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Oak Tree Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 28 September 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Oak Tree Dental Practice has a principal dentist and four associate dentists, a dental hygienist; eight qualified

dental nurses who are registered with the General Dental Council (GDC), a trainee dental nurse a practice manager and a receptionist. The practice's opening hours are 8.30am to 5.30pm on Monday, Tuesday, Wednesday and Friday and 8.30am to 7.30pm on Thursday.

Oak Tree Dental Practice provides NHS and private dental treatment for adults and children. The practice has five dental treatment rooms on the ground floor. There is a separate decontamination room for cleaning, sterilising and packing dental instruments. There is also a reception, waiting area and patient toilet on the ground floor.

Before the inspection we sent Care Quality Commission comments cards to the practice for patients to complete to tell us about their experience of the practice and during the inspection we spoke with patients. We received feedback from 35 patients who provided a positive view of the services the practice provides. All of the patients commented that the quality of care was very good and staff were friendly and helpful.

Our key findings were

- Systems were in place for the recording of significant events and accidents although information recorded regarding outcomes, actions taken and lessons learned was brief.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients were treated with dignity and respect.

Summary of findings

- The practice was visibly clean and well maintained.
- The practice had not addressed all issues identified in the fire risk assessment such as fire marshal training. There were no records available to demonstrate maintenance or servicing of emergency lighting and staff were not recording monthly checks of emergency lighting or smoke detectors.
- The practice were not obtaining all information as per Schedule three of the Health and Social Care Act 2014.
- Infection control procedures were in place with infection prevention and control audits being undertaken on a six monthly basis. Staff had access to personal protective equipment such as gloves and aprons.
- Emergency equipment for dealing with medical emergencies mostly reflected published guidelines. We highlighted areas for improvement and these were all dealt with on the day of our visit
- Three staff had not completed annual update training regarding dealing with medical emergencies.
- The appointment system met the needs of patients and waiting times were kept to a minimum.

We identified regulations that were not being met and the provider must:

- Ensure that there are systems in place to assess and mitigate the risks to the health, safety and welfare of patients and staff. This includes procedures to:
- Ensure that the practice's fire safety procedures and protocols are suitable including implementing robust procedures to ensure that all fire safety equipment is serviced and checked to demonstrate that this equipment is in good working order and addressing any issues identified in the practice's fire risk assessment.
- Ensure that the practice's infection control procedures and protocols are suitable 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'.
- Ensure the practice give due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team regarding the availability of medicine and equipment to manage medical emergencies and by the provision of associated documentation to demonstrate that appropriate checks are made on this medicine and equipment. Ensure that staff training is up to date regarding basic life support.
- Ensure that the practice implements systems for the recording, investigating and reviewing of accidents or significant events
- Ensure that the practice gives due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Ensure that the practice obtains all information in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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.

Systems were in place for recording significant events and accidents. Staff were aware of the procedure to follow to report incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) regarding staff at the practice. Information recorded in accident records was brief and did not detail any action taken or learning.

Medicines for use in an emergency were available and emergency medical equipment was also available. Documentation was available to demonstrate that monthly checks were being made to ensure equipment was in good working order and medicines were within their expiry date. However the frequency of these checks was not in line with the Resuscitation Council (UK) guidance. Three staff required update training in responding to a medical emergency.

There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Infection control audits were being undertaken on a six monthly basis in accordance with the recommendations of HTM 01-05. The practice had systems in place for waste disposal and on the day of inspection the practice was visibly clean and clutter free.

No action



Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Referrals were made in a timely way to ensure patients' oral health did not suffer.

The practice used oral screening tools to identify oral disease. Patients and staff told us that explanations about treatment options and oral health were given to patients in a way they understood and risks, benefits, options and costs were explained. Patients' dental care records did not demonstrate this on each occasion.

Staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

No action



Summary of findings

Are services caring?

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

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Staff treated patients with kindness and respect and were aware of the importance of confidentiality. Feedback from patients was overwhelmingly positive. Patients praised the staff and the service and treatment received. Patients commented that staff were professional, friendly and helpful.

No action



Are services responsive to people's needs?

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

Patients had good access to treatment and urgent care when required. The practice had ground floor treatment rooms and toilet which had been adapted to meet the needs of patients with a disability. Level access was provided into the rear of the building for patients with mobility difficulties and families with prams and pushchairs.

