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Goldthorn Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 30 January 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Goldthorn Dental Practice has five dentists who work part-time (including the principal dentists), a part-time

dental therapist, three qualified dental nurses who are registered with the General Dental Council (GDC), two trainee dental nurses and a receptionist (who is also a registered dental nurse). The practice's opening hours are 9am to 5pm on Monday to Friday.

Goldthorn Dental Practice provides mainly NHS dental treatments to patients of all ages but also offers private treatment options. The practice has two dental treatment rooms on the ground floor and two on the first floor. Sterilisation and packing of dental instruments takes place in two separate decontamination rooms; one on the ground and one on the first floor. There is a reception with adjoining waiting area on the ground floor and a separate reception and waiting area on the first 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. We received comments from 29 patients by way of these comment cards.

Our key findings were

- Systems were in place for the recording and learning from significant events and accidents although records seen were not always fully completed.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients were treated with dignity and respect.
- The practice was visibly clean and well maintained.

Summary of findings

- Infection control procedures were in place and staff had access to personal protective equipment such as gloves and aprons.
- There was appropriate equipment for staff to undertake their duties, although autoclaves used in the decontamination process were overdue for their annual service.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- Staff had been trained to deal with medical emergencies and the provider had emergency equipment in line with the Resuscitation Council (UK) guidelines. However staff were not recording checks made on the automated external defibrillator to demonstrate that it was available for use in good working order. We were told that these checks would be implemented immediately.
- Local rules were available in all of the treatment rooms where X-ray machines were located and records were available to demonstrate that testing of X-ray equipment had been completed as required.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- Governance systems were in place although some shortfalls were identified during this inspection. For example not all actions identified in the fire risk assessment had been addressed and although the practice had policies in place not all were dated or contained a date of review so the practice were unable to demonstrate that these contained the most up to date information.
- Staff told us that there were clearly defined leadership roles within the practice they felt supported, involved and they all worked as a team.

There were areas where the provider could make improvements and should

- Review the systems in place for the recording, investigating and reviewing of accidents or significant events.
- Review systems in place for the undertaking of regular servicing and maintenance of equipment used in decontamination procedures and provision of up to date service level agreements regarding this equipment.
- Review the practice's systems for assessment of risk, providing evidence of action taken to identify any risks identified. For example the fire risk assessment.
- Review systems to ensure that patient care records kept during domiciliary visits record the required information including patients' medical history; consent and ensuring that treatment plans were available.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review the practice's responsibilities to the needs of people with a disability and the requirements of the Equality Act 2010 and ensure an access audit is undertaken for the premises.
- Review audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.
- Review the systems in place for review of policies and procedures and provide evidence that those available at the practice are kept under regular review.

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 events and accidents although staff had not completed accident forms with all required information and documentary evidence that learning from incidents or accidents was recorded or discussed with staff was not always available.

Emergency medical equipment was available on the premises in accordance with the Resuscitation Council UK guidelines and staff had undertaken training regarding basic life support. However staff were not recording checks made on the automated external defibrillator to demonstrate that it was available for use in good working order. We were told that this would be addressed immediately.

Decontamination procedures were effective and staff had completed infection prevention and control training. The equipment involved in the decontamination process was overdue for service and the service level agreement with the company who completed the checks on this machinery had lapsed.

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. Referrals were made to secondary care services if the treatment required was not provided by the practice.

Records did not demonstrate that on each occasion 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 saw did not demonstrate that all of the dentists were following the guidance from the Faculty of General Dental Practice (FGDP) regarding record keeping.

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.

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



Are services caring?

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

We observed the staff to be welcoming and caring towards the patients. Staff treated patients with kindness and respect and they were aware of the importance of confidentiality. Patients' privacy and confidentiality was maintained on the day of the inspection.

No action



Summary of findings

We received feedback from 29 patients who commented that staff were friendly and helpful. Patients also commented that the staff were polite, caring and always tried to accommodate their needs when booking appointments.

