Mr. André Haigh

# Five Lamps Dental Practice

## Inspection Report

26, Duffield Road
Derby,
Derbyshire
DE1 3BH
Tel: 01332 344966
Website:

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## Overall summary

We carried out an announced comprehensive inspection on 1 October 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

**Our findings were:**

**Are services safe?**

We found that this practice was 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**

Five Lamps Dental Practice was registered with the Care Quality Commission (CQC) in June 2011 to provide dental services to patients in Derby. The practice provides private dental treatment. Services provided include general dentistry, dental hygiene, teeth whitening, crowns and bridges, and root canal treatment.

The practice is open Monday to Friday 8:30 am to 5:30 pm. Access for urgent treatment outside of opening hours is usually through the NHS 111 service, or the Derby Emergency Dental Services.

The practice has one dentist, one orthodontist, one hygienist/ therapist, and two dental nurses. There is a practice manager, and one receptionist.

The practice does not have a registered manager, as the provider is registered as an individual, and therefore a registered manager is not required.

We received feedback from 50 patients about the services provided. All of the feedback was positive, with no negative comments at all. Patients said they were extremely happy with the service provided, and spoke positively about their experience at this dentist. Patients said they were treated well at the practice by all the staff, and that staff were friendly and approachable and reassuring. Patients said they were able to ask questions, and the dentist explained the treatment options and costs clearly to them.

**Our key findings were:**

# Summary of findings

- The practice kept records of accidents, significant events and complaints.
- Learning from any complaints and significant incidents were recorded and learning was shared with staff.
- All staff had received whistle blowing training and were aware of these procedures and the actions required.
- Feedback from patients was very positive, with several comments about the quality of the dental service they received.
- Patients said, and we observed that they were treated with dignity and respect.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- All staff had been trained to deal with medical emergencies.
- Emergency medicines, an automated external defibrillator (AED) and oxygen were readily available. 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.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control.
- Patients' care and treatment was planned and delivered in line with National Institute for Health and Care Excellence (NICE) guidelines.
- Patients were involved in making decisions about their treatment
- The practice carried out regular audits to ensure the quality of the service and identify where improvements were needed.
- Patients' confidentiality was maintained.

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

- Review the local rules to include the name and contact details of the radiation protection advisor (RPA).

# 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.

There were systems to record accidents and significant events and learning points were identified and shared with staff in team meetings.

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

Staff had been trained 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.

The contact details for other agencies such as the local authority involved in safeguarding were freely available to staff.

The practice had the necessary emergency equipment including an automated external defibrillator (AED) and oxygen.

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

Infection control procedures followed published guidance to ensure that patients were protected from any potential risks.

Equipment used in the decontamination process was maintained by a reputable company and regular frequent checks were carried out to ensure equipment was working properly and safely.

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.

The practice audited its X-ray procedures to make sure patients and staff were safe and protected from risks.

**Are services effective?**

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

Patients were clinically assessed before any treatment began. This included completing a health questionnaire or updating one for returning patients who had previously completed a health questionnaire.

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 use of antibiotics.

Dentists discussed the use of alcohol and tobacco to help improve patients' oral health. Additional advice and information was available on request.

The practice had sufficient numbers of qualified and experienced staff to meet patients' needs.

There were clear procedures for referring patients to secondary care (hospital or other dental professionals). The practice followed-up any patient who had received care in this way to ensure the treatment had been successful and answer any questions and provide support.

# Summary of findings

**Are services caring?**

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

Patients' confidentiality was maintained and protected.

Patients were treated with dignity and respect.

Patients were greeted and staff were open and welcoming to patients at the dental practice.

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.

The practice explained the costs of any treatment to patients, and provided a written copy of the treatment plan with the costs attached.

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

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

Patients said the practice appointments system was accessible and met their needs.

Patients who were in pain or in need of urgent treatment were usually seen the same day.

The practice had taken reasonable steps to meet the needs of patients with restricted mobility, with level access, and a ground floor treatment room.

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 the practice leaflet.

**Are services well-led?**

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

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

Where improvements to the service were needed, these were identified and action taken

Patients were able to express their views and provide comments.

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

# Five Lamps Dental Practice

**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 1 October 2015. The inspection team consisted of two Care Quality Commission (CQC) inspectors and a dental specialist advisor. Before the inspection we reviewed information we held about the provider together with information that we asked them to send to us in advance of the inspection. During our inspection visit, we reviewed a range of policies and procedures and other documents including dental care records. We spoke with four members of staff, including members of the management team.

