

Andrew Morgan and Anushika Brogan

Mr Andrew David Morgan - Maidenhead (Known locally as Damira Maidenhead)

Inspection Report

91 Queen Street
Maidenhead
Berkshire
SL6 1LR
Tel: 01628 540058
Website: www.damiradental.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 14 March 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Mr Andrew David Morgan – Maidenhead (known locally as Damira Maidenhead) is a dental practice offering NHS and private dental treatment to adults and children, in a town center location. Maidenhead is a large town in Berkshire. The practice provides primary dental care services for people who require dental procedures. There are four dental treatment rooms two of which are situated on the ground floor and two on the first floor.

The staff structure consists of four dentists, two dental nurses, four dental nurse trainees and one practice manager. The team were supported by an area manager, operations manager and clinical director/registered provider. The practice is part of a larger corporate group.

The practice is open on Monday to Friday from 8am to 5pm. There was an answer phone message directing

Summary of findings

patients to emergency contact numbers when the practice is closed. Emergency treatment contact information was also available on the practice and NHS choices websites.

The practice partner/provider is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

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

We obtained the feedback of nine patients on the day of our inspection and 25 who completed comment cards. All patients and comment cards were positive about the care they received from the practice. They were complimentary about the friendly, professional and caring attitude of the dental staff and the dental treatment they had received.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- There was a lead staff member for safeguarding patients. All staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients indicated that they felt they were listened to and that they received good care from the practice team.
- The practice had implemented procedures for managing comments, concerns or complaints.
- Patients could access treatment and urgent and emergency care when required.
- Patients could book appointments up to 12 months in advance.

- The provider had a clear vision for the practice and staff told us they were supported by the practice managers and clinical director/provider.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Staff received training appropriate to their roles and were supported in their continued professional development by the practice managers and clinical director/provider.
- Staff we spoke to felt supported by the practice managers and clinical director/provider and were committed to providing a quality service to their patients.

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

- Review the storage of dental care records to ensure they are stored securely and safely.
- Review the training, learning and development needs of staff members and have an effective process established for the on-going assessment and recording of staff training.
- Review stocks of medicines and the system for identifying and disposing of out-of-date stock.
- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the practice's audit protocols for radiography to help improve the quality of service. The practice should also check audits have been completed satisfactorily with documented learning points and that resulting improvements can be demonstrated.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.

Summary of findings

- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the current legionella risk assessment and implement the required actions including the application of water line treatment products, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.

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 in place to minimise the risks associated with providing dental services. The practice had policies and protocols, which staff were following, for the management of medical emergencies. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. However we were shown dental care records which did not record why patient protective equipment could not be used with patients during treatment.

The practice used an external contractor to assist with compliance with the legal obligations for radiation (X rays).

We saw that archived dental care records were not stored safely or securely.

The practice medical emergencies equipment were located in an organised way to ensure that the equipment was readily available to staff in an emergency.

We noted out of date medical stock and unsterilised equipment in a surgery.

We were shown a clinical fridge with recorded temperatures outside of the recommended temperature range.

Staff recruitment was consistently robust.

Staff had an awareness of safeguarding issues, which were informed by and supported by practice policies. The policies contained local authority safeguarding contact information. Staff were able to illustrate scenarios of when they had identified concerns and raised queries to relevant authorities. We spoke with six staff on duty and three supporting managers and they confirmed that they had received training in safeguarding patients (adults and children). Staff recruitment files reflected that this training had taken place.

Infection control processes for the decontamination and sterilising of dental equipment were safely managed. However we did see that some in-use dental materials were arriving in the practice were not being sterilised prior to use during patient treatment as recommended by the manufacturers.

We were told about the water line treatment product, which were not being used in accordance with manufacturer's instructions. The practice managers and clinical director/provider understood this issue and told us that they would rectify this immediately.

No action



Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice.

No action



Summary of findings

Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.