The practice had developed a complaints procedure and information about how to make a complaint was available for patients to reference.

No action



Are services well-led?

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

Governance arrangements in place were not robust. Some improvements were required regarding fire safety systems. For example there was no evidence that emergency lighting had been serviced. There was no documentary evidence to demonstrate that action had been taken to address all issues identified in the practice's fire risk assessment. There was no documentation to demonstrate that regular checks were made on emergency lighting and smoke detectors to demonstrate that they were in good working order.

Systems in place regarding medical emergencies were not robust. Three staff had not completed training regarding basic life support within the previous 12 months. Some emergency equipment was not available although this was ordered on the day of inspection.

Appraisal meetings took place although these had not taken place since April 2015. Staff spoken with told us that they were encouraged to undertake training to maintain their professional development skills. Staff told us the provider was very approachable and supportive and the culture within the practice was open and transparent. Staff told us they enjoyed working at the practice and felt part of a team.

Requirements notice



Oak Tree 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.

This inspection took place on 28 September 2016 and was led by a CQC inspector and supported by a specialist dental advisor. Prior to the inspection, we reviewed information we held about the provider. We informed NHS England area team that we were inspecting the practice and we did not receive any information of concern from them. We asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During our inspection we toured the premises; we reviewed policy documents and staff records and spoke with five members of staff, including the registered provider. We looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the computer system that supported the dental care records.

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

Systems were in place to enable staff to report incidents and accidents. We saw that accident reporting books and significant event reporting forms were available.

We were told that there had been no patient or staff accidents within the last 12 months with the date of the last accident being 25 February 2013. Information recorded in accident books was brief and did not always record any learning points, follow up action or action plan to try and prevent these accidents from re-occurring.

We were told that accidents would not be discussed at practice meetings; a private discussion would be held with the staff member involved. This would not help to ensure that any learning is shared across the team.

The accident reporting policy records the practice manager as the lead for accidents and significant events and staff spoken with were aware of who held this role. Information regarding the Reporting of Injuries, Diseases and Dangerous Occurrences regulations (RIDDOR) was also detailed in this policy. All staff we spoke with understood how to report information under RIDDOR regulations and forms were available to enable staff to make these reports if necessary. We were told that there had been no events at the practice that required reporting under RIDDOR.

The practice had reported one significant event within the last 12 months.

Systems were in place to ensure that all staff were kept up to date with any national patient safety and medicines alerts. The practice received these via email and a copy was printed off and any relevant alerts were kept in a medical alerts log. We were told that information would be shared with staff via a memo and a copy of relevant alerts would be put on display on the staff room noticeboard. Staff had recorded details of any action taken. For example a recent alert seen regarding a medicine to be used in an emergency recorded that staff had checked and did not use this product.

The practice had a document available for staff to reference on duty of candour. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be

followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong

Reliable safety systems and processes (including safeguarding)

The practice had a policy in place regarding child protection and also a brief safeguarding vulnerable adult's policy. The practice manager had been identified as the safeguarding lead and all staff spoken with were aware that they should speak to this person for advice or to report suspicions of abuse. Details of how to report suspected abuse to the local organisations responsible for investigation were available on a separate poster. We were told that there had been one safeguarding issue reported for follow up.

Staff signed a declaration to demonstrate that they had read and understood these policies.

Staff had completed the appropriate level of safeguarding training as part of their core continuous professional development training. All staff had recently signed up to complete on-line level two safeguarding training which covered child protection and safeguarding of vulnerable adults.

We saw that child protection, adult safeguarding and mental capacity were not a standard issue for discussion at practice meetings. We were told that discussions would be held regarding these topics as necessary.

Accident records demonstrated that there had been six sharps injuries since the practice opened in 2009. The last sharps injury was in 2013. A sharps injury risk assessment had been completed and a policy was available. Sharps information was on display in treatment rooms and other locations where sharps bins were located. Sharps bins were fixed to walls in appropriate locations which were out of the reach of children.

The practice had a system available whereby needles did not require to be re-sheathed using the hands following administration of a local anaesthetic to a patient. A special device was available but was not currently being used during the recapping stage. Dental nurses we spoke with



Are services safe?

told us that occasionally they were removing and disposing of used needles into the sharps bin in the decontamination room. This was not in accordance with the practice's sharps policy.