Prior to the inspection we asked the practice to send us information which we reviewed. This included the complaints they 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 also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with one dentist, one hygienist/ therapist, the practice manager, one dental nurse and one receptionist. We reviewed policies, procedures and other documents. Fifty patients provided feedback 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**

There were policies and procedures for investigating, responding to and learning from accidents, significant events and complaints. Documentation showed the last recorded accident had occurred in April 2014, this being a minor injury to a member of staff. We saw that records of accidents were recorded and any learning points shared with staff.

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, although they were aware how to make these on-line. We saw the minutes of staff meetings which showed that health and safety matters had been discussed, and learning points shared.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) and informed health care establishments of any problems with medicines or healthcare equipment. The practice manager demonstrated how the alerts were received and information was shared with staff if and when relevant.

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

The practice had a safeguarding vulnerable adults and children policy both had been reviewed in January 2015. The policies 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. Posters with the relevant contact phone numbers were on display in staff areas of the practice. The principal dentist was the identified lead for safeguarding in the practice and had received enhanced training in child protection to support them in fulfilling that role. Staff training records showed that all staff at the practice had undertaken up-to-date training in safeguarding adults and children. There had been no recorded safeguarding incidents at the practice on file.

The practice had a policy and procedure to assess risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. This would cover chemicals used and stored on the premises including cleaning materials such as bleach. The policy directed staff to identify and risk assess each 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.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 31 March 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

Discussions with the dentist and examination of patients' notes identified the dentist was using rubber dams routinely for all restorative treatments, including when completing root canal treatments, and endodontic (within the pulp of the tooth) procedures. Best practice guidelines from the British Endodontic Society say that dentists should be using rubber dams. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth during treatment.

**Medical emergencies**

There were emergency medicines and oxygen available to deal with any medical emergencies that might occur. These were located in a secure central location, and all staff members knew where to find them. We saw that masks for both adults and children were available for the oxygen.

The medicines were as recommended by the 'British National Formulary' (BNF). We checked the medicines and found them all to be in date. We saw the practice had a system in place for checking and recording expiry dates of medicines, and replacing when necessary.

The practice had an automated external defibrillator (AED). 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. Records showed all staff had completed basic life support and resuscitation training on 24 September 2015.

Resuscitation Council UK guidelines suggest the minimum equipment required includes an AED and oxygen which should be immediately available.

Discussions with staff identified they understood what action to take in the event of a medical emergency. Staff said they had received training, and medical emergencies had been discussed in team meetings. Staff were able to describe the actions to take in relation to various medical emergencies including a cardiac arrest (heart attack). Staff knew where the Oxygen, AED and emergency medicines were located, and they knew how to use the equipment in an emergency.

**Staff recruitment**

We looked at the personnel files for five 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 personnel files with the practice manager, and saw the practice recruitment policy and the regulations had been followed.

There were sufficient numbers of suitably qualified and skilled staff working at the practice to meet the needs of the patients.

**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 had been reviewed in January 2015. Risks to staff and patients had been identified and assessed, and the practice had introduced measures to reduce those risks. For example: there were local rules for the use of X-ray machines and a legionella risk assessment.

Records showed that the practice took fire safety seriously and carried out a weekly fire safety checks on a Monday morning. This included checking the battery smoke alarms located throughout the practice. The last recorded fire evacuation drill for staff was in February 2015.

The practice had other specific policies and procedures to manage other identified risks. For example: A waste management contract and policy for handling clinical waste; fire safety policies and procedures and COSHH procedures. Records showed that fire detection and fire fighting equipment such as fire alarms were regularly tested.

The practice had a health and safety law poster on display in a staff area of the practice. 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.

Staff training records identified that staff had received up-to-date training in health and safety matters, including fire training.

**Infection control**

Infection control within dental practices must follow the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' 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. Following HTM 01-05 would comply with best practice.

The practice had an infection control policy. The policy described how cleaning should be completed at the practice including the treatment rooms and the general areas. The practice employed a cleaner, although dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. Records showed all relevant staff had completed training in infection control. In addition the practice used a robot floor cleaner overnight to compliment the cleaning regimes in the practice.