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. Level access was provided into the building for patients with mobility difficulties and families with prams and pushchairs. However, there was not a toilet available which had been adapted to meet the needs of patients with a disability and no hearing loop for patients who were hearing impaired and used a hearing aid.

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. There were clear instructions for patients requiring urgent care when the practice was closed.

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

No action



Are services well-led?

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

The practice had policies and protocols in place to assist in the smooth running of the service, however not all policies contained a date of review.

Not all of the audits seen recorded action plans or follow up action, discussions held or learning outcomes.

There was a clearly defined management structure in place. Staff said that they felt well supported and could raise any issues or concerns with the clinical lead.

Annual appraisal meetings took place and staff said that they were encouraged to undertake training to maintain their professional development skills. Staff told us that the culture within the practice was open and transparent.

No action



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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 30 January 2017 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. 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 although records seen did not demonstrate that staff were always correctly recording information. We were shown the practice's accident book which recorded details of all accidents that had occurred since July 2012. We saw that seven accidents had occurred since 29 April 2015 with the last accident recorded on 11 July 2016. We identified some shortfalls in the recording of accidents, for example not all accident records had been fully completed and we saw that details of the person completing the form or the person who had the accident were not always recorded. Other accident records did not contain sufficient detail. For example the 'recommendations to avoid similar accidents occurring' was not always completed and there was no information regarding follow up action or learning from the accident.

The clinical lead was the lead for accident and incident reporting. This person was able to discuss in detail all actions taken following accidents and confirmed that systems were being implemented to ensure that all accidents were reported to the lead to ensure correct information was recorded including details of follow up action.

Systems were in place to report significant events and information and guidance for staff was kept in a significant events folder. Information regarding the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) regulations and RIDDOR reporting forms were also available. We saw that seven significant events had been recorded during 2015/16, including an incident reported under RIDDOR. Staff were encouraged to report events and those spoken with were aware who to report incidents and accidents to within the practice. We discussed two incidents with the clinical lead one which could have potentially been reported under RIDDOR and another regarding a computer server failure which had not been recorded as a significant event. The clinical lead confirmed that they had given consideration as to whether or not these incidents required reporting and had decided that they did not.

Staff we spoke with confirmed that incidents and accidents were discussed during informal meetings. The clinical lead

confirmed that they would not necessarily wait until the next practice meeting to discuss incidents or accidents but confirmed that minutes were not always recorded at informal meetings. The practice meeting minutes that we saw did not demonstrate that incidents and accidents were discussed with staff.

The clinical lead was able to discuss changes in working practices that had been implemented following accidents and events at the practice. For example the introduction of safer sharps and the use of 'caution wet floor' signage following an accident involving a staff member slipping on the floor.

The practice had an incident policy dated November 2015 which included information regarding the action staff should take in the event of an incident or near miss.

We discussed national patient safety and medicines alerts with the clinical lead. We were told that these were received by the clinical lead and the receptionist via email. Information was passed to each dentist who confirmed whether or not the alert related to medicines or equipment in use at the practice. All information was recorded on a spreadsheet and a hard copy of each alert printed off and kept in a file which was kept in the office and available to all staff.

The practice had not developed a Duty of Candour policy, although the clinical lead confirmed that this had recently been discussed with the principal dentist and they were aware that this policy was to be developed. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity]. Documentation we were shown regarding complaints and incidents demonstrated that staff were following the principles of candour.

Reliable safety systems and processes (including safeguarding)

The practice had a policy in place regarding child protection and a separate safeguarding vulnerable adults policy which was dated November 2015. Contact details for Wolverhampton Safeguarding; the local organisation responsible for child protection and adult safeguarding investigations were available. We were told that one of the principal dentists was the safeguarding lead, although this



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was not recorded on the policy. Staff spoken with said that they would speak with the clinical lead or one of the principal dentists for advice or to report suspicions of abuse. We were told that there had been no safeguarding issues to report.