We asked about the instruments which were used during root canal treatment. We were told that root canal treatment was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). During the course of our inspection we viewed dental care records to confirm the findings. Records we were shown did not record the use of a rubber dam during root canal treatment.

Medical emergencies

There were some systems in place to manage medical emergencies at the practice. Some staff had received annual training in basic life support in July 2016. However three staff had not received annual update training; the practice manager confirmed that this would be arranged as soon as possible.

Emergency equipment including oxygen and an automated external defibrillator (AED) (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm), was available.

All emergency medicines were stored in the decontamination room. These were checked monthly to ensure they were available and within date for safe use. Some issues were identified which were discussed with the practice manager.

We saw that some of the equipment required to deal with medical emergencies in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF) were not available. We were told that these items had recently been disposed of following information received during their emergency life support training. These items were ordered by the practice manager during our inspection. We saw that the suction device was stored at the back of a cupboard and would be difficult to get to in an emergency. We were told that this would be moved immediately. Records confirmed that emergency medical

equipment was checked monthly by staff. This is not in line with the guidance produced by the Resuscitation Council UK which records that emergency equipment and medicines should be checked on at least a weekly basis.

We saw that a first aid kit was available which contained equipment for use in treating minor injuries. The practice manager was the designated first aider.

Staff recruitment

The practice had a recruitment policy that described the process to follow when employing new staff. This policy included details of the pre-employment information to obtain, interview processes and equal opportunities. The recruitment policy recorded a version number and it was difficult to identify whether this was the most up to date version available. We were told that the company who provided the policies constantly reviewed and updated these and forwarded updated versions to the practice.

We discussed the recruitment of staff and looked at two recruitment files in order to check that recruitment procedures had been followed. We saw that these files contained pre-employment information such as proof of identity, written references details of qualifications and registration with professional bodies. However staff had not completed a pre-employment medical questionnaire. Recruitment files also contained other information such as contracts of employment, job descriptions and copies of policies and procedures such as confidentiality and grievance.

We saw that disclosure and barring service checks (DBS) were in place and we were told that these had been completed for all staff. 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.

The practice planned for staff absences to ensure the service was uninterrupted. We were told that there were enough dental nurses to provide cover during times of annual leave or unexpected sick leave. Staff said that they booked their annual leave in advance but the practice were flexible and accommodated annual leave wherever possible. All dental nurses had received training to enable them to work on the reception desk to provide support and cover during times of annual leave.



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A weekly duty rota detailed where dental nursing staff would be working. For example on reception, in the decontamination room or it recorded the name of the dentist they would be working with.

There were enough staff to support dentists, dental hygienists and therapists during patient treatment and these clinicians always worked with a dental nurse.

Monitoring health & safety and responding to risks

The practice had some arrangements in place to monitor health and safety and deal with foreseeable emergencies. Information for staff was available such as a Guide to Health and Safety produced by the Health and Safety Executive and the practice's health and safety policy. This recorded the principal dentist as the health and safety lead with the practice manager as the deputy.

Numerous risk assessments had been completed. For example, we saw risk assessments for fire, radiation, sharps injury, hepatitis B non-immunised staff or non-responder and a general practice risk assessment.

We discussed fire safety with staff and looked at the practice's fire safety risk assessment and associated documentation. The fire risk assessment was completed on 24 March 2015 and had been reviewed on 26 March 2016. Issues for action had been identified during the 2016 review. The practice manager confirmed that they still needed to organise fire marshal training and were considering which staff should undertake this role.

Records seen confirmed that fire safety equipment such as fire extinguishers; fire alarms and smoke alarms were last serviced in October 2015. We saw other records to demonstrate that heat detectors, smoke detectors and sounder for the fire alarm were subject to routine maintenance by external professionals on 10 November 2015. There were no records available to demonstrate maintenance or servicing of emergency lighting. Staff were not recording monthly checks of emergency lighting or smoke detectors.

Staff spoken with were aware of the muster point for staff and visitors and confirmed that the fire alarm was tested on a weekly basis. The practice manager told us that they had not completed any formally documented fire drills which involved a full evacuation of the premises.

A well organised COSHH file was available. Details of all substances used at the practice which may pose a risk to

health were recorded in a COSHH file. An itemised list was available which had been reviewed and updated when new products were used at the practice. There was no documentary evidence available to demonstrate that staff had been made aware of high risk items or that staff had signed to say that they had read information in the COSHH file.