Staff engaged in continuous professional development (CPD) and were meeting the training requirements of the General Dental Council (GDC). New staff had received an induction and were engaged in a probationary process to review their performance and understand their training needs. However the practice did not collate central training records which made it difficult to track staff mandatory training. The practice managers and clinical director/provider understood this issue and told us that they would rectify and implement a system.

Are services caring?

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

We received positive feedback from 34 patients. The practice also received patient feedback through participation in the NHS Friends and Family test, regular patient surveys, the NHS choices website and the practice website. Feedback was consistently positive. Patient survey results were complimentary about the practice staff and treatment received. Patient survey results said that the staff were kind and caring and that they were treated with dignity and respect at all times.

We found that dental care records were recorded electronically and securely backed up off site. Patient confidentiality was well maintained as the electronic recording systems were password protected.

We saw that patients' confidentiality was not protected as it was possible to view patients' treatment through viewing panels in treatment room doors. The practice managers and clinical director/provider told us that this matter should have been dealt with during reconstruction but had been omitted by error and would be rectified immediately.

No action



Are services responsive to people's needs?

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

Patients had good access to appointments, including emergency appointments, which were available on the same day.

There was a complaints policy in place. Complaints were addressed in a timely way to the satisfaction of the complainant. Systems were in place for receiving more general feedback from patients with a view to improving the quality of the service. The practice obtained patient feedback through surveys including the NHS Friends and Family test, the NHS choices website and the practice website.

The culture of the practice promoted equality of access for all. The practice staff had specific knowledge of individual patient needs. This was evident in the support offered to patients to assist with a visual or hearing impairment or mobility needs. The facilities for people with limited mobility had been considered when the building was designed and provided accessible toilet facilities and ground floor access.

No action



Summary of findings

Are services well-led?

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

Leadership at the practice was provided by practice manager, supported by an area manager, operations manager and clinical director/registered provider. The governance arrangements such as policies and procedures for the practice were well organised and effective. All staff had a good understanding of these. The culture of the practice encouraged openness and the team worked closely to support each other. Staff commented that they felt listened to and that their learning needs were supported.

The practice shared learning through formal team meetings.

The practice ethos focussed on providing patient centred care and patient feedback was sought verbally and through utilising the NHS Friends and Family test, the NHS choices website and the practice website.

We were shown an audit for radiography for a dentist which did not reflect an accurate assessment of the quality of radiographs taken.

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.

We carried out a comprehensive inspection on 14 March 2017. The inspection was led by a CQC inspector and a specialist advisor.

We informed the local NHS area team that we were inspecting the practice; we did not receive any information of concern. We also obtained advanced information from the practice which we reviewed prior to the inspection

The methods that were used for this review included talking to people using the service, their relatives / friends, interviewing staff, observations and review of documents. During our inspection we reviewed policy documents and spoke with nine members of staff (Two dentists, three dental nurses one receptionists, area manager, operations manager and clinical director/registered provider). We conducted a tour of the practice and looked at the storage

arrangements for emergency medicines and equipment. A dental nurse demonstrated how they carried out decontamination procedures of dental instruments. The practice is part of a larger corporate group.

Thirty four patients provided feedback about the service. We also looked at written comments about the practice on the practice website, comments left about patient experiences on NHS choices and the results of the published NHS Friends and Family test. Patients were positive about the care they received from the practice. They were complimentary about the friendly, professional and caring attitude of the dental staff. Patients commented that they were likely to recommend the practice.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was a system in place for reporting and learning from incidents. There had been three significant events related to staff in the past 12 months and one involving a patient. The three incidents involving two sharp's injuries to staff and an unexpected 'gag' reflex in a patient. All had been scrutinised and reported upon. Information was fed back to staff during recorded team meetings to consolidate learning points. The clinical director/provider told us the corporate parent of the practice was instigating a learning system to ensure all practices in the group learnt from incidents at other practices.

We discussed the investigation of incidents with the practice managers and clinical director/provider who confirmed that if patients were affected by something that went wrong, they were given an apology and informed of any actions taken as a result. Practice staff were aware of their responsibilities under the Duty of Candour. [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].

