

Rodericks Limited

# Mackworth Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 3 November 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**

Mackworth Dental practice was registered with the Care Quality Commission (CQC) in June 2011 to provide dental services to patients in the city of Derby and the surrounding areas. The practice provides both NHS and private dental treatment, with approximately 95% being NHS patients. Services provided include general dentistry, dental hygiene, teeth whitening, crowns and bridges, and root canal treatment.

The practice is open Monday to Friday from 8:30 am to 5:30 pm. Access for urgent treatment outside of opening hours is usually through the NHS 111 telephone line.

The practice has two dentists; one hygienist/ therapist; four dental nurses; and one practice manager. Dental nurses also work on reception.

The practice did not have a registered manager at the time of our inspection. The practice manager was in the process of applying to be the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received feedback from 20 patients about the services provided. We saw that feedback was wholly positive. Patients said they were very satisfied with the service

# Summary of findings

provided, and spoke positively about their experience at this dental practice. Patients said they were treated well, and that staff were friendly and approachable. Patients were able to ask questions, and the dentist explained the treatment options and costs.

## **Our key findings were:**

- The practice formally recorded 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.
- Patients provided positive feedback about the dental service.
- Patients said they were treated with dignity and respect.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- 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.
- Not all of the policies and procedures in use at the practice had been reviewed.
- Patients were involved in making decisions about their treatment
- Patients' notes did not always reflect the reason for and clarity of X-rays taken at the practice.
- Options for treatment were identified and explored and discussed with patients.
- Patients' confidentiality was maintained.

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

- Display the instructions for the use of sharps bins beside any sharps bin as detailed in Health and Safety (sharp instruments in healthcare) Regulations 2013.
- Review the clinical notes for patients' who have had radiographs to ensure that X-rays were graded, the views taken were recorded, and the justification for taking the X-ray and the clinical findings were clear.
- Review all policies and procedures at the practice to ensure staff have the latest and most up-to-date information and guidance.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

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

The practice had systems to record accidents and significant events and learning points were 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 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. However, the safeguarding vulnerable adults and children policy was in need of review.

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

Recruitment checks were 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 Department of Health guidance to ensure that patients were protected from 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. However, patients' notes did not always reflect the reason for taking the X-rays and the clinical findings were not always clear.

### **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 recalls, wisdom tooth removal and the use of antibiotics.

Dentists discussed the risk factors that could affect their oral health with patients.

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).

### **Are services caring?**

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

# Summary of findings

Staff protected patients' confidentiality.

Patients were treated with dignity and respect.

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.

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

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

The practice appointments system met patients' needs. Patients who were in pain or in need of urgent treatment were usually seen the same day.

The practice could 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 on the practice website.

## **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.

There was an annual programme of audits and review to follow.

Patients were able to express their views and comments in a variety of different ways, both in the practice and through the website.

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.

Not all policies and procedures at the practice had been reviewed or were up-to-date.

# Mackworth 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 3 November 2015. The inspection team consisted of one Care Quality Commission (CQC) inspector 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 seven 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, the practice manager, and two dental nurses. We reviewed policies, procedures and other documents. We received feedback from 20 patients about the dental service.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had procedures for investigating, responding to and learning from accidents, significant events and complaints. Documentation showed the last recorded accident had occurred in April 2015, this being when a patient became unwell in the surgery. Following any accident the staff member involved completed a reflective learning form. For example one of the accidents involved a dentist who suffered a needle stick injury. The reflective learning analysed why the needle stick injury occurred and what action could be taken in the future to prevent it happening again.

The practice kept a significant incident log; there were four recorded incidents in the last 12 months. We saw that significant incidents had been analysed, and a reflective learning plan produced. For example a patient collapsed in the practice and oxygen was administered. The learning plan focussed on had the correct procedures been followed and had staff reacted correctly.

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 were a standing agenda item, and discussed at every team meeting.

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. The most recent example had been information about E cigarettes and a possible risk of explosion from battery chargers. This information had been shared with all staff members.