# Are services safe?

An infection control audit had been completed in June 2015, and the records showed that six monthly audits were happening routinely. Following this audit an action plan was produced and we saw that outstanding actions had been addressed.

The practice used sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) The bins were located out of reach of small children. The health and safety executive (HSE) had issued guidance: 'Health and safety (sharp instruments in healthcare) regulations 2013'. The regulations say that instructions for the use of sharps bins should be displayed by the bins. Following the inspection the practice sent us photographic evidence that instructions had been displayed.

We saw the dentist was using disposable safe sharps syringes and safety plus needles in accordance with the sharps regulations 2013.

The practice had a clinical waste contract, and waste matter was collected on a regular four weekly basis. Clinical waste was stored securely while awaiting collection. The clinical waste contract also covered the collection of amalgam (dental fillings) which contained mercury and was therefore considered a hazardous material. The practice had spillage kits for both mercury and bodily fluids. The mercury spillage kit was within its use by date.

The practice had a decontamination area that had been organised in line with HTM 01-05. The decontamination area had defined dirty and clean areas to reduce the risk of cross contamination and infection. In addition there was an area for bagging clean and sterilised dental instruments and date stamping them. There was a clear flow of instruments through the dirty to the clean area. Staff wore personal protective equipment during the process to protect themselves from injury. These included gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). The practice was using an ultrasonic bath. An ultrasonic bath is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound and water. After the ultrasonic bath Instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in an autoclave (a device for sterilising dental and medical instruments).

A dental nurse demonstrated the decontamination process, and we saw the procedures used followed the practice policy. Guidance and instructions were on display within the decontamination area for staff reference.

The practice had two vacuum autoclaves. These were used to sterilise hollow and wrapped 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 was maintained and serviced regularly in accordance with the manufacturer's 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 noted that the test strips were being used daily for the autoclaves.

Staff files showed that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. People (staff) who are likely to come into contact with blood products, or are at increased risk of needle stick injuries should receive these vaccinations to minimise the risk of contracting blood borne infections. The practice manager said that the dentist paid any costs involved in vaccinations for staff. A needle stick injury is a puncture wound similar to one received by pricking with a needle. Staff also received the influenza vaccine (flu jab) annually.

The practice had a policy for assessing the risks of Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. This was to ensure the risks of Legionella bacteria developing in water systems had been identified and measures taken to reduce the risk of patients and staff developing Legionnaires' disease. Records showed that the practice had an annual check from an external company as well as recording water temperatures regularly to monitor the risks associated with Legionella. The records showed the last external check with regard to Legionella had been in July 2015.

The practice was flushing the 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. This was in line with HTM 01-05

guidance. A chemical liquid designed for the continuous decontamination of dental unit water lines was used to reduce the risk of bacteria including Legionella developing in the water lines.

**Equipment and medicines**

Records showed that equipment at the practice was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing (PAT) had taken place on electrical equipment with the last testing recorded during June 2015. Fire extinguishers were checked and serviced by an external company and staff had been trained in the use of equipment and evacuation procedures. Records showed the fire extinguishers had been serviced annually, with the last service in August 2015.

Medicines used at the practice were stored and disposed of in line with published guidance. Medicines were stored securely and there were sufficient stocks available for use. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. However, the temperature of the medicines refrigerator was not being recorded. There were temperature sensitive medicines stored within the refrigerator which made the monitoring of the temperature key. Following discussion the practice manager said that temperatures would be taken and recorded going forward. The dentist also said they would purchase a data logger to monitor the temperature continuously.

Emergency medicines and oxygen were available, and located centrally and securely ready for use if needed.

The practice dispensed medicines directly to patients. The justification or diagnoses for the prescription, the dosage and batch numbers of the medicines were recorded in patients' notes.

**Radiography (X-rays)**

The dental practice had two intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth). X-ray equipment was located in each treatment room. 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 practice had a radiation protection file which contained documentation to demonstrate the X-ray equipment had been maintained at the intervals recommended by the manufacturer. Records showed the last time the X-ray equipment was tested and serviced was July2015.

The local rules identified the practice had a radiation protection supervisor (RPS) (the principal dentist) and a radiation protection advisor (RPA) (a company specialising in servicing and maintaining X-ray equipment). However, the RPA was not identified by name in the local rules. 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. Staff members authorised to carry out X-ray procedures were clearly identified. The measures in place protected people who required X-rays to be taken as part of their treatment.