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Whole staff team meetings were held at least monthly and there were weekly team briefs. Team meetings were recorded and we looked at a sample of team meeting minutes. We saw records of when actions resulting from team meetings were addressed and signed off as closed. Improvements could be made to ensure meeting minutes were suitably recorded.

Reliable safety systems and processes (including safeguarding)

The practice manager was the named practice lead for child and adult safeguarding. They were able to describe the types of behaviour a child might display that would alert them to possible signs of abuse or neglect and had attended a safeguarding course during January 2017. The practice managers and clinical director/provider told us

that the practice manager would be attending a higher level safeguarding qualification in the next few months; this was confirmed to us by information later presented by the practice management. The staff had a good awareness of the issues around vulnerable elderly patients who presented with dementia.

The practice had a safeguarding policy reviewed during March 2017. The policy referred to national guidance. The guidance did include information about local authority contacts for safeguarding concerns. The staff told us that the lack of local branding on policies diminished their value. We spoke with the practice managers and clinical director/provider who told us that they would review safeguarding information and policies and ensure that it captured local information and branding. We later confirmed this through additional information provided by the practice and evidence of team meetings.

We were told of one situation in the last 12 months where a patient had presented to staff with concerning oral health issues and had been reported through the correct channels to the authorities to raise concerns about care and neglect.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, we asked staff about the prevention of needle stick injuries. The practice had a current policy on the re-sheathing of needles, giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Staff were aware of the contents of this policy. The staff we spoke with demonstrated a clear understanding of the practice policy and protocol with respect to handling sharps and needle stick injuries. We saw from two incident records, that where a member of staff had injured themselves with a sharp instrument, procedures had been correctly followed.

The practice followed other national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments in line with guidance from the British Endodontic Society. (A rubber dam is a thin sheet of rubber, usually latex that is used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). We were shown dental care records which confirmed that this was taking place. However we noted that in case where rubber dams weren't used, it wasn't suitably recorded in the dental care records. We discussed this with the practice managers and clinical director/

Are services safe?

provider who told us that they would provide record keeping training with clinicians and ensure that dental care records were appropriately made. We were later provided with information to confirm that this had taken place and that record keeping audits would ensure compliance.

Medical emergencies

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

The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. The emergency medicines were all in date and stored securely with emergency oxygen. The emergency equipment was easily accessible in an urgent situation.

Staff received annual training in using the emergency equipment and staff we spoke with were aware of the location of the emergency equipment. This equipment was checked for safe use each day the practice was open and the checks were documented. However the records indicated that whilst the practice should have had equipment to supply adrenaline to children (persons under 20kg) we could not be shown any. The records we saw stated that it did have a method of delivery. We spoke with the practice managers and clinical director/provider and they told us they would be reviewing arrangements to ensure that medical equipment was checked and systems would be changed to ensure error did not occur again. We were later provided with information to confirm that a new system for checking was being used and had been communicated to staff.

Staff recruitment

The staff structure of the practice consisted of four dentists, two dental nurse, four dental nurse trainees and one practice manager. The team were supported by an area manager, operations manager and clinical director/registered provider. We were told by the practice managers

and clinical director/provider that the intention of the practice and parent company was to train the new practice manager, who had only been in post since January 2017, to apply to become the registered manager for the practice.

Some of the staff had been in post for a number of years. There was a recruitment policy in place which stated that all relevant checks would be carried out to confirm that any person being recruited was suitable for the role. This included the use of an application form, interview, review of employment history, evidence of relevant qualifications, the checking of references and a check of registration with the General Dental Council. Staff recruitment records showed that this policy had been consistently applied in all cases. New staff were subject to a probationary period on arrival at the practice and new trainee dental nurses were subject of GDC training guidelines and enrolled on courses.