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

The practice had a safeguarding vulnerable adults and children policy dated 1 February 2013. The policies identified how staff should respond to any safeguarding 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 behind reception and in the patient information file in the waiting room. The practice manager 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 training in safeguarding adults and children having completed the training between April 2015 and October 2015. 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. The policy identified that staff should 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 8 November 2015. 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 dentists were using rubber dams routinely when completing root canal treatments. 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

The dental practice had emergency medicines, portable suction and oxygen to deal with any medical emergencies that might occur. These were located in a secure central

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location upstairs in the practice. Discussions with staff showed they knew where the emergency equipment was located. 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.

Resuscitation Council UK guidelines suggest the minimum equipment required includes an AED and oxygen which should be immediately available. The practice had an automated external defibrillator (AED) and oxygen. 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, but this was now due for an update. We saw evidence that refresher training had been booked for 9 November 2015 for all staff.

Discussions with staff identified they understood what action to take in 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 if a patient collapsed in the practice. The significant incident log, had recorded that when a patient had collapsed in the practice, staff had responded appropriately.

## **Staff recruitment**

We saw there was a staff recruitment policy dated 10 February 2009. We looked at the personnel files for four 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, and in the records we sampled all had been completed within the last five years. 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 a health and safety policy which had been reviewed and updated 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: A waste management contract and policy for handling clinical waste and fire safety policies and procedures.

The practice had other specific policies and procedures to manage other identified risks. For example: local rules for the use of X-ray machines; legionella risk assessment and COSHH procedures. Records showed that fire detection and fire fighting equipment such as fire alarms and emergency lighting were regularly tested. The fire extinguishers had last been serviced in August 2015.

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

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

The practice manager had completed 'First aid at work level two' training. A copy of their first aid certificate was displayed in the patient information file in the waiting room. There was one first aid box at the practice, and we saw evidence the contents were being checked monthly to ensure the box was fully stocked and the contents were up-to-date. We found all of the contents to be within their use by date.

## **Infection control**

## Are services safe?

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 which had been updated on 8 March 2015. The policy described the procedure for cleaning and sterilising dental instruments. The practice had systems for testing and auditing the infection control procedures. Records showed staff training in infection control had been completed as part of dental nurses training and dentists continuing professional development (CPD).

An infection control audit had been completed in September 2015, and the records showed that six monthly audits were happening routinely. There were no action points arising from the last two audits.

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', and the practice were following the guidance. However, the regulations state the instructions for the use of the sharps bins should be displayed beside any sharps bin.

The dentists were using guard aids for re-sheathing syringe needles. This was in accordance with the sharps regulations 2013. Only the dentist handled contaminated sharps as a practice policy. This lowered the risks and avoided two handed re-sheathing of needles.

Cleaning equipment and materials were stored outside in a dedicated cleaning cupboard. Colour coded mops and buckets were stored individually and in line with the published guidance to avoid the risk of cross infection.

The practice had a clinical waste contract, and waste matter was collected on a regular two 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 dedicated decontamination room that had been organised in line with HTM 01-05. The decontamination room 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 heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). Dental instruments were cleaned manually by the dental nurses before being sterilised. 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 room for staff reference. The instruments were cleaned rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in an autoclave (a device for sterilising dental and medical instruments).

The practice had one steam autoclave. This were designed to sterilise non wrapped or solid instruments. At the completion of the sterilising process, instruments were dried, packaged, sealed, stored and dated with an expiry date.

We checked the equipment used for sterilising was maintained and serviced regularly in accordance with the manufacturer's instructions. There were daily records to demonstrate the equipment used in the decontamination processes was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

We saw that staff wore personal protective equipment when cleaning instruments and treating patients who used the service. This was as directed in the practice infection control policy and HTM 01-05.

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)



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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. A needle stick injury is a puncture wound similar to one received by pricking with a needle.

The practice had a policy for assessing the risks of legionella, this is a bacterium found in the environment which can contaminate water systems in buildings. An external company had completed a legionella risk assessment in April 2015. 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 was recording water temperatures regularly to monitor the risks associated with legionella.

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. A chemical called Alkazyme-W a concentrated liquid used for the continuous decontamination of dental unit water lines was used to reduce the risk of legionella bacterium developing in the water lines.