Staff had signed documentation to confirm that they had read and understood the practice's safeguarding policies and we were told that staff had completed safeguarding training at the appropriate level. On-line training was available to all staff and we saw training certificates in the recruitment files that we were shown to demonstrate training undertaken.

The practice had an up to date (expires August 2017) Employers' liability insurance certificate on display in the ground floor waiting room. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

We discussed sharps injuries with the clinical lead and we looked at the practice's sharps policies. We were told that there had been sharps injuries at the practice previously which had resulted in the practice changing to the use of safer sharps. Dentists took responsibility for disposal of sharps.

Sharps information was on display in treatment rooms and other locations where sharps bins were located. Sharps bins were stored in appropriate locations which were out of the reach of children. We found that the practice was complying with the Health and Safety (Sharp instruments in healthcare) Regulations 2013.

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, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how[SD1] the patient's safety was assured)[NT2]. Patients could be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

Medical emergencies

There were systems in place to manage medical emergencies at the practice. Staff had received annual training in basic life support in September 2016.

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. We saw records to demonstrate that checks were made on emergency oxygen on a daily basis to ensure that it was in good working order but staff were not recording checks made of the AED. The clinical lead told us that they would ensure that this check was undertaken and recorded on a daily basis.

Emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice were available. All emergency medicines were appropriately stored and we were told that these were checked on a weekly basis to ensure they were within date for safe use. We saw that the arrangements for dealing with medical emergencies were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF).

We saw that a first aid kit was available which contained equipment for use in treating minor injuries.

Staff recruitment

We discussed the recruitment of staff and were shown staff recruitment files. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all recruitment 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 and a Disclosure and Barring Service (DBS) check (or a risk assessment if a DBS was not needed). We looked at five staff recruitment files and saw that the information required was available. A standard layout was used in each file for ease of access to information. We were told that a human resources manager was responsible for staff recruitment and ensuring the required pre-employment information was available and employment procedures followed. We were shown the practice's recruitment policy which described the process to follow when employing new staff. This policy was dated November 2015.



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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.

Monitoring health & safety and responding to risks

The practice had some arrangements in place to monitor health and safety and deal with foreseeable emergencies. We saw that the practice had developed a health and safety file containing various pieces of information such as health and safety law information, first aid at work and the accident policy. The practice's health and safety policy did not record a date of implementation or review. One of the principal dentists was the named lead regarding health and safety. All staff spoken with said that they could speak with either of the principal dentists or the clinical lead for health and safety advice if required. Staff had signed documentation to confirm that they had read and understood the health and safety policy. A health and safety poster was on display in the ground floor corridor by the dental treatment rooms.

We saw that some risk assessments had been completed. For example, we saw risk assessments for fire, radiation, sharps injury, and trainee dental nurses.

We discussed fire safety with the clinical lead and looked at the practice's fire risk assessment which had been completed on 12 October 2016. Various issues for action had been identified in the fire risk assessment. The clinical lead showed us quotations for works to be completed at the practice which would address some of the issues identified. However the fitting of emergency lighting and fixed wire electrical testing was not included in this quotation and we were not shown evidence to demonstrate any action planned or taken. We were also told that fire drills had not taken place recently at the practice. The fire risk assessment identified the need for staff to undertake six monthly fire drills.

We saw evidence to demonstrate that staff had undertaken fire safety training and records seen confirmed that a member of staff was completing weekly checks on fire extinguishers, the fire alarm, fire point and smoke detectors.

A certificate of fire maintenance dated June 2016 evidenced that fire extinguishers, heat, smoke detectors and call points had been subject to routine maintenance by external professionals.

We looked at the practice's COSHH file; details of all substances used at the practice which may pose a risk to health were recorded in alphabetical order this file. A dental nurse took responsibility for reviewing the file on a six monthly basis to ensure all information regarding products in use at the practice was up to date.

Infection control

As part of our inspection we conducted a tour of the practice we saw that the dental treatment rooms, waiting areas, reception and toilet were visibly clean, tidy and uncluttered. Records of start-up and close down cleaning procedures were recorded and signed on a daily basis. A cleaner was employed and responsible for cleaning of non-clinical areas.

