

Barsar Limited

# London Road Dental Practice (Known locally as Ascot Dental Practice)

## Inspection Report

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Ascot  
Berkshire  
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### Overall summary

We carried out an announced comprehensive inspection on 1 March 2017 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**

London Road Dental Practice (known locally as Ascot Dental Practice) is a small dental practice providing NHS and private dental treatment to patients of all ages. Ascot is a small town in east Berkshire. There are two dental surgeries, one is situated on the ground floor the other surgery is located on the first floor. There is level access from the street. Approximately 2500 patients are registered at the practice.

Wheelchair users or pushchairs can access the practice through step free access. Car parking spaces are available near the practice.

The dental team consists of three dentists, two dental hygienists, three dental nurses/receptionists and one senior head nurse/receptionist. The practice facilities include two treatment rooms, reception and waiting area. The practice is open Monday to Thursday from 9am to 5pm and Friday 9am to 5.30m. The practice will open

# Summary of findings

outside of these hours by arrangement with individual patients. There was an answer phone message directing patients to emergency contact numbers when the practice is closed.

The practice principal/provider 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.

The inspection took place over one day and was carried out by a CQC inspector and specialist dental advisor.

We obtained the feedback of three adult patients on the day of our inspection and thirty one patients who had completed comment cards. All patients comment cards and feedback were positive about the care they received from the practice. They were complimentary about the friendly, professional and caring attitude of the dental staff and the dental treatment they had received.

## Our key findings were:

- The practice appeared to be clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available in accordance with current guidelines.
- The practice had systems in place to manage risks.
- Staff understood and received safeguarding training and knew how to recognise signs of abuse and how to report it.
- Safe recruitment of staff was in place.
- Treatment was well planned and provided in line with current guidelines.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The practice was well-led and staff felt involved and supported and worked well as a team.
- The practice sought feedback from staff and patients about the services they provided.
- Complaints were responded to in an efficient and responsive manner.
- The practice offered a referral for specialist private dental treatment, including implants and orthodontic work. Patients were assessed and referred internally to another dentist within the practice group. The practice offered referrals to NHS specialist dental services should patients require this.

## There were areas where the provider could make improvements and SHOULD:

- Review the practice's waste handling policy and procedure to ensure waste is segregated and disposed of in accordance with relevant regulations. Specifically, giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01) in relation to practice waste storage and collection schedules.
- Review the practice's infection control procedures and protocols. Specifically giving due regard to 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' in relation to water temperatures and that they are recorded during the decontamination process.
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and consider the provision of central records to support staff and their Continuing Professional Development.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes in place to ensure all care and treatment was carried out safely.

The practice learned from incidents and complaints and used this learning to drive improvement.

Staff had received training in safeguarding and knew how to recognise the signs of abuse and how to report them.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks.

Premises and equipment were clean and properly maintained. However we did see excessive amounts of storage of practice waste which the practice should review. The practice should also review the decontamination process in relation to water temperature checking and records, we were shown no evidence that water temperatures were being recorded. We were told that these two areas would be reviewed and changes implemented. The changes were confirmed by the practice following the inspection with additional documentation.

No action



### Are services effective?

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

Patients' needs were assessed; care and treatment was delivered in line with guidance.

Staff were supported to complete training relevant to their roles and this was monitored. However we were not shown a central training record to ensure that staff were completing their mandatory training which the practice should consider implementing. We were told that the practice would implement central recording of training records. The changes were confirmed by the practice following the inspection with additional documentation.

There was an effective process in place to refer to other health care professionals.

Informed consent was obtained and recorded.

No action



### Are services caring?

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

The patients who provided feedback were positive about the care and attention to treatment they received at the practice. They told us that they were well treated and confident about the clinicians and their treatment.

Patients commented they were treated with dignity and respect.

We observed privacy and confidentiality were maintained for patients.