It was practice policy to carry out a Disclosure and Barring Service (DBS) check for all members of staff prior to employment and periodically thereafter. We saw evidence that all members of staff had a DBS check. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All required DBS information was included in the staff recruitment files we viewed.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place. The practice had considered the risk of fire, had clearly marked exits and had an evacuation plan. There were also fire extinguishers situated at suitable points in the premises. The practice carried out fire drills and records showed that the last drill was carried out during march 2017 and carried out at six monthly intervals. A record had been completed of an assessment of the effectiveness of the fire drill and discussed with the whole staff team. However we noted a dental care record storage area that was completely full and the fire risk assessment we were shown had not catered for the new storage arrangements for dental care records.

We were told that dental care records had been moved to this storage location due to a fire risk assessment dated February 2017 which had required the movement of the records from the compressor room.

Are services safe?

We discussed the situation with the practice managers and clinical director/provider who told us that they would make arrangements to remove the dental care records to an external secure storage facility.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified. COSHH products were securely stored.

The practice had a system in place for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS). Relevant alerts were discussed during monthly staff meetings which facilitated shared learning.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. There was an infection control policy, which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. The lead infection control nurse carried out bi-annual audits of infection control processes at the practice using a recognised industry assessment tool. We were shown evidence where an audit had taken place during July 2016, an action plan created for improvements and then a further re audit in August 2016 confirmed improvements had been applied. We were shown the annual infection control statement which was dated January 2017.

We observed that the premises appeared clean, tidy and clutter free. Hand-washing facilities were available, including wall-mounted liquid soap, hand gels and paper towels in each of the treatment and decontamination rooms.

We asked a dental nurse to describe to us the end-to-end process of infection control procedures at the practice. The protocols described demonstrated that the practice followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'.

However we were shown single use matrix bands which should be sterilised prior to placement on the sterilised band hold and were not being sterilised prior to use. We discussed this with the practice managers and clinical director/provider who told us that they would change the process to ensure that single use matrix bands were sterilised on arrival at the practice. We were later shown evidence that this had been communicated to staff to change the practice.

The dental nurse we spoke with described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental units and dental chairs were decontaminated. This included the treatment of the dental water lines. Environmental cleaning was carried out in accordance with the national colour coding scheme by the cleaning staff employed to work throughout the building. However we saw the storage of the cleaning equipment and records did not conform to guidelines as per National Patient Safety Agency (NPSA) guidance. We spoke with the practice managers and clinical director/provider who told us that they would review the storage of cleaning equipment to comply with guidelines and also introduce a system of log books to ensure a systematic checking of cleaning by the outside contractor. We were later sent evidence to confirm that this had taken place and that staff had been told about the changes.

We checked the contents of the drawers in one of the treatment rooms. These were well stocked, clean, ordered and free from clutter. All of the instruments were pouched. Each treatment room had the appropriate personal protective equipment, such as gloves and aprons, available for staff and patient use. However we saw that the work surface in one of the treatment rooms was cluttered with materials and dirty instruments. We were assured by the managers they will put in systems to rectify such issues and later saw evidence that this issue of work surface clearance had been addressed with staff and record keeping modified.

Instruments were decontaminated by being scrubbed clean of debris and placed in an ultrasonic bath, then rinsed and inspected under a light magnification device prior to being placed in an autoclave (steriliser). When

Are services safe?

instruments had been sterilised, they were pouched and stored appropriately until required. Pouches were dated with a date of sterilisation and an expiry date in accordance with HTM 01-05.

The practice carried out checks of the autoclaves to assure that they were working effectively. Twice daily checks when the practice was open included the automatic control test and steam penetration test. A log book and automatic data logger were used to record the essential daily validation checks of the sterilisation cycles.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained. The practice used a contractor to remove dental waste from the practice. Waste was stored in a separate locked location within the practice prior to collection by the contractor. Waste consignment notices were available for inspection.

However whilst we saw the waste storage areas was secure it was overloaded and may have been a risk to staff. We discussed this with the practice managers and clinical director/provider who told us that current collection arrangements had been put in place for a lower volume of work and needed adjustment to prevent further overloads. We were later shown evidence that the practice had increased the frequency of waste collections and that the overload had been removed.