Infection prevention and control policies and procedures had been developed to keep patients safe. These had been reviewed on an annual basis. Practice staff had completed infection control training on 10 December 2014 and further training had been booked for all staff for March 2017. We saw evidence that staff had also completed training individually via journals and on-line courses.

Infection prevention and control audits were completed on a six monthly basis with the date of the last audit being September 2016. We looked at some of the recent audits and saw that outcomes, improvements and action plans were recorded.

Staff had access to supplies of personal protective equipment (PPE) for themselves and for patients. Staff uniforms ensured that staff member's arms were bare below the elbow. Bare below the elbow working aims to improve the effectiveness of hand hygiene performed by health care workers.

We looked at the procedures in place for the decontamination of used dental instruments. Decontamination of used dental instruments took place in a separate decontamination room which had clearly identified zones in operation to reduce the risk of cross contamination. A dental nurse showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments. There was a clear flow



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of instruments through the dirty zone to the clean area. Staff wore PPE during the process to protect themselves from injury which included gloves, aprons and protective eye wear. We found that instruments were manually cleaned, inspected under an illuminated magnifier and then sterilised in an autoclave. Following sterilisation instruments were placed into a clean box and taken to the treatment room to be used on the day. Any that were unused were returned to the decontamination room at the end of the day to be pouched, date stamped and returned to the treatment room. We saw that washer disinfectors were available for use but we were told that these were not used currently due to time constraints.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines. A risk assessment regarding Legionella had been carried out by an external agency on 3 June 2014. We were shown a diary entry which recorded that a further legionella risk assessment had been booked to be carried out on 3 February 2017.

The practice had a waste contractor in place to dispose of hazardous waste. We looked at waste transfer notices and the storage areas for clinical and municipal waste. Clinical waste was securely stored in an area that was not accessible to patients. The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health.

Equipment and medicines

The practice had maintenance contracts for essential equipment and records seen demonstrated the dates on which the equipment had recently been serviced. For example fire safety equipment had been serviced in June 2016, X-ray units in January 2016, washer disinfectors in May 2016 and compressors in December 2016.

We discussed the servicing and maintenance of the equipment used in the decontamination process. We were told that the practice was going to purchase a new autoclave. We saw that the service agreement for the autoclaves had expired in November 2016. The practice had two autoclaves which were last serviced on 16

December 2015. Records seen demonstrated that staff were undertaking the required tests in accordance with the manufacturer's instructions to demonstrate that this equipment was functioning correctly.

All portable electrical appliances at the practice had received an annual portable appliance test on 22 June 2016. All electrical equipment tested was listed with details of whether the equipment had passed or failed the test.

We saw that one of the emergency medicines (Glucagon) was being stored in the emergency medical kit. Glucagon is an emergency medicine used to treat people with diabetes who have low blood sugar. This medicine can be either stored in a refrigerator or at room temperature. If stored at room temperature the use by date should be reduced. The practice Glucagon was stored at room temperature but had not had its expiry date shortened. The clinical lead ordered a new supply of Glucagon during the inspection and confirmed that the correct expiry date would be recorded and its expiry date logged.

Sedation took place at the practice during pre-booked clinics on a Saturday morning. We discussed sedation with the clinical lead and principal dentist. We were told that any medicines used during the sedation process were not kept on site. These were stored at the 'sister practice' which was also owned by the principal dentist. Any unused medicines would be returned to the sister practice. We were shown the box used to store medicines and equipment used during the sedation process. We saw that all equipment and medicines were within their expiry date. Folders were available which recorded information regarding sedation. We saw that information regarding any medicines used including the date ordered, received, expiry date and any batch numbers were recorded.

Prescription pads were securely stored and a log of each prescription issued was kept on the practice's computer.

