy of the survey, as this was the foundation dentists' work. The practice managers agreed to look into retaining a copy of the patient satisfaction survey and the analysis.