No action



# Summary of findings

The staff recognised and respected people's diversity, values and human rights.  
Patients confirmed they felt the staff listened, involved them and treatment was fully explained.

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

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

The practice had an efficient appointment system in place to meet patients' needs.

Patients had access to telephone interpreter services.

The registered provider took in to account the needs of different people.

Patients could access treatment in a timely way.

Concerns, complaints and compliments were listened and responded to.

**No action**



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

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

There were systems in place to ensure the smooth running of the practice.

Patient dental care records were complete, legible and stored securely.

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles.

Arrangements were in place to support communication about the quality and safety of services.

The practice regularly monitored clinical and non-clinical areas of practice as part of a system of continuous improvement and learning.

The practice gathered the views of patients and staff about the service provided.

**No action**



# London Road Dental Practice (Known locally as Ascot Dental Practice)

## Detailed findings

### Background to this inspection

We carried out this announced comprehensive inspection on 1 March 2017 to check whether the registered provider was meeting the legal requirements and regulations under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We informed the NHS England area team that we were inspecting the practice; we received no information from them about the practice.

We reviewed information received from the provider prior to the inspection. During our inspection we reviewed policy documents and spoke with five members of staff, the registered manager/clinical lead, senior head nurse, dentists, hygienists, qualified dental nurses/reception staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. A dental nurse demonstrated how they carried out decontamination procedures of dental instruments.

Thirty four patients provided feedback directly to the inspectors about the service. We also looked at written comments about the practice left about patient experiences on-line via NHS choices. On the day patients were positive about the care they received from the practice. They were complimentary about the friendly, professional and caring attitude of the dental staff. Patients commented that they were likely to recommend the practice.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures in place to report, investigate, respond and learn from accidents, incidents and significant events. Staff were aware and understood the process for reporting these.

The practice had recorded, responded and discussed all incidents to minimise risk and support future learning. Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The records we were shown indicated that four incidents had taken place over the preceding twelve months which had been recorded, investigated and fed back to staff.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. Relevant alerts were discussed with staff, actioned and stored for future reference.

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

The practice had safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence all staff had received vulnerable adults and children safeguarding training. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the process they needed to follow to report concerns. The practice manager, as safeguarding lead, told us that they were going to attend an advanced safeguarding training course during 2017.

The practice had a whistleblowing policy, which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recrimination.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, we asked staff about the prevention of needle stick injuries. The practice had a current policy on the re-sheathing of needles, giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Staff were aware of the

contents of this policy. The staff we spoke with demonstrated a clear understanding of the practice policy and protocol with respect to handling sharps and needle stick injuries.

The practice followed other national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments in line with guidance from the British Endodontic Society. (A rubber dam is a thin, rectangular sheet, usually latex-free rubber, used in dentistry to isolate the operative site from the rest of the mouth).

We saw risk assessments were in place and reviewed annually.

The practice had a business continuity plan dated 2016 which managed the risk of service disruption.

### Medical emergencies

The practice had arrangements to deal with medical emergencies. The practice had an oxygen cylinder, and other related items, such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. An automated external defibrillator (AED) was situated in with the emergency equipment in an area accessible only to staff. This was available for the dental practice to use; the staff were aware of its location and how to use it. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

The practice had procedures in place for staff to follow in the event of a medical emergency. Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months. Most emergency equipment was in place, accessible and consistently monitored. However the practice did not have an eyewash kit or bodily fluid spillage kit in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. We spoke with the practice manager and registered manager and they immediately ordered both items of equipment.

### Staff recruitment

The practice had a policy and procedure in place for the safe recruitment of staff. Staff recruitment files we saw showed the recruitment procedure had been followed. This

# Are services safe?

included the use of an application form, interview, review of employment history, evidence of relevant qualifications, the checking of references and, where relevant, a check of registration with the General Dental Council.