Infection control

Systems were in place to reduce the risk and spread of infection within the practice. There were hand washing facilities in each treatment room and in the decontamination room. Posters describing hand washing techniques were on display above these sinks. Adequate supplies of liquid soaps and paper hand towels were available throughout the premises.

A general infection prevention and control policy statement was on display in the waiting room this was dated September 2016. This recorded the practice manager as the lead for infection control.

Infection prevention and control audits were completed on a six monthly basis. We were shown the completed audits for January 2016 and September 2016. Records demonstrated that all staff had undertaken training regarding the principles of infection control. In-house training had been provided by for new staff during induction to the practice.

On the day of inspection dental treatment rooms, waiting areas, reception and toilet were visibly clean, tidy and uncluttered. Patient feedback also reported that the practice was always clean and tidy.

Dental nurses who worked at the practice were responsible for undertaking all environmental cleaning of both clinical and non-clinical areas. Cleaning schedules were in place. The practice followed the national colour coding scheme for cleaning materials and equipment in dental premises and signage was in place to identify which colour of cleaning equipment was specific for use in that area. However we saw that mops were not stored appropriately and the mop which was used to clean the clinical areas was very dirty and required cleaning or replacing.

We looked at the procedures in place for the decontamination of used dental instruments. A separate decontamination room was available for instrument processing. The decontamination room had appropriate



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dirty and clean zones in operation to reduce the risk of cross contamination and these were clearly identified. We noted that some of the drawer handles in the decontamination room were pitted and would be difficult to clean to maintain infection prevention and control standards.

A dental nurse demonstrated the decontamination process. Systems were in place to ensure that instruments were safely transported between treatment rooms and the decontamination room. The dental nurse showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments. A visual inspection was undertaken using an illuminated magnifying glass before instruments were sterilised in an autoclave. Instruments were not re-inspected prior to being packaged. They were date stamped and stored in accordance with current HTM 01-05 guidelines. 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 which included gloves, aprons and protective eye wear.

We saw evidence to demonstrate that the washer disinfectant and autoclave used in the decontamination process had been regularly serviced and maintained in accordance with the manufacturer's instructions and records were available to demonstrate this equipment was functioning correctly. However we saw that an ultrasonic cleaner was used occasionally when they were running short on equipment. We were shown one set of foil tests for this equipment dated 14 September 2016. There was no policy regarding manually cleaning of equipment during the decontamination process when the washer disinfectant was not to be used. We were told that extra equipment was being ordered.

A risk assessment regarding Legionella had been carried out by an external agency in 2015. We saw records to demonstrate that routine temperature monitoring checks were taking place (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The dental water lines were maintained to prevent the growth and spread of Legionella bacteria. Staff were able to clearly describe the method they used which was in line with current HTM 01-05 guidelines.

We discussed clinical waste with the practice manager; we looked at the storage area for clinical and municipal waste.

Clinical waste was stored in a locked bin at the rear of the practice and was collected every two weeks. The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health.

Equipment and medicines

We saw that maintenance contracts were in place for essential equipment such as fire safety equipment, X-ray sets and the autoclave. Records seen demonstrated the dates on which the equipment had recently been serviced.

All portable electrical appliances had received a portable appliance test by a member of staff at the practice who had undertaken training to be able to do these checks. We saw that the last check was 31 October 2015 with the date of the next test due 31 October 2016. All electrical equipment tested was listed with details of whether the equipment had passed or failed the test.

We discussed the storage of prescription pads with the practice manager. We saw that spare prescription pads were securely stored, however other pads were not. The practice were not keeping a log of each prescription issued which detailed the date, prescription number and patient code. There was no log of the number of prescriptions used recorded at the end of each working day. A prescription log book was ordered during this inspection and we were told that this would be implemented immediately.

We were told that this practice dispensed medicine. These medicines were stored safely for the protection of patients. A new log book had been purchased to record when these medicines were dispensed, there were no completed records available at the time of inspection.

We saw that the mercury spillage and blood product kits were out of date. New kits were ordered during this inspection.