## Equipment and medicines

There was an equipment file which contained details of the maintenance, service and repair of all equipment within the dental practice. The 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 as been in September 2015. The gas boiler had undergone an annual safety check, and the practice had a Landlords gas safety certificate dated 25 November 2014.

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.

The practice had certificates to demonstrate that pressure vessels had been inspected and passed as safe. Pressure vessels include the practice compressor (for producing and storing compressed air for the dentist to use) and autoclaves. The certificates were dated 15 July 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.

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

Prescription pads at the practice were numbered and a log was kept. Numbered prescription pads were allocated to each named treatment room, and the prescription pads were stored securely when not in use.

## 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 2 April 2015.

The local rules identified the practice had two radiation protection supervisors (RPS) (the dentists) and a radiation protection advisor (RPA) (a company specialising in servicing and maintaining X-ray equipment). The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and by qualified staff only. The measures in place protected patients who required radiographs to be taken as part of their treatment.

To ensure the safety of staff and patients emergency cut-off switches for the X-ray machines were located away from the machines and were clearly labelled. Every room in which an X-ray machine was located had appropriate signage on the door, to inform that an X-ray machine was located within.

We discussed the use of radiographs with a dentist. This identified the practice of monitoring the quality of the radiograph images and there were records to demonstrate

## Are services safe?

this. The practice was using digital radiograph images; digital radiographs rely on lower doses of radiation, and do not require the chemicals to develop the images required with conventional radiographs. However, we noticed there was a mark on some radiograph images we viewed, suggesting the Phosphor-plate was scratched, and in need of replacing.

The local rules identified steps to be taken to protect patients during the X-ray process. 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. Patients' notes showed that information related to X-rays was recorded in line with current guidance from the Faculty of General Dental Practice (UK) (FGDP-UK). We saw that some recent patients' clinical notes identified that radiographs were not always graded, the views taken were not always recorded, and the justification for taking the radiograph and the clinical findings were not always clear. A radiography audit in April 2015 had not identified that there were any problems with the use of X-rays and taking of radiographs at the practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We reviewed the dental records for eight patients, the records contained information about the assessment, diagnosis, treatment and advice of dental healthcare professionals provided to patients. We found that an in depth and 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. For returning patients the medical history focussed on any changes to their medical status. The form used to record the information was signed by the patient and countersigned by the dentist after checking and confirming the information with the patient.

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

We saw that dentists 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 a 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. Every patient was given a written copy of their treatment plan to take home. Feedback from patients made specific reference to being involved in discussions about treatment options. Patients we saw 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.

Discussion 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 were following NICE guidelines in their treatment of patients.

We received feedback from 20 patients who said they were happy with the care and treatment they received. Feedback from several patients indicated that dental staff were approachable and patients were informed about treatment and were encouraged to ask questions.

The practice was latex free. A manager explained that with so many people allergic or potentially allergic to latex, a decision had been taken to be latex free to avoid any potential harm to patients.

### Health promotion & prevention

We saw a range of literature in the waiting room and reception area about the services offered at the practice. There were also leaflets about ways to improve patients' oral health, for example leaflets and posters about the benefits of flossing.

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. Patients' alcohol consumption was recorded as this could have an effect on their oral health.

Public Health England had produced an updated document in 2014: 'Delivering better oral health: an evidence based toolkit for prevention'. Following the guidance within this document would be evidence of up to date thinking in relation to oral healthcare. We saw a copy of this document in the practice, and discussion with the dentist showed they were aware of the Department of Health 'Delivering better oral health' document and used it in their practice.

### Staffing

The practice had two dentists, one hygienist, and four dental nurses, three of whom were trainee dental nurses; there was also a practice manager. Dental nurses also worked on reception. Prior to the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all qualified 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). Each dental professional had their own training file in which their CPD was recorded. 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 carried out annual appraisals, to appraise the performance of the staff. We saw evidence in four staff personal files that appraisals had been taking place. We also saw evidence of new members of staff having an induction programme.

The practice had systems and processes to deal with poor staff performance. This would be managed by the clinical director of the company and a clinical advisor for dentists. For dental nurses, dentists would be involved in providing information about the nurses' performance for review by a senior manager.