It was practice policy to carry out a Disclosure and Barring Service (DBS) check for all members of staff prior to employment. We saw evidence that staff had DBS checks. (The 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 looked at a selection of staff files. Proof of professional registration and professional indemnity, where required, was evident.

Clinical staff, where appropriate, were qualified and registered with the General Dental Council (GDC).

## **Monitoring health & safety and responding to risks**

The staff had undertaken risk assessments to cover health and safety concerns to manage and mitigate risks within the practice: this included fire, waste management and safe storage of materials.

The provider had clear policies to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations

The practice had a system for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS). Relevant alerts were identified in the provider's internal bi-weekly staff newsletter, which was displayed in the staff room. The practice manager had also recently ensured that safety alerts were included as a set standing agenda item for discussion during staff meetings to facilitate shared learning.

All clinical staff were supported by another member of the team when providing treatment to patients.

## **Infection control**

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste and decontamination guidance. The practice followed appropriate guidance. (Department of Health, 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05).

We spoke with dental nurses about decontamination and infection prevention and control. We found instruments were being cleaned and sterilised in line with guidance.

We saw records which showed the equipment used for cleaning and sterilisation of instruments was maintained and used in line with the manufactures guidance and operating effectively. Staff had received training relating to infection prevention and control. However the practice was asked to produce records of temperature recording for instrument washing sinks. We spoke with staff and they told us about the required temperature requirements for instruments decontamination and checks however they did not record them in line with infection control procedures and protocols giving due regard to 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. We spoke with the practice manager and registered manager who confirmed that they were unaware of the requirement to record water temperatures and would start a log to record temperatures in line with requirements. The changes were confirmed by the practice following the inspection with additional documentation.

The practice had carried out an Infection Prevention Society (IPS) audit. The latest audit from 2016 showed the practice was meeting the required standards.

Records showed the practice had completed a legionella risk assessment during 2015 and was due for review in 2017. The practice undertook processes to reduce the likelihood of bacterial growth development.

We saw evidence of cleaning schedules that covered all areas of the premises. We found, and patients commented that the practice was consistently clean. However we saw whilst the practice was storing waste securely there was an overflow of general waste. We were shown that excess clinical waste was stored securely in an outbuilding. We were shown a waste handling policy and procedure which was intended to ensure waste was segregated and disposed of in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01). We could see that storage and collection schedules could be reviewed to ensure compliance with safe storage and disposal requirements. The staff we spoke with told us that waste



# Are services safe?

overflow was a regular occurrence. We spoke with the practice manager and registered manager who told us they would review the collection and storage arrangements to avoid overflows of clinical or general waste. The changes were confirmed by the practice following the inspection with additional documentation.

The registered manager showed us a comprehensive improvement plan for infection control to guide the practice towards the provision of a separate decontamination room and in line with the appropriate guidance. (Department of Health, 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05).

## Equipment and medicines

We saw evidence of servicing certificates for all equipment. Checks were carried out in line with the manufacturers' recommendations and guidelines.

We found that the equipment used at the practice was serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced. Certificates for pressure equipment had been issued in accordance with the Pressure Systems Safety Regulations 2000. Portable appliance testing (PAT) had been completed in 2017. PAT is the name of a process during which electrical appliances are routinely checked for safety every two years as a minimum.

There was a system in place for prescribing, administration and storage of medicines. The expiry dates of medicines, oxygen and equipment were monitored using daily, weekly and monthly check sheets to support staff to replace out-of-date medicines and equipment promptly. Dental care products requiring refrigeration were stored in a fridge in line with the manufacturer's guidance. We saw the practice was storing NHS prescriptions in accordance with current guidance.

## Radiography (X-rays)

We found there were suitable arrangements in place to ensure the safety of the X-ray equipment.

The practice demonstrated compliance with current radiation regulations this included information stored within the radiation protection file and support from an outside contractor. There was a radiation protection file, which was in the process of being completed at the time of

the inspection, in line with the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor as well as the documentation pertaining to the maintenance of the X-ray equipment. We saw that the X-ray equipment had been serviced in 2016, within the three yearly recommended maintenance cycle.