Dentists from this practice undertook domiciliary visits to a local residential care home. We discussed domiciliary visits with staff. A dentist and a dental nurse undertook these visits taking with them a 'domiciliary box' which contained equipment for use including emergency medical equipment. We were shown the domiciliary box and saw that local anaesthetic in this box had passed its expiry date. We saw that the risk of contaminating pressure swabs was increased as they were stored together. Therefore when removing one swab there was the potential to contaminate



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all others. A record was kept of all instruments taken from the practice which was signed upon removal and return of the instruments. Dental impressions were stored and logged correctly. The clinical lead confirmed that they would develop a domiciliary box check sheet which included expiry dates for medicines to ensure that items did not pass their expiry date.

Radiography (X-rays)

We were shown the practices radiological protection file. This contained information regarding X-ray sets at the practice and the name of the Radiation Protection Advisor (RPA) and the Radiation Protection Supervisor (RPS). These had been appointed to ensure equipment was operated safely and by qualified staff only. The principal dentist was the RPS and an external company had been contracted to provide RPA services.

The practice had one intra-oral X-ray set which had a rectangular collimator fitted. Intra-oral X-rays take an image of a few teeth at a time and rectangular collimators reduce the amount of radiation to the patient by decreasing the amount of radiation scatter. There was also one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the entire jaw.

We saw that the practice had notified the Health and Safety Executive in April 2013 that they were planning to carry out work with ionising radiation. Local rules were available in each of the treatment rooms where X-ray machines were located for all staff to reference if needed.

Copies of the maintenance logs for each of the X-ray sets were available for review. The maintenance logs were within the current recommended interval of three years. Critical examination packs for each of the X-ray sets were also available.

Records seen did not demonstrate that on each occasion 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 saw did not demonstrate that all of the dentists were following the guidance from the Faculty of General Dental Practice (FGDP) regarding record keeping.

We saw the most recent X-ray audit completed in January to April 2016. Issues for action were identified as a number of X-rays had been identified as ungraded. We noted that there had been no follow up audit although issues had been identified. During the inspection we were shown details of the number of X-rays taken during January 2017 and the percentage of these that had not been graded had increased. We were shown patient notes to evidence our discussions and we saw that not all patient notes seen recorded the grade of the X-ray. The practice were not using audits to help identify that best practice is being followed by each dentist and highlight improvements needed to address shortfalls in the delivery of care for each individual dental clinician at the practice.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We discussed patient care with three dentists, including the principal dentist and we were shown dental care records to illustrate our findings.

The practice kept up to date dental care records. We were told that following discussions and update of medical history records an examination of the patient's teeth, gums and soft tissues was completed in line with recognised guidance from the Faculty of General Dental Practice (FGDP). During this assessment dentists looked for any signs of mouth cancer. Detailed records were kept which included details of the condition of the teeth and the gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). Scores over a certain amount would trigger further, more detailed testing and treatment. Following the clinical assessment the diagnosis was discussed and treatment options explained in detail. Patients were given written treatment plans and were given the option to go away and think about treatment before any agreement was reached to continue. The dentist told us that where relevant, preventative dental information was given in order to improve the outcome for the patient.

We saw that patients were requested to complete medical history records every six months and verbal updates were recorded if patients attended the practice in-between times. This ensured that the dentist was kept informed of any changes to the patient's general health which may have an impact on treatment.

The dentists used the National Institute for Health and Care Excellence (NICE) guidance to determine a suitable recall interval for the patients. This takes into account risk factors such as diet, oral cancer, tooth wear, dental decay, gum disease and patient motivation to maintain oral health into consideration to determine the likelihood of patients experiencing dental disease. Patients could be referred to the dental therapist if required.

Patient records we were shown regarding domiciliary visits undertaken were not robust, for example medical history was not always recorded as being checked, consent and treatment plans were not always available and records were not always signed.

The practice completed a sedation log for each sedated patient. The clinical lead told us that these records were now being completed on the practice's computer system and detailed notes were kept. We reviewed two patient records to illustrate our discussions and we saw that these records were robust.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. High concentration fluoride was prescribed for adults as required.