## **Working with other services**

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment in the practice. For example referral for sedation or orthodontic referrals for children. The practice also made referrals to the maxillofacial department usually at the Derby Royal hospital. This would possibly be for wisdom tooth removal that could not be managed within the practice, or a second opinion.

Information for patients about the specialist and referral centre was available in the practice and on the website. This included some of the reasons why a referral might be made.

We saw evidence that patients with suspected oral cancer were being referred to the Derby Royal hospital within the two week time frame for referring suspected cancer.

Following treatment by the 'other' dental professional(s) the practice monitored patients after their treatment. This was to ensure they had received satisfactory treatment and had the necessary after care after treatment at the practice.

The practice did not provide conscious sedation, and patients who required this service were referred to other practices that provided this. This would particularly apply to nervous patients who required sedation to help them relax.

## **Consent to care and treatment**

The practice had a consent policy to guide staff in issues relating to valid consent. The policy was last reviewed and updated on 1 February 2013. We saw evidence that patients were given treatment options and consent forms which they signed to signify their consent with the agreed treatment. For NHS patients this was through the standard FP17 DC form. This being the form all NHS patients' sign, being both the 'personal dental treatment plan' and the consent to treatment form.

Discussion 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.

The consent policy also made reference to the Mental Capacity Act 2005 (MCA). This would be relevant where a patient lacked capacity to give valid consent; for example a person with a profound learning disability or advanced dementia. 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 staff identified their awareness and understanding of the MCA.

We saw documentary evidence that the practice was auditing consent. The care records for 40 patients for each dentist were audited, to ensure that consent had been recorded, and that consent was valid.

# Are services caring?

## Our findings

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

During the inspection we took time to observe how the staff spoke with patients and whether patients were treated with dignity and respect. Our observations were positive, and we saw staff being polite, respectful and professional. Feedback about how the staff at the practice treated patients was wholly positive.

Reception staff told us that they were aware of the need for confidentiality when conversations were held in the reception area, particularly when other patients were present. They said that a private unused treatment room or the staff area upstairs were usually available if needed.

We observed a number of patients being spoken with by staff and found 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.

We received feedback from 20 patients. Half made specific comments about being treated with dignity and respect. Several patients spoke about the staff making patients feel at ease. There were also comments from patients saying they had been treated professionally and had received good dental care.

To help promote confidentiality the practice played music, which also had a calming effect on patients. The practice had both a performing rights licence (PPL) and a performing rights for music (PRS) licence.

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

We spoke with eight patients on the day of the inspection, and they spoke positively about the dental practice. They said they were very happy with the dental treatment they received, and they thought all the staff were very kind, caring and professional. Patients said that any treatment was explained clearly to them including the cost. Patients also said they felt involved in the decisions taken, and were able to ask questions and discuss with the dentists the treatment options.

Written feedback completed by patients included comments about how treatment was always explained in a way the patients could understand.

The practice website clearly described the range of services offered to patients. The practice offered both private and NHS treatments and both sets of costs were clearly displayed in the practice and on the website.

Dental care records we reviewed 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 always explained things clearly, and in a way that they could understand. Patients received a written 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. There was a sit and wait arrangement at both 8:30 am and 1:30 pm. This allowed patients to wait and be seen if, another patient did not turn up for their appointment, or if the dentist was ahead of time with appointments. The week before our inspection 23 patients did not turn up for appointments. The patients we spoke with said it was easy to get an appointment, and said they had no concerns with regard to appointments at the practice.

The practice used a text messaging service to remind patients of their appointment. The practice manager demonstrated that the system was working, and that text reminders had been sent.

New 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 dentists could respond to any changes in health status

### 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. An Equality Act (2010) access audit had been completed in May 2015. There was a ground floor treatment room available and level access from the street to the surgery. The practice had assisted toilet facilities for patients with restricted mobility. This included support bars, grab handles and an emergency pull cord.

At the time of our inspection the practice was having an extension built to the rear of the premises. The extension would provide a new assisted toilet (replacing the old one) and more space to manoeuvre wheelchairs downstairs.

The practice had good access to public transport, being situated on a bus route. Car parking was available on the street outside.