Emergency cut-off switches for the X-ray machines were located away from the machines. However, we saw that they were not clearly labelled. Following the inspection the practice manager sent us photographic evidence that clear labelling had been attached to each emergency cut-off switch.

We discussed the use of X-rays with a dentist. This identified the practice monitored the quality of its X-ray images and had records to demonstrate this. The practice used digital X-ray images which rely on lower doses of radiation, and did not require the potentially hazardous chemicals to develop the images required with conventional X-rays.

Clinical staff involved in X-rays at the practice were issued with a dosimeter. This is a device that measures exposure to ionising radiation. This was an additional safety feature for staff involved I radiography.

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. The local rules identified that staff who thought they might be pregnant should inform the practice manager or the dentist. Patients' notes showed that information related to X-rays was recorded in line with current guidance from the Faculty of General Dental

# Are services safe?

Practice (UK) (FGDP-UK). This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings. The practice was auditing the use of X-rays, to ensure the safety of patients and improve its procedures.

# Are services effective?

(for example, treatment is effective)

## Our findings

**Monitoring and improving outcomes for patients**

The practice recorded information about the assessment, diagnosis, treatment and advice of dental healthcare professionals provided to patients in the clinical notes. We reviewed the dental records for five patients, we found that an up to date medical history had been taken on each occasion.

Patients' medical histories including any health conditions, current medicines being taken and whether the patient had any allergies were taken for every patient attending the practice for treatment. If the dentist wanted to take an X-ray and the patient was of child bearing age, the possibility of being pregnant was also discussed. For returning patients the medical history focussed on any changes to their medical status.

Records showed comprehensive assessment of the periodontal tissues (the gums and soft tissues of the mouth) had been undertaken. The dentist had expressed concerns over the use of 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. Consequently the dentist was using bleeding on probing (BOP) as the method of assessing the patients' dental health. From the BOP we saw that the dentist took a risk based approach to recalling patients. If the patient scored above 25 on the BOP, they would be recalled three monthly to see the hygienist or dentist as appropriate; a score of 10-25 would see the patient recalled every six months, while a score less than ten would prompt an annual recall for a check-up.

We saw the dentist used nationally recognised guidelines on which to base treatments and develop longer term plans for managing patients' oral health. Records showed that treatments had been relevant to the symptoms or findings, treatment options were explained and that adequate follow up had been arranged.

We spoke with the dentist, and a dental nurse who said that each patient had their dental treatment and diagnosis discussed with them. Treatment options and costs were explained before treatment started. Feedback from several patients made specific reference to being involved in discussions about treatment options. Patients we spoke with in the practice said treatment options were discussed and explanations given. Where relevant, information about preventing dental decay was given to improve the outcome for the patient. The patient notes were updated with the proposed treatment after discussing the options. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines.

Discussions with the dentist showed they were aware of NICE guidelines, particularly in respect of recalls of patients, anti-biotic prescribing and wisdom tooth removal. A review of the records identified that the dentist was following NICE guidelines in the treatment of patients.

We received feedback from 50 patients who all said they were happy with the care and treatment they received. Feedback indicated that patients saw the dentist as a professional, caring dentist committed to delivering good dental care to a high standard.

**Health promotion & prevention**

There was a range of literature in the waiting room about the services offered at the practice. There were also leaflets about ways to improve patients' oral health. There was also a digital slideshow with information about oral tumours and ulcers. Identifying the signs and symptoms to look out for.

We saw examples in patients' notes that advice on smoking cessation, alcohol and diet had been discussed. With regard to smoking dentists had highlighted the risk of periodontal disease and oral cancer. Staff said that if a patient showed an interest in the advice regarding smoking or alcohol, then advice sheets were available which provided more information on either topic.

Discussions with patients identified the dentist and the hygienist both discussed issues related to oral health promotion. Patients said they had seen the digital slideshow and were aware of leaflets related to good oral health in the waiting room.

**Staffing**

The practice had one dentist, one orthodontist, one hygienist/ therapist, and two dental nurses. Plus a practice manager, and one receptionist. Prior to 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.