We saw where X-rays had been taken they were justified, reported on and quality assured. X-ray audits were carried out by the practice annually. The audit and the results were in line with current guidance contained within the Ionising Radiation (Medical Exposure) Regulations 2000.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

## Reporting, learning and improvement from incidents

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We saw where X-rays had been taken they were justified, reported on and quality assured. X-ray audits were carried out by the practice annually. The audit and the results were in line with current guidance contained within the Ionising Radiation (Medical Exposure) Regulations 2000.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date, detailed dental care records. They contained information about the patients' current dental needs and past treatment. The clinical staff carried out assessments in line with recognised guidance and General Dental Council (GDC) guidelines.

We were told patients were recalled on an individual risk based assessment. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records. In addition, the dentists told us they discussed patients' lifestyle and behaviour, this was recorded in the patients' dental care records.

We checked a sample of dental care records to confirm the findings. These showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums and soft tissues lining the mouth were noted using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). These were carried out, where appropriate, during a dental health assessment.

The registered manager/clinical lead monitored the clinical record keeping of the dentists and hygienists and rationales given in patient records for treatment carried out. We saw patient dental care records had been audited to ensure they complied with the guidance. The audits had action plans and learning outcomes in place.

### Health promotion & prevention

The practice had a focus on preventative care and supporting patients to ensure better oral health was in line with the Better Oral Health toolkit. For example, fluoride varnish could be applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental disease.

We were told by the dentists and saw in dental care records that diet, smoking cessation and alcohol consumption advice was given to patients.

The practice had a selection of dental products and health promotion leaflets to assist patients with their oral health.

### Staffing

Staff new to the practice had a period of induction and a training programme was in place. Staff told us they received appropriate professional development and training. We confirmed staff were supported to deliver effective care by undertaking continuous professional development for registration with the General Dental Council.

Staff told us they had annual appraisals where training requirements were discussed at these. We saw evidence of completed appraisals. However whilst we were shown staff recruitment files with mandatory training certificates we could not be shown any overall collated staff list of completed mandatory training to support staff and their Continuing Professional Development and General Dental Council requirements. We spoke with the registered manager and practice manager who told us that they had no overall collated list of when staff had completed mandatory training which made it difficult to track when staff had completed training. They told us that they would review and create an overview training record for staff training to ensure the practice monitored mandatory training completion. The changes were confirmed by the practice following the inspection with additional documentation.

### Working with other services

Dentists confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice.

Staff at the practice explained how they worked with other services, when required. The dentists and hygienist were able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. For example, the practice made referrals to other specialists for complex orthodontic work.

We reviewed the systems for referring patients to specialist consultants in secondary care. A referral letter was prepared and sent by recorded delivery to the hospital with full details of the dentist's findings and a copy was stored on the practice's records system. We looked at samples of referral letters. These were comprehensively completed and referrals took place in a timely way to avoid delay to treatment. The receptionists kept a record noting the dates when referrals were made, when the appointment had been completed and further actions required for follow up.

# Are services effective?

## (for example, treatment is effective)

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. There was a system in place to record and monitor referrals made. (The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks).

### **Consent to care and treatment**

We spoke with staff about how they implemented informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Patients informed us they were given information and appropriate consent was obtained before treatment commenced.

Staff were clear on the principles of the Mental Capacity Act. (The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). The dentists could describe scenarios for how they would manage a patient who lacked the capacity to consent to dental treatment. They noted that they would involve the patient's family, check for appropriate lasting power of attorney authorisation to act on a person's behalf, along with other professionals involved in the care of the patient, to ensure that the best interests of the patient were met.

The staff were clear on the principals of the Gillick competency test for children under 16. The act is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain the treatment options.