Staff members told us that longer appointment times were available for patients who required extra time or support, such as patients who were particularly nervous or anxious.

### Access to the service

The practice was open on:

Monday to Friday from 8:30 am to 5:30 pm. (closed for lunch between 12:30 pm and 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.

The practice had access to an interpreting service, both via the telephone and by booking interpreters in advance. This included interpreters who could communicate using British sign language for deaf patients.

### Concerns & complaints

The practice had a complaints procedure that explained the process to follow when making a complaint. Information was available within the practice and on the website, and included the other agencies the complainant might contact if they remained unsatisfied after the practice's response. This included the NHS Commissioning Board and The Health Service Commissioner (Ombudsman). 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 three 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. In all three cases the patient had been offered an apology for any discomfort, confusion or dissatisfaction they might have experienced.

Feedback received during the inspection reflected that patients were satisfied with the dental services provided.

# Are services well-led?

## Our findings

### Governance arrangements

We saw that audits were planned throughout the year. For example every three months the practice completed a Vital signs audit which considered clinical activity; record keeping had been audited in January 2015 and again in October 2015; Radiography (X-rays) were audited annually with a sample of 40 patients per dentist.

Regular monthly staff meetings were taking place and minutes of meetings were available for review. The staff had been surveyed with regard to the uniform, and minutes of staff meetings showed staff were involved in discussions at those meetings.

A number of policies and procedures had not been updated or reviewed for some considerable time. For example: the safeguarding vulnerable adults and children policy was dated 1 February 2013; the staff recruitment policy was dated 10 February 2009; and the consent policy 1 February 2013. These dates appeared to be the last time these policies were reviewed and updated. A manager told us that the policies were being updated, but these examples had not yet been completed. We saw other examples of policies which had been reviewed, which supported the view this was work in progress. For example: the health and safety policy in January 2015 and the infection control policy dated 8 March 2015. Policies and procedures provide staff with guidance and support; therefore it is important that they contain the latest and most up-to-date information.

### Leadership, openness and transparency

The practice was part of a larger corporate organisation with over 50 dental practices. There was a management structure above the practice offering support and leadership.

The practice manager had responsibility for the day to day running of the practice and was fully supported by the practice team. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns. The practice manager received regular management support from a regional manager. There was a clear management structure both within the practice and at a corporate level.

We saw minutes of meetings where information was shared and issues discussed. The practice had an annual audit plan to ensure that audits designed to monitor the quality of the service were happening regularly.

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. 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.

A review of the responses to patients concerns and complaints had been recorded, and showed an open approach. We saw three examples of correspondence to patients where the practice had apologised for any distress or concern caused.

Staff knew 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, which formed part of the staff handbook.

### Learning and improvement

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Documentation at the practice showed that training opportunities were available to all staff, and this was encouraged by the management team. Documents showed staff had good access to training, mostly in-house, but some external training too.

Staff training records identified that staff were receiving regular training opportunities. For example: staff files showed infection control training had been completed on 21 July 2015 and medical emergencies training on 21 June 2015.

The practice was located in a converted domestic dwelling on a large housing estate. As a result space within the practice was limited. To address this situation and make the experience better for patients and staff an extension was being built at the rear of the property. Building work was underway, and the plans identified that an extra

## Are services well-led?

treatment room would be created. There were plans to appoint an extra dentist in January 2016, which would allow the practice to see more patients and satisfy the demand.

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

The practice used the NHS Friends & Family comment box located in the waiting room to gather regular feedback from the patients. The responses within the boxes were analysed on a monthly basis. Since the Family & Friends test was introduced in April 2015 the practice has received between 10 and 20 responses per month. Analysis of the

Friends & Family information showed mostly positive comments. A poster in the waiting room identified what action the practice had taken in response to Family & Friends comments from patients.

The practice completed its own survey annually, with 40 patients selected at random for each dentist. The last patient survey had been completed in December 2014. We saw that the results had been analysed and fed back to staff in a team meeting. Improvements were made where appropriate.

There was the facility on the website for patients to provide further feedback to the practice. However, staff said that patients had so far, failed to use this.