# Are services effective?

## (for example, treatment is effective)

We reviewed staff training records and saw staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the General Dental Council (GDC). The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Examples of training completed included basic life support, safeguarding vulnerable adults and children and the Mental Capacity Act (2005)

The practice appraised the performance of its staff with annual appraisals. We saw evidence in two staff personal files that appraisals had been taking place. We also saw evidence of new members of staff having an induction programme. We spoke with two members of staff who said they had received an annual appraisal with the practice manager.

**Working with other services**

The practice had a computerised referral system to make referrals to other dental professionals, such as the dental hospital. Referrals were made when the practice were unable to provide the necessary treatment, or for further investigations. For example where there was suspected oral cancer or for complicated wisdom tooth removal which required specialist treatment. Following treatment by the 'other' dental professional(s) the practice monitored patients' after care. This was to ensure they had received satisfactory treatment and had the necessary care after treatment at the practice.

We saw that referral letters were sent within two working days, and referrals were followed up by the practice to ensure the dental professional receiving the referral had received it.

In their statement of purpose the practice stated: "To involve other professionals in the care of our patients where this is in the patient's best interests; for example referral for specialist care and advice."

**Consent to care and treatment**

Two copies of the treatment plan were produced for every patient. These were signed by the patient, and in doing so the patient gave their written consent to the treatment. One copy was retained by the practice and one copy was given to the patient.

Discussions with the dentist showed they were aware of and understood the use of Gillick competency for young persons. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment without the need for parental permission or knowledge. The practice consent policy provided information about Gillick competencies.

At each consultation patients were asked to consent to photographs or videos being taken which might be shared or used for publication. If the patient said no a yellow sticker was placed onto their notes saying: "photographs authorised only for clinical use within the practice." Thus ensuring any photographs or videos were only used by the dentist as part of the assessment and treatment plan within the practice.

The consent policy also had a description of competence or capacity and how this affected consent. The policy linked this to the Mental Capacity Act 2005 (MCA). Staff training records showed staff had attended training with regard to the MCA 2005. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Discussions with two members of staff identified their detailed awareness and understanding of the MCA.

# Are services caring?

## Our findings

**Respect, dignity, compassion & empathy**

During the inspection we observed how the staff spoke with patients and whether they treated patients with dignity and respect. Our observations were of patients being treated politely, and in a professional manner. Feedback from 50 patients provided to the Care Quality Commission (CQC) identified that patients felt they were treated with dignity and respect.

Reception staff told us that they were aware of the need for confidentiality when conversations were held in the reception area. The reception desk was located away from the waiting room, and staff were confident that conversations at the reception desk could not be over heard. If required a patient could be seen in private, either in a treatment room or in the staff area of the practice.

Our observations supported the view that confidentiality was being maintained. We saw that patient records, both paper and electronic were held securely either under lock and key or password protected on the computer.

**Involvement in decisions about care and treatment**

Feedback from patients we spoke with on the day of the inspection and through comment cards was positive about the dental practice. Patients said they were very happy with the dental treatment they received. Several patients commented that the dentist was open, friendly and approachable, and that they were able to ask questions. There were also several comments that the dentist was good at explaining treatments and involving patients in discussions and decisions.

Dental care records demonstrated that staff recorded the information they had provided to patients about their treatment and the options open to them. Patients we spoke with said that dental staff explained things clearly, and in a way that they could understand. Patients received a written copy of their treatment plan which clearly outlined their treatment and the cost involved.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting patients' needs**

The practice had an appointment system which patients said met their needs. When patients were in pain or where treatment was urgent the practice made efforts to see the patient the same day. Feedback from eight patients made reference to the appointment system. All eight patients said that it was easy to get an appointment. Three patients commented that they had been seen quickly in an emergency, or when they were in pain.

Two patients provided specific feedback that they had been referred quickly for specialist treatment elsewhere. Both patients commented on how well this had been arranged, and said that the practice had contacted them afterwards to check the treatment had been a success.

All patients were asked to complete a medical and dental health questionnaire. This allowed the practice to gather important information about the patient's previous and current dental and medical history. For returning patients the medical history was updated so the dentist or hygienist could respond to any changes in health status which might affect their dental health.

**Tackling inequity and promoting equality**

The practice had considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. The practice offered ground floor access to treatment rooms, reception and the waiting rooms. A mobile ramp was available to allow patients with restricted mobility and wheelchair users to overcome the steps at the front door. The ground floor treatment rooms provided level and step free access from the street into the practice. This was to assist patients with mobility issues, using wheelchairs or mobility scooters and parents with prams or pushchairs. The practice had a ground floor toilet, which was accessible for patients.