Staff recruitment files showed that staff regularly attended training courses in infection control. Clinical staff were also required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. (People 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 risks of blood borne infections.)

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). The practice principal described the method they used which was in line with current HTM 01-05 guidelines. A Legionella risk assessment had most recently been carried out by an external contractor during 2016 and was due again in 2018. The practice was following recommendations to reduce the risk of Legionella, for

example, through the regular testing of the water temperatures. The practice kept a record of the outcome of these checks on a monthly basis. However staff told us that they removed water bottles at the end of surgery. The removal of water bottles was not in line with recommendations for the product used. We spoke with the practice managers and clinical director/provider who told us that they were unaware of this requirement and immediately changed procedures with staff. We were later shown information that staff had been correctly instructed by the practice and that this had been recorded.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced. Certificates for pressure equipment had been issued in accordance with the Pressure Systems Safety Regulations 2000.

Portable appliance testing (PAT) had been completed in accordance with current guidance and was completed in January 2017. PAT is the name of a process during which electrical appliances are routinely checked for safety every two years as a minimum. We were shown evidence that five yearly mains electrical testing had been arranged to take place in March 2017.

The expiry dates of medicines, oxygen and equipment were monitored using daily, weekly and monthly check sheets to support staff. However staff told us that there was no system in place to control and remove out of date stock. When we looked in the surgeries we found did a small number of in-use dental materials which were out of date. These in-use dental materials were disposed of by practice staff securely.

We were later shown evidence to confirm that a system was in place and that this had been communicated to staff.

We also examined the clinical fridge and saw that the temperature was at 10°C which was outside of the temperature storage range for products in the fridge which stated they need to be stored between 2°C and 8°C.

We spoke with the practice managers and clinical director/provider about this. They told us that they would address the issue of fridge temperature immediately. They also told

Are services safe?

us that the contents of the fridge would be reviewed immediately and disposed of if necessary. We later saw evidence which confirmed that new check sheets were put in place.

Radiography (X-rays)

There was a radiation protection file which was in line with the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor as well as the documentation pertaining to the maintenance of the X-ray equipment. We saw that the X-ray equipment had

been serviced in within the three yearly recommended maintenance cycle. The practice used an external contractor to assist with X ray compliance and the legal duties. However we did see that one X ray set did not have a collimator. A collimator is part of the X ray system which directs the beam. We spoke with the practice managers and clinical director/provider who had no idea why the item was missing. The item was ordered immediately and the X ray unit taken out of use. We were later sent evidence to confirm that the collimator had been replaced.

We saw evidence that both dentists had completed radiation training within recommended timescales.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Dentists carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. We spoke with two dentists and asked them to describe to us how they carried out their assessments. The assessment began with the patient completing a medical history update covering any health conditions, medicines being taken and any allergies suffered. We saw patients being asked to complete a medical history when they booked in for their appointment to give to the dentist. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

The patient's dental care record was updated with the proposed treatment after discussing options with the patient. Treatment plans were available for each patient on request, which included information about the costs involved. Patients were referred to the practice information leaflet for cost information on routine treatments. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

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

Health promotion & prevention

The practice maintained a focus on oral disease prevention and employed a dental hygienist therapist as part of this ethos. The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Dentists told us they discussed oral health with their patients, for example, around effective tooth brushing. They were aware of the

need to discuss a general preventive agenda with their patients. They told us they held discussion with their patients, where appropriate, around smoking cessation, sensible alcohol use and diet. The dentists also carried out examinations to check for the early signs of oral cancer.

We observed that there were health promotion materials displayed in the reception area. These could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition.

Staffing

Staff told us they received appropriate professional development and training. We checked the staff recruitment files and saw that this was the position in all cases. The training covered the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies, safeguarding, infection control and X-ray training.

However we could not be shown an overview of staff training records. We discussed this with the practice managers and clinical director/provider who showed us a new centralised template record which was to be implemented from April 2017.

There was a written induction programme for new staff to follow and evidence in the staff recruitment files that this had been used at the time of their employment.