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The practice kept up to date, detailed dental care records. They contained information about the patients' current dental needs and past treatment. The clinical staff carried out assessments in line with recognised guidance and General Dental Council (GDC) guidelines.

We were told patients were recalled on an individual risk based assessment. This takes into account the likelihood of the patient experiencing dental disease. The practice also

recorded the medical history information within the patients' dental care records. In addition, the dentists told us they discussed patients' lifestyle and behaviour, this was recorded in the patients' dental care records.

We checked a sample of dental care records to confirm the findings. These showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums and soft tissues lining the mouth were noted using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). These were carried out, where appropriate, during a dental health assessment.

The registered manager/clinical lead monitored the clinical record keeping of the dentists and hygienists and rationales given in patient records for treatment carried out. We saw patient dental care records had been audited to ensure they complied with the guidance. The audits had action plans and learning outcomes in place.

### **Health promotion & prevention**

The practice had a focus on preventative care and supporting patients to ensure better oral health was in line with the Better Oral Health toolkit. For example, fluoride varnish could be applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental disease.

We were told by the dentists and saw in dental care records that diet, smoking cessation and alcohol consumption advice was given to patients.

The practice had a selection of dental products and health promotion leaflets to assist patients with their oral health.

### **Staffing**

Staff new to the practice had a period of induction and a training programme was in place. Staff told us they received appropriate professional development and training. We confirmed staff were supported to deliver effective care by undertaking continuous professional development for registration with the General Dental Council.

Staff told us they had annual appraisals where training requirements were discussed at these. We saw evidence of completed appraisals. However whilst we were shown staff

# Are services effective?

(for example, treatment is effective)

recruitment files with mandatory training certificates we could not be shown any overall collated staff list of completed mandatory training to support staff and their Continuing Professional Development and General Dental Council requirements. We spoke with the registered manager and senior head nurse who told us that they had no overall collated list of when staff had completed mandatory training which made it difficult to track when staff had completed training. They told us that they would review and create an overview training record for staff training to ensure the practice monitored mandatory training completion. The changes were confirmed by the practice following the inspection with additional documentation.

## Working with other services

Dentists confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice.

Staff at the practice explained how they worked with other services, when required. The dentists and hygienist were able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. For example, the practice made referrals to other specialists for complex orthodontic work.

We reviewed the systems for referring patients to specialist consultants in secondary care. A referral letter was prepared and sent by recorded delivery to the hospital with full details of the dentist's findings and a copy was stored on the practice's records system. We looked at samples of referral letters. These were comprehensively completed and referrals took place in a timely way to avoid delay to treatment. The receptionists kept a record noting the dates when referrals were made, when the appointment had

been completed and further actions required for follow up. The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. There was a system in place to record and monitor referrals made. (The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks).

## Consent to care and treatment

We spoke with staff about how they implemented informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Patients informed us they were given information and appropriate consent was obtained before treatment commenced.

Staff were clear on the principles of the Mental Capacity Act. (The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). The dentists could describe scenarios for how they would manage a patient who lacked the capacity to consent to dental treatment. They noted that they would involve the patient's family, check for appropriate lasting power of attorney authorisation to act on a person's behalf, along with other professionals involved in the care of the patient, to ensure that the best interests of the patient were met.

The staff were clear on the principals of the Gillick competency test for children under 16. The act is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain the treatment options.



# Are services caring?

## Our findings

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

We were told staff would take into account the needs of people's diversity, values and human rights.

Feedback from patients was positive and they commented they were treated with care, respect and dignity. We observed staff were always interacting with patients in a respectful, appropriate and kind manner and to be friendly towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality was maintained for patients who used the service on the day of inspection. The layout of the waiting areas helped maintain confidentiality as conversations at the reception desk could not be overheard by those in the waiting area.

We were told if patients wanted to talk in private a room this would be arranged.