Medical history forms completed by patients included questions about smoking and alcohol consumption. A dental nurse explained that new patients initially completed and signed a paper copy record regarding their medical history; a new medical history was recorded every six months, if patients attended the practice in-between this a verbal check was made and records updated if necessary. The dental nurse explained that patients were given advice appropriate to their individual needs such as the effects of diet, smoking and alcohol on oral health and hygiene.

Oral health information was on display in the waiting room. For example the Patient's guide to good oral health was available for patients to read.

Free samples of toothpaste, mouthwash and toothbrushes were available in the treatment rooms and we were told that patients were given advice if required regarding oral hygiene products to use. During appointments the dentist and dental nurse explained tooth brushing and interdental cleaning techniques to patients. We were told that patients were asked to demonstrate to the dentist how they brushed their teeth using a disposable tooth brush. Advice was given as necessary to patients and we were told that patients could be referred to the dental therapist if required.

Staffing

Practice staff included five dentists who worked part-time (including the principal dentists), a part-time dental



Are services effective?

(for example, treatment is effective)

therapist, three qualified dental nurses who are registered with the General Dental Council (GDC), two trainee dental nurses and a receptionist (who is also a registered dental nurse).

There were enough staff to support dentists during patient treatment. We were told that all dentists and the dental therapist worked with a dental nurse. The practice planned for staff absences to ensure the service was uninterrupted. There were enough dental nurses to provide cover during times of annual leave or unexpected sick leave. We were told that staff from another practice owned by the principal dentists would provide cover as necessary and a member of staff who had previously worked at the practice provided support occasionally.

We discussed staff training with the clinical lead and with a dental nurse. Training was provided to staff via attendance at courses and on-line training. We saw evidence to demonstrate that staff had undertaken core continuous professional development (CPD) training such as safeguarding (including mental capacity), infection control and basic life support. CPD is a compulsory requirement of registration as a general dental professional. Staff had also completed training in other specific dental topics such as decontamination, radiography and impression taking. Staff spoken with said that they received all necessary training to enable them to perform their job confidently and were able to ask for help and advice as required. The clinical lead confirmed that in-house training was to be introduced on a more regular basis during 2017.

Records seen confirmed that professional registration with the GDC was up to date for all relevant staff and monitoring systems were in place to ensure staff maintained this registration.

Appraisal systems were in place and staff spoken with confirmed that appraisal meetings were held on an annual basis. The clinical lead discussed appraisal processes which included the use of pre-appraisal documentation to enable staff to self-reflect on working practices and dentists to record their views of the staff member's performance. The human resource manager and clinical lead were responsible for appraisal systems. Staff said that appraisal meetings were used to discuss working practices and any issues or concerns. We saw that objectives were set for staff each year. The clinical lead confirmed that they monitored objectives and provided support to staff to enable them to meet their objectives.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves. For example referrals were made for patients who required, oral medicines and community services. Referral letters were comprehensive to ensure the specialist service had all the relevant information required.

Consent to care and treatment

The practice had developed a consent policy which had been reviewed on an annual basis; reference was made to the Mental Capacity Act 2005 (MCA) in this policy. The 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. We saw that contact details were available should staff have any Mental Capacity Act (MCA) queries. Information regarding the MCA was available to staff including details of the five principles that underpin the MCA, a copy of the MCA summary and a MCA assessment checklist. Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment. Staff told us that they felt supported in this regard.

Dentists we spoke with described to us the process they used to ensure they had obtained full, valid and educated consent. We were told about the role family members and carers might have in supporting the patient to understand and make decisions. This particularly related to the domiciliary visits undertaken by the practice to a local care home.

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. The dentists described to us how valid consent was obtained for all care and treatment and the dentists were familiar with the concept of Gillick competency and clear about involving children in decision making and ensuring their wishes were respected regarding treatment. Gillick competency assesses 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 practice had information for staff regarding consent to treatment for children and young people.



Are services effective?