Some of the staff employed had worked at the practice for a number of years. Staff told us that the practice principal was supportive and invested in staff through regular training opportunities to promote clinical excellence at the practice.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients.

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

We reviewed the systems for referring patients to specialist consultants in secondary care. A referral letter was prepared and sent to the hospital with full details of the

Are services effective?

(for example, treatment is effective)

dentist's findings and a copy was stored in the practice's records system. We looked at examples of referral letters. These were comprehensively completed and referrals took place in a timely way to avoid delay to treatment. The electronic records noted the dates when referrals were made, when the appointment had been completed and further actions required for follow up. They contacted other providers to check on the progress of their patients and kept the referring dentist informed about the outcomes.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. We spoke to the dentist about their understanding of consent issues. They explained that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were asked to sign formal written consent forms for specific treatments. We looked at a number of patient dental care records and saw consent to treatment was recorded.

All of the staff were aware of the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Clinical staff had completed on line training in relation to the MCA in 2016. The dentist could describe scenarios for how they would manage a patient who lacked the capacity to consent to dental treatment. They noted that they would involve the patient's family, check for appropriate lasting power of attorney authorisation to act on a person's behalf, along with other professionals involved in the care of the patient, to ensure that the best interests of the patient were met.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The 25 comments cards we received, all made positive remarks about the staff's caring, professional and helpful attitude. Nine patients spoken with during the inspection and indicated that they felt comfortable and relaxed with their dentist and that they were made to feel at ease during consultations and treatments. We also observed staff were welcoming and helpful when patients arrived for their appointment or made enquiries over the phone.

We saw that the practice had obtained 15 reviews on the NHS Choices website which the practice had responded to. The reviews were positive and supportive of the practice. The Friends and Family test results shown on the NHS choices website showed that of 100 reviews 98% would recommend the practice.

Staff were aware of the importance of protecting patients' privacy and dignity. The treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were having treatment. Conversations between patients and the dentists could not be heard from outside the rooms, which protected patients' privacy. However we saw each surgery had a long vertical viewing panel in each treatment room door. The panels allowed patients and staff to look directly onto patients undergoing treatment.

We were later forwarded details of orders and work requests to confirm that patient confidentiality had been resolved by making the view panels opaque for each treatment room door.

Staff understood the importance of data protection and confidentiality and had received training in information governance. Patients' dental care records were electronically recorded. Paper format patient information was recorded and stored in a protected staff only area.

Involvement in decisions about care and treatment

The practice detailed information about services on the practice website and leaflets. These gave details of the range of services available, dental charges, including NHS fees and payment options. A leaflet detailing private treatment costs and NHS charges was displayed in the waiting area.

We spoke with nine staff on duty on the day of our inspection. All of these staff told us they worked towards providing clear explanations about treatment and prevention strategies. We saw evidence in the records that the dentists recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded electronically in the standard NHS treatment planning and consent forms for dentistry where applicable.

The patient feedback we received on the day of the inspection confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' dental needs. The dentists decided on the length of time needed for their patient's consultation and treatment according to patient need. The practice accessed an NHS111 emergency out of hour's service. Urgent same day appointments were available for both patients that were registered and those that were not registered at the practice. The feedback we received from patients indicated that they felt they had enough time with the dentist and were not rushed.

Staff told us that patients could book an appointment in good time to see the dentist. The feedback we received from patients confirmed that they could get an appointment when they needed one, and that this included good access to emergency appointments on the day that they needed to be seen.

During our inspection we looked at examples of information available to people. The practice website contained a variety of information, including opening hours and costs. There was also a printed patient information leaflet at the practice.

Tackling inequity and promoting equality

The practice recognised the needs of different groups in the planning of its service. There was an equality and diversity policy for staff to refer to. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Reception staff showed us they provided written information for people who were hard of hearing and a hearing loop was also available.

We saw that the practice offered translation services to assist patients and clinicians where English was not a first language. However not all clinical staff were aware of and using the facility.

We were later shown information which confirmed that this situation had been addressed.