Patients, who were nervous about treatment, commented they were supported in a compassionate and empathic way. There were male and female dentists, so patients could choose who they saw.

Dental care records were not visible to the public on the reception desk. Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper records were securely stored in a locked cabinet in accordance with the Data Protection Act.

Magazines were available in the waiting room. Cool drinking water was available.

Information leaflets were available for patients to review. The practice told us they intended to use patient information screens to give patients more information and responses to feedback.

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

The practice provided patients with clear information to enable them to make informed choices. This information gave details of the range of services available, dental charges or fees and payment options (such as membership of private dental schemes). A poster detailing NHS and private treatment costs was displayed in the waiting area.

Patients commented they felt involved in their treatment and it was fully explained to them.

The practice provided patients with information about the range of treatments which were available at the practice. This included general dentistry and treatments for gum disease, crowns, implants and orthodontic treatment.

Each treatment room had an information screen for patients to be shown photos or X-ray findings and discuss treatment options. All computers had access to the internet and videos could be used to explain treatment options to patients with more complex treatment.

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# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The facilities and premises are appropriate for the services that are planned and delivered.

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We were told the patients were given sufficient time during their appointment so they would not feel rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

### Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity to any patient group such as step free access, a hearing loop, a magnifying glass and accessible toilet. The practice had completed an audit as required by the Equality Act.

Staff had access to a translation service with contact details of braille and transcription services also available for staff to refer to should the need arise. We were told patient information was available in different formats and languages.

### Access to the service

The practice was open Monday to Thursday from 9am to 5pm and Friday 9am to 5.30pm. The practice would open outside of these hours by arrangement with individual patients. There was an answer phone message directing patients to emergency contact numbers when the practice

is closed. The practice displayed its opening hours in the premises, in the practice information leaflet and on the practice's NHS choice website account. The practice told us that they were considering the introduction of a website.

We confirmed waiting times and cancellations were kept to a minimum.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so that no patient was turned away. The patients told us when they had required an emergency appointment this had been organised the same day. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

### Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room and in the practice information leaflet.

Information was available describing what steps they needed to take if they were not happy with the review of their complaint.

The senior head nurse, in conjunction with the registered manager, was responsible for dealing with complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the senior head nurse to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house.

We reviewed comments, compliments and complaints the practice had received and found they were responded to appropriately and outcomes were shared with staff to prevent, learn and improve services.

# Are services well-led?

## Our findings

### Governance arrangements

There was an effective management structure in place. Staff were supported, managed and were clear about their roles and responsibility. We were told staff met their professional standards and followed their professional code of conduct.

The senior head nurse was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the use of equipment and infection prevention and control.

Referral audits were also carried out to ensure referral processes were of a suitable standard.

### Leadership, openness and transparency

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong. This is in accordance with the Duty of Candour principle.

All staff were aware of whom to raise any issue with and told us the senior head nurse was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly and weekly meetings to ensure staff could raise any concerns and discuss clinical and non-clinical updates. If there was more urgent information to discuss with staff then an informal staff meeting would

be organised to discuss the matter. The registered manager showed us a comprehensive improvement plan for many different aspects, which was being carried out to develop and improve the practice.

### Learning and improvement

We saw audits were carried out thoroughly with results and action plans clearly detailed. Quality assurance processes were used at the practice to encourage continuous improvement. This included clinical audits such as dental care records, X-rays and infection prevention and control.

All staff had annual appraisals at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. They were keen to state that the practice supported training which would advance their careers.

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

The practice had systems in place to involve, seek and act upon feedback from staff and people using the service. These systems included carrying out annual patient satisfaction surveys, comment card in the waiting rooms and verbal feedback. We confirmed the practice responded to feedback.

The practice told us that as a result of patient feedback it had provided better magazines for patients, longer appointments, better practice signage, the provision of a dental hygienist and was considering new opening times.

Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided. The practice also carried out annual patient surveys and encouraged patients to leave feedback on the NHS choices website.