Radiography (X-rays)

The practice had a radiation protection file which detailed each X-ray machine in the building, the persons responsible for the safe use of X-rays, those trained to take X-rays, notification of the use of X-rays to the relevant authority and testing of the X-ray machines. We saw records to confirm that a Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure equipment was operated safely and by qualified staff only. The RPS was not a member of staff who worked regularly at the practice and would therefore not be



Are services safe?

available at all times when the practice was open to provide advice. Copies of the critical examination packs for each of the X-ray sets along with the maintenance logs were available for review. The maintenance logs were within the current recommended interval of three years with the date of last maintenance recorded as 2014.

We saw evidence that all of the dentists were up to date with the required continuing professional development on radiation safety. One of the dental nurses had also undertaken training to enable them to take radiographs.

The practice used digital X-rays which do not require chemical processing. In addition they are available to view almost instantly, and use a lower effective dose of radiation than traditional films.

Each treatment room had an intra-oral X-ray machine which can take an image of a few teeth at a time, and in addition an OPG machine which can take a panoramic X-ray of the jaws. There was also one X-ray machine which

was out of use and had not been serviced or maintained. There was no signage on this machine to indicate it should not be used. The practice manager said that they would either remove this equipment or put a sign in place. We also saw some out of date X-ray developer liquid in the decontamination room which had not been disposed of. We were told that this would be disposed of immediately.

We saw that appropriate signage was on display of the doors where X-ray machines were located. Emergency cut of switches were also located outside of the treatment room and were suitably labelled.

We saw the summary of a recent X-ray audit completed on 25 September 2016. The original audit documentation was unable to be found during this inspection. We were not shown any other X-ray audit information. Audit help to ensure that best practice is being followed and highlighting improvements needed to address shortfalls in the delivery of care.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we discussed patient care with two of the dentists and checked dental care records to confirm the findings. We were shown up to date medical history records and were told that these were either completed or updated at each visit to the practice. This ensured that the dentist was kept informed of any changes to the patient's general health which may have an impact on treatment. An examination of the patient's teeth, gums and soft tissues was then completed. During this assessment dentists looked for any signs of mouth cancer.

We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (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).

We were told that following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. There was no evidence in patient dental care records we were shown that options, risk factors and costs had been discussed with patients and details of discussions documented.

Records did not demonstrate that the decision to take an X-ray was made according to clinical need and in line with recognised general professional guidelines. Patient dental care records that we were shown did not demonstrate the dentists were following the guidance from the Faculty of General Dental Practice (FGDP) regarding record keeping.

Discussions with the dentists showed they were aware of and referred to National Institute for Health and Care Excellence guidelines (NICE), particularly in respect of lower wisdom teeth removal and antibiotic prescribing.

Health promotion & prevention

The practice was aware of the high importance of preventative care. High concentration fluoride toothpastes were prescribed when required. Staff told us that patients were given advice appropriate to their individual needs such as and dietary, smoking cessation and alcohol consumption advice when needed. Medical history forms completed by patients included questions about smoking and alcohol consumption.

During appointments with the dental hygienist tooth brushing and interdental cleaning techniques would be discussed with patients. However if patients did not wish to see the hygienist this information would be given by the dentist and the dental nurse. Patients we spoke with said that the practice placed a high emphasis on oral hygiene and gave lots of helpful advice and information.

Health promotion leaflets and posters were on display in the waiting room to support patients to look after their teeth. A television in the waiting area played oral health and hygiene and other dental messages. Free samples of toothpaste and toothbrushes were available and patients were also able to purchase dental hygiene products at the reception desk.

Staffing

Practice staff included a principal dentist, four associate dentists, a dental hygienist, a practice manager (who was also a registered dental nurse), eight qualified dental nurses, one trainee dental nurse and a receptionist.

We discussed staff training with the practice manager and with staff. Staff told us that they were encouraged to attend training courses and supported to develop their skills. Staff spoken with said that they received all necessary training to enable them to perform their job confidently. Records showed professional registration with the GDC was up to date for all relevant staff.

Staff certificates of registration with the General Dental Council (GDC) were on display in the waiting area. This enabled patients to see that professional body registration with the GDC was up to date for all relevant staff.

We saw evidence in staff recruitment files that staff had undertaken safeguarding, mental capacity, infection control and basic life support training. The practice manager confirmed that they monitored staff continuing professional development (CPD) to ensure staff met their CPD requirements. CPD is a compulsory requirement of registration as a general dental professional. We were told that discussions were held with staff about CPD and training during appraisal meetings. Training was provided to staff via attendance at courses, in-house and on-line training.