The practice had good access to all forms of public transport. Car parking was available either on the street or in a public pay and display car park.

**Access to the service**

The practice was open on:

Monday from 9:15 am to 5:00 pm

Tuesday from 9:15 am to 5:30 pm (Orthodontic patients only)

Wednesday from 9:15 am to 5:00 pm

Thursday from 9:15 am to 5:00 pm

Friday from 9:15 am to 4:40 pm

The practice closes for an hour for lunch from 1:00 pm to 2:00 pm on Mondays to Thursdays and for half an hour on Fridays 1:00 pm to 1:30 pm.

The arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays were displayed in the waiting room area and in the practice leaflet. Access for urgent treatment outside of opening hours was usually through the NHS 111 telephone line.

**Concerns & complaints**

The practice had a complaints procedure that explained the process to follow when making a complaint. This information was available in the practice and the practice leaflet directed patients to ask for a copy. Staff said they were aware of the procedure to follow if they received a complaint.

From information received prior to the inspection we saw that there had been two formal complaints received in the past 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.

Feedback from patients identified they were satisfied with the dental services provided.

# Are services well-led?

## Our findings

**Governance arrangements**

The practice manager produced documentation to evidence that a variety of clinical and non-clinical audits had been completed. We saw that clinical audits were planned and completed throughout the year. For example: Radiographs (X-rays) and root canal treatments.

The practice had a full range of policies and procedures to give staff guidance and instruction on completing tasks across the practice. We saw that they were kept under review, and samples we saw were up-to-date. The policies were stored electronically on the computer system, and were accessible for all staff from any computer terminal within the practice.

Records showed the practice held regular staff meetings, and staff said they were able to contribute to those meetings and express their views.

**Leadership, openness and transparency**

There was a practice manager employed to organise and oversee the management structures within the practice. The practice manager also worked with the dentist as part of the leadership and management team.

The practice held regular team meetings where information was shared and issues affecting the practice were discussed. The practice had plans to develop, and every member of staff we spoke with was aware of those plans, and had had the opportunity to contribute. Minutes of staff meetings supported the view that information was shared and staff had been involved in discussions.

Staff said there was an open and transparent culture at the practice which encouraged honesty. Staff said they were confident they could raise issues or concerns at any time with the practice management team without fear of discrimination. Every staff member we spoke with said the practice was a relaxed and friendly place to work. Staff told us that they could speak with the practice manager or a dentist if they had any concerns. Staff members said they felt part of a team, were well supported and knew what their role and responsibilities were.

Staff were aware of how to raise concerns about their place of work under whistle blowing legislation. We saw that the practice had a whistle blowing policy, and all staff had access to the policy.

**Learning and improvement**

The practice management team had recognised the need to move to new premises. There were plans to move to new premises approximately half a mile from the current location. The practice manager and the dentist said this was because the current building had limitations having originally been a GP surgery in 1860, before converting to a dental practice in 1910. The age of the building posed challenges, particularly in relation to the lack of a designated decontamination room. The new premises would be designed to meet the needs of patients whilst fully meeting the requirements of Health Technical Memorandum 01-05 (HTM 01-05).

In their statement of purpose the practice stated one of their aims was: To ensure that all members of our team are aware of current national guidelines and have the right skills and training to carry out their duties competently."

We found staff were aware of the practice values and were able to demonstrate that they worked towards these.

The practice manager said that the dentist paid all costs for clinical staff to retain their membership and registration with the General Dental Council (GDC). We reviewed staff training records and saw that staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Training records at the practice showed that training opportunities were available to all staff, and this was encouraged by the management team. Staff said they had good access to training, mostly in-house, but some external training too.

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

The practice had a comments box in the waiting room. The practice manager provided a print out which showed all of the comments received since 2010, and the action or response taken. Some examples were: A call for Wi-Fi to be made available, the practice produced cards giving the Wi-Fi details. A change to the artwork in the waiting room, changes were made and received positive feedback and acknowledgement from patients.

# Are services well-led?

The patients we spoke with said they were aware of the comment box in the waiting room, but they had never used the suggestion box or provided any formal feedback.

The practice completed its own surveys on a six monthly basis. The results were analysed and improvements made where appropriate. We saw documentary evidence of the surveys and the analysis.