(for example, treatment is effective)

A written treatment plan which outlined the treatment was produced for all patients to consider before starting treatment. We were told that individual treatment options,

risks, benefits and costs were discussed with each patient. Patient care records we were shown contained records of detailed discussions held with patients and there was evidence that consent was obtained.



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. Treatment rooms were situated off the waiting area. We saw that doors were closed at all times when patients were with the dentist. Music was played in the waiting area; this helped to distract anxious patients. Staff said that they could speak to patients in the office or the X-ray room if patients needed to speak with staff in private.

The practice did not keep paper records, reducing the opportunity for confidential information to be overseen. Computers were password protected and regularly backed up to secure storage. If computers were ever left unattended 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.

We observed staff were friendly, helpful, discreet and respectful to patients when interacting with them on the telephone and in the reception area. Patients provided overwhelmingly positive feedback about the practice on comment cards which were completed prior to our inspection. Comment cards recorded that anxious patients were made to feel relaxed and at ease.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. We were told that staff took their time to fully explain treatment, options, risks and fees. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them.

Information about NHS and private costs was available in the waiting area for patients to review.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

At the time of our inspection the practice was taking on new NHS patients and a new patient appointment could be secured within a week of the initial contact. We discussed appointment times and scheduling of appointments. We were told that there was a longer wait for appointments after 4pm which was the busiest time at the practice. On the day of inspection the next available appointment at 4pm or later was 22 February 2017. However, we were shown a short notice cancellation list and we observed the receptionist offering to include patients on this list. This enabled patients to secure an earlier appointment at short notice should a cancellation occur. Feedback from patients indicated that the practice made every effort to secure an appointment at a time and day that was convenient.

We found that patients were given adequate time slots for appointments of varying complexity of treatment. Vacant appointment slots would be used to accommodate urgent appointments. Once vacant appointments were filled patients were asked to visit the practice and were told that they would have to sit and wait to see the dentist.

Tackling inequity and promoting equality

We spoke with the newly employed receptionist about communication with patients who had hearing impairments. We were told the contact details for British sign language interpreters would be obtained and sign language interpreters would be used as needed. The practice however did not have a hearing induction loop for use by people who used hearing aids.

We asked about communication with patients who could not speak or understand English. We were told that approximately 50% of patients did not have English as a first language. Three staff at the practice (including the receptionist) were able to communicate with staff who spoke Punjabi, Hindi and Urdu. The receptionist had only been in employment at the practice for over a month and said that during this time they had not required the use of a translation service although contact details were available if this service was required.

This practice was suitable for wheelchair users, having ground floor treatment rooms with ramped access to the front of the building. However the patient toilet had not

been adapted to meet the needs of patients with a disability and there were no grab rails by the ramped access to the building. [NT1]The practice website did not give information about the facilities available at the practice.

Access to the service

The practice was open from 9am to 5pm on Monday to Friday. The opening hours were on the practice's website and on the practice leaflet.

When the practice was closed during the evening, weekends and bank holidays a telephone answering machine informed patients of the practice's opening hours and also gave emergency contact details for patients with dental pain.

Patients were able to make appointments over the telephone or in person. The appointment system enabled patients in pain to be seen in a timely manner. Feedback received from patients on comment cards was that patients are not kept waiting to see the dentist and that they receive an appointment at a time that suited them.

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. This policy was implemented on 1 June 2011 and had been reviewed annually with the date of last review being January 2017. The policy recorded contact details such as NHS complaints and the General Dental Council. This enabled patients to contact these bodies if they were not satisfied with the outcome of the investigation conducted by the practice. Patients were given information on how to make a complaint. We saw that a copy of the complaints policy was available in the patient information folder which was kept in the waiting area.

The clinical lead was the complaints manager. Staff we spoke with told us that they would record details of any complaints received, initially offer an apology and pass details of the concerns to the clinical lead who would make contact with the complainant and offer a face to face meeting with them. Staff said that they aimed to resolve all complaints immediately wherever possible. We saw that a monthly log was available to record any complaints received.