We discussed appraisal with the practice manager and with staff who told us that appraisal meetings were held on an annual basis and staff were able to discuss issues or



Are services effective?

(for example, treatment is effective)

concerns and were praised for a job well done. The practice manager confirmed that appraisal meetings were scheduled to take place in April each year. We were told that due to changes at the practice and staff recruitment there had been a delay and the 2016 meetings had not taken place but would be completed as soon as possible. We saw that personal development plans were available for staff although not all of those seen had been signed or dated.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves. The practice had written protocols and used the two week referral pathway where a serious pathology (such as oral cancer) was suspected.

We were shown some examples of referral letters, copies of these were kept on patient records but patients were not given a copy. We were told that each dentist kept a referral book. There were no centralised systems in place to check that patients had received their referral appointment apart from the patient making contact with the practice to inform them.

Consent to care and treatment

A consent policy had been implemented and reference was made to the MCA in this policy. 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 practice demonstrated a good understanding of the processes involved in obtaining full, valid and informed consent for an adult. Leaflets were available in the waiting area explaining some treatments. We were told that patients were given verbal and written information to support them to make decisions about treatment. A written treatment plan with estimated costs was produced for all patients to consider before starting treatment. Patients provided their consent to treatment by signing these treatment plans. We saw that consent was reviewed as part of an annual record card audit.

There was a recent example of a patient where a mental capacity assessment or best interest decision was needed. There was evidence of multi-disciplinary team involvement, for example the family of the patient, social services and the local safeguarding team were involved.



Are services caring?

Our findings

Respect, dignity, compassion & empathy

We were told that privacy and confidentiality were maintained at all times for patients who used the service. Staff told us that they always checked date of birth and address details before confirming any information over the telephone or at reception. Patients' clinical records were stored electronically. Computers were password protected and regularly backed up to secure storage.

The computer screens at the reception desks were not overlooked which helped to maintain confidential information at reception. If computers were ever left unattended then they would be locked to ensure confidential details remained secure. There was a sufficient amount of staff to ensure that the reception desk was staffed at all times.

Treatment rooms were situated off the waiting area. We saw that doors were closed at all times when patients were with the dentist. Conversations between patient and dentist could not be heard from outside the treatment rooms which protected patient's privacy.

At the time of our inspection music was not being played in the waiting area or treatment rooms. However we saw that radios were available and staff confirmed that music was often played which helped to distract anxious patients and also aided confidentiality as people in the waiting room would be less likely to be able to hear conversations held at the reception desk. We were told that music was turned off at the request of patients.

Staff said that they would ask patients to write down personal sensitive information or could speak with patients in the administration office or an unused dental treatment room where confidential discussions could be held.

We observed staff were friendly, helpful, discreet and respectful to patients when interacting with them on the telephone and in the reception area. Patients commented that staff were professional, friendly, helpful and caring and they provided positive feedback about the practice on comment cards which were completed prior to our inspection.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Information leaflets were available in the waiting area and patients were given treatment plans which detailed possible treatment and costs. Patients we spoke with told us that they were given detailed explanations and information regarding costs before any agreement was reached to undertake treatment. Patients told us that they felt listened to and involved in any treatment decisions. We did not see evidence in the records we were shown that the dentists recorded the information they had provided to patients about their treatment and the options open to them.

A poster detailing NHS costs and a private fee guide were available in the reception area.

We spoke with the principal dentist about the Gillick competency test. The test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. The registered manager demonstrated a good understanding of Gillick principles.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a website which described the range of treatments offered to patients such as tooth whitening, root canal, implants, sedation, white fillings and invisible braces. Details of the fees for private treatment and for the private dental plan were available. There was no information regarding NHS costs, although this was available in the practice.

We discussed appointment times and scheduling of appointments. We found the practice had an efficient appointment system in place to respond to patients' needs. Patients were given adequate time slots for appointments of varying complexity of treatment.

Dentists did not keep available appointment slots to see patients in dental pain. However, we were told that these patients were always seen on the day that they telephoned but they were told that they may have to sit and wait to see a dentist.

Staff told us that patients were usually able to get a routine appointment within a week of their request. The practice operated a cancellation list and available appointments were either filled by patients in dental pain or other patients were offered an earlier appointment if they have expressed an interest in this.