The practice was designed with patient accessibility in mind. Patients who used a wheelchair could access the practice from the ground level and there were ground floor treatment rooms with an accessible ground floor toilets, one of which was specifically designed for disabled persons to use. The seating in the waiting area was of standard design and the area uncluttered. The reception desk had varying heights to allow people in wheelchairs to approach the receptionists. We saw that there was a small step at the entrance to the practice.

We were later provided with information to confirm that a new ramp had been ordered.

Access to the service

The practice was open on Monday to Friday from 8am to 5pm. There was an answer phone message directing patients to emergency contact numbers when the practice is closed. Emergency treatment contact information was also available on the practice and NHS choices websites.

The receptionists told us that patients who needed to be seen urgently, for example because they were experiencing dental pain, were seen on the same day that they alerted the practice of their concerns. The feedback we received via comment cards and speaking to patients confirmed that patients had good access to the dentist in the event of needing emergency treatment.

Concerns & complaints

Information about how to make a complaint was displayed in the reception area. There was a formal complaints policy describing how the practice handled formal and informal complaints from patients. There had been no complaints recorded during the previous 12 months regarding dental work or fees. We discussed complaints procedures with staff and the practice managers and clinical director/provider in detail. We were confident that they would be handled in a timely way and resolved to the satisfaction of the patient in accordance with practice policy.

Patients were also invited to give feedback through NHS choices, NHS Family and friends test and a suggestion box in the reception area. The practice also used patient surveys, in which patients could remain anonymous.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements and a clear management structure. The governance arrangements for this location were overseen by the practice managers who were responsible for the day to day running of the practice. There were relevant policies and procedures in place and staff were aware of these and acted in line with them. There were arrangements for identifying, recording and managing risks through the use of risk assessment processes.

We spoke with the practice managers and clinical director/provider about the issues that we had identified throughout the inspection. Since the inspection the practice managers and clinical director/provider provided us with an action plan and additional information confirming many of the issues as resolved.

Regular staff meetings took place at the practice with records maintained of all staff meetings. Minutes from staff meetings were circulated. Staff notice boards were also used in the staff only area. The practice managers and clinical director/provider told us about the governance structures and protocols at the practice. A systematic process of induction and staff training was in place which ensured that staff were aware of, and were following, the governance procedures.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the practice managers and clinical director/provider at the practice and they felt they were listened to and responded to when they did so.

We found staff to be dedicated in their roles and caring towards the patients. We found the dentists provided effective clinical leadership to the dental team.

Staff told us they enjoyed their work and were supported by the practice principal. All staff had received a documented appraisal in the last 12 months.

Learning and improvement

We found there were a number of clinical audits taking place at the practice. These included infection control, clinical record keeping and X-ray quality. There was evidence of repeat audits at appropriate intervals and these demonstrated that standards and improvements were being maintained. For example, radiography, specialist referrals, medical history, infection control and record keeping audits. However we noted some errors of quality assessment had not been identified. We spoke with the practice managers and clinical director/provider who told us that they would address these with the staff.

Staff were being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council (GDC). We saw evidence that the clinical staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC. Training was completed through a variety of resources including the attendance at face to face and online courses. Staff were given time to undertake training which would increase their knowledge of their role.

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

The practice gathered feedback from patients through use of monthly patient surveys, NHS Friends and Family test and NHS choices. For example, during the March 2017 survey patients confirmed that they were happy with the service and treatment provided by staff at the practice. The patients did make comments about time keeping, treatments plans and costs. The results were analysed and fed back through to staff via the staff meetings. Patients did indicate that they were fully satisfied with the service. We also saw a notice board for patients to feedback the results of surveys in reception. We were shown staff meeting minutes where patient feedback were passed to staff.

Staff told us that the practice principal was open to feedback regarding the quality of the care. All staff were aware of the practice whistleblowing policy and felt they could raise concerns, which would be acted upon by the practice principal. Staff did indicate that they were fully satisfied with the practice managers and clinical director/provider and the service given to patients.