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

The practice recorded details of all complaints received whether verbal or written. We saw that three complaints had been received during 2016 and two during 2017. Details of the complaint, correspondence and any action taken were recorded on the complaint file.

As part of induction training all staff read the practice's complaints policy and signed to confirm that they had read and understood this document.

Staff we spoke with were aware of their responsibilities regarding 'Duty of Candour'. The practice had not developed a policy regarding Duty of Candour but the clinical lead confirmed that discussions had been held with a view to implementing a policy. Documentation we were shown regarding complaints and incidents demonstrated that staff were following the principles of candour.



Are services well-led?

Our findings

Governance arrangements

This dental practice was owned and run by two dentists, both working at the practice on a part time basis. The principal dentists were in charge of the day to day running of the service with support provided by the clinical lead. Staff spoken with felt supported and were aware of their roles and responsibilities and who to go to within the practice for help, advice and support.

The practice had policies and procedures in place to support the management of the service, and these were readily available for staff to reference. Staff had signed documentation by each policy to confirm that they had read and understood the policy. However, not all of the policies that we were shown recorded a date of implementation or review. It was therefore difficult to identify if the practice were working to the most up to date information.

Leadership, openness and transparency

Staff told us that they worked well as a team and provided support for each other. We were told that the clinical lead was always available to provide advice and support. Practice meetings took place on a monthly basis and we saw that the dates of these meetings were on display in the office. Staff were able to include items to be discussed on the agenda for these meetings. A copy of the minutes of practice meetings were kept in a file in the office which was easily accessible to staff. The clinical lead told us that informal 'huddle' meetings had previously been held on a weekly basis although these had not been held quite so frequently recently. We were told that these meetings would be held more frequently during 2017. Staff spoken with said that these meetings were invaluable as they were able to speak freely, ask advice and discuss issues and any changes at the practice.

Staff told us that the clinical lead would be their first point of contact but also that all of the dentists were 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. Complaints systems encouraged candour, openness and honesty. Staff were aware of their responsibilities regarding

Duty of candour. Staff confirmed that openness was encouraged and they would not hesitate in reporting poor practice or discussing issues of concern with the management team.

Learning and improvement

The practice had some systems in place to audit quality and safety. Risk assessments had been completed regarding fire, radiation, sharps and trainee dental nurses. Although we identified that not all issues identified in the practice's fire risk assessment had been addressed.

The practice had an audit file which recorded the audit requirements and frequency. For example the practice were to complete annual record keeping, radiography, consent, cross infection and patient survey. We were shown the cross infection, waiting time and radiography audits. Not all audits seen recorded details of any action taken, discussions held or learning outcomes. For example the X-ray audit for January to April 2016 identified a number of X-rays were ungraded. There had been no follow up audit or details of action taken recorded although issues for action had been identified. On the day of inspection the clinical lead reviewed the percentage of X-rays that were ungraded for January 2017 and identified that there had been a further increase in numbers. On this occasion, the practice were not using the audit to help identify that best practice was being followed by each dentist and to highlight improvements needed to address shortfalls in the delivery of care for each individual dental clinician at the practice.

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). The clinical lead had introduced a system of monitoring to ensure staff were up to date with their CPD requirements and confirmed that support was provided to staff as needed.

Annual appraisal meetings were held and objectives set which were monitored to ensure staff met their objectives.

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. We were told that either the Friends and Family Test (FFT) or a comments book was available to capture feedback from patients.



Are services well-led?

The FFT which is a national programme to allow patients to provide feedback on the services provided. We looked at the results of the FFT for July to December 2016. We saw that 11 FFT responses had been received in July, two in August and 93 in December 2016. The results of the December 2016 FFT showed that 61% of patients were extremely likely to recommend the dental practice and 38% were likely.

Staff spoken with told us that any patient feedback was always discussed during informal practice meetings.

Staff said that they would speak with the clinical lead or the principal dentist if they had any issues they wanted to discuss. We were told that the clinical lead was approachable and always available to provide advice and guidance.