Feedback confirmed that patients were rarely kept waiting beyond their appointment time.

Tackling inequity and promoting equality

The practice appeared to recognise the needs of different groups in the planning of its services.

The practice had a hearing induction loop for use by people who were hard of hearing. Systems were in place to communicate with these patients and arrangements could be made with an external company to provide assistance with communication via the use of British sign language.

We asked about communication with patients for whom English was not a first language. We were told that there was no communication issues with patients and a translation service was available for use if required.

This practice was suitable for wheelchair users, having ground floor treatment rooms with level access to the rear

of the building, and an accessible toilet. On the day of inspection we noted that access to the rear of the practice was restricted due to a car parked outside of a marked space. Staff said that they had an alert on patient notes to make them aware if a patient required entry via the rear of the building and they would ensure that patients had easy access to the practice.

The practice manager confirmed that a disability access audit had been completed in the past. However they were unable to find this information on the day of inspection.

Access to the service

The practice was open from 8.30am to 5.30pm each day Monday to Friday with late night opening until 7.30pm on a Thursday evening. This helped to ensure that those patients with work commitments during Monday to Friday were still able to receive an appointment with a dentist.

A telephone answering machine informed patients of the practice's opening hours and also gave emergency contact details for patients with dental pain when the practice was closed during the evening, weekends and bank holidays. Private patients were given contact details for the principal dentist.

Patients were able to make appointments over the telephone or in person. Staff we spoke with told us that patients occasionally sent an email to the practice to request an appointment. We were told that patients could access appointments when they wanted them. Emergency appointments were not set aside for each dentist every day, but we were told that patients in dental pain would be seen within 24 hours of calling the practice.

Email reminders were sent to all patients that requested this service and telephone reminder were also given a few days before the patient's appointment. Patients could access care and treatment in a timely way and the appointment system met their needs.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. A separate policy was available for private patients. Both of these policies recorded contact details such as NHS England, the private



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

dental complaints service, the Care Quality Commission and the health service ombudsman. This enabled patients to contact these bodies if they were not satisfied with the outcome of the investigation conducted by the practice.

Staff spoken with were knowledgeable about how to handle a complaint. We were told that any complaints received would be sent to the practice manager who was the designated complaints lead. Guidance was available regarding the action to take when a complaint was received and this confirmed that details should be recorded and forwarded to the practice manager.

We were told that no complaints had been received at the practice within the last 12 months.

Patients were given information on how to make a complaint. We saw that a copy of the complaints policy was on display in the waiting area. Patients were also able to complain through the practice website if they preferred.

Are services well-led?

Our findings

Governance arrangements

Some systems were in place for monitoring and improving the quality of services provided for patients although these were not robust. For example risk assessments for fire and a general practice risk assessment were available. We saw that action had not been taken to address the issue identified during the fire risk assessment which related to provision of fire marshal training. The practice was not conducting fire drills which involved an evacuation of the premises. The emergency lighting had not been serviced and there were no records to demonstrate that regular checks were completed of emergency lighting and smoke detectors to ensure they were in good working order.

Monitoring systems for emergency medicines and equipment were not in line with the Resuscitation Council (UK) guidance and not all staff were up to date with annual basic life support training.

The practice were not obtaining all required pre-employment information as per Schedule three of the Health and Social Care Act 2014.

The Radiation Protection Supervisor (RPS) did not work at the practice on a regular basis. An RPS should be available on the premises to provide advice and guidance to staff.

The practice had policies and procedures in place to support the management of the service, and these were readily available for staff to reference. Policies included health and safety, complaints, safeguarding, and infection control policies. These policies recorded a version number on the bottom but there was no information available to demonstrate that this was the most up to date version available. Staff had signed a document to confirm that they had read the practice's policies. We were told that the practice had purchased other standardised procedures which would be amended and implemented in the near future.

Some of the practice's policies required review and update. For example the information recorded in the accident policy regarding the Reporting of Diseases and Dangerous Occurrence Regulations (RIDDOR) did not inform staff to report any RIDDOR related to patients to the Care Quality Commission.

Staff were not working in accordance with the practice's sharps policy and dental nurses were occasionally dismantling and disposing of used needs into sharps boxes.

The practice had clear lines of responsibility and accountability. The management team consisted of the principal dentist who was supported by a practice manager. The principal dentist's wife, who was also a registered dentist, also provided assistance at the practice when required.

Leadership, openness and transparency

Staff we spoke with told us that the culture of the practice was open and supportive. There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff were aware of who held lead roles within the practice such as complaints management, safeguarding and infection control. We were told that the practice manager held the majority of lead roles. Staff confirmed that the practice manager was always available to provide advice and support. Staff told us that they worked well as a team, provided support for each other and were praised by the management team for a job well done.

Staff told us that the principal dentist and practice manager were both approachable and helpful. They said that they were confident to raise issues or concerns and felt that they were listened to and issues were acted upon appropriately. We saw that practice meetings took place on a monthly basis. Staff said that if they were unable to attend the meeting they received a copy of the minutes and were briefed upon the discussions held. We look at the minutes of meetings held during 2016 and we noted that the minutes were extremely brief and mainly related to welcoming new staff and any changes at the practice.

The practice did not have any information on display regarding Duty of Candour. The practice manager provided us with this information during the inspection. Staff spoken with confirmed that they would always offer an apology to patients if there was a complaint, incident or accident.

Learning and improvement

We saw that the practice had a copy of the General Dental Council (GDC) Standards for the Dental Team. Staff we spoke with had a clear understanding of these standards.

Are services well-led?

The practice undertook both clinical and non-clinical audits such as; radiography which was completed on a six monthly basis with the last audit being completed on 25 September 2016, record keeping on 25 May 2016 and environment and cleaning, data protection, information technology which were all reviewed and updated on an annual basis. Infection control audits were completed on a six monthly basis with the last audit being completed on 2 February 2016. Action plans were recorded as required. We were shown a hand hygiene audit completed on 25 September 2015, the date of the next audit was recorded as March 2016 but this had not been completed.

There had been no patient or staff accidents at the practice since 2013. Information recorded in accident records was brief and did not detail any action taken or learning. We were told that accidents would be discussed privately with the staff member involved. This did not ensure that any learning was disseminated to all staff.

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). The practice manager monitored to ensure staff were up to date with their CPD requirements and staff said that support was provided to enable them to complete training required.

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

The practice had systems in place to seek and act on feedback from patients including those who had cause to complain. For example, satisfaction surveys, feedback forms, contact forms on the practice's website and the Friends and Family Test (FFT). The FFT test is a national programme to allow patients to provide feedback on the services provided.

Patients were able to contact the practice via their website to leave comments or ask questions. Satisfaction surveys were given to patients on a continual basis; the results were reviewed and correlated. We were shown some completed surveys. We were told that these were for 2016, although this was difficult to evidence as the surveys were not coded or dated. The surveys that we saw recorded positive feedback.

We looked at the FFT results for January, March, April and June 2016. All responses were extremely positive with the majority of respondents reporting that they were extremely likely to recommend the practice and the remaining stating that they were likely to recommend the practice to friends and family.

The practice manager told us that there was no formal method of feeding back the results from satisfaction surveys, FFT and suggestions. We were told that positive comments were included on the practice website.

Staff we spoke with told us that they felt supported and involved at the practice. Staff were given the opportunity to give feedback during the appraisal process, this included completion of a pre-appraisal questionnaire. Staff said that they were able to discuss issues such as training or any issues that affected their job satisfaction. We were told that the appraisal process for 2016 was overdue and appraisal meetings would normally be held in April each year. Staff said that they would not wait for the appraisal but would speak with the practice manager the principal dentist if they had any issues they wanted to discuss. We were told that the management team were open and approachable and always available to provide advice and guidance.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 Regulations 2014 Good governance</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Oak Tree Dental Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that issues identified in the practice's fire risk assessment had been addressed and had not implemented procedures to ensure that all fire safety equipment was serviced and checked to ensure that this equipment is in good working order.</p> <p>The provider was not always 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.</p> <p>The provider had not ensured that risks to the health and safety of people using the service had been mitigated by ensuring that staff training regarding basic life support was completed; or by having regard to the guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team regarding the provision of equipment and medicines to manage medical emergencies and systems to ensure these are checked.</p> <p>The provider had not implemented systems for the recording, investigating and reviewing accidents or significant events which would help to prevent further occurrences and, ensure that improvements are made as a result.</p>

This section is primarily information for the provider

Requirement notices

The practice were not giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The provider did not have all information available for staff in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulation 17(1)