

Smile Stylist Ltd

Aldridge Road Dental Practice

Inspection Report

352 Dyas Road
Great Barr
Birmingham
B44 8TB

Tel: 0121 325 0055

Website: www.smiledentistbirmingham.co.uk

Date of inspection visit: 20 February 2017

Date of publication: 06/04/2017

Overall summary

We carried out an announced comprehensive inspection on 20 February 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

Aldridge Road Dental Practice has two dentists who work part time, two full time qualified dental nurses who are registered with the General Dental Council (GDC) a part time registered manager, practice and assistant manager and a full time receptionist. The practice's opening hours are 9am to 5.30pm on Monday to Thursday and 9am to 5pm on Friday. The practice is also open from 9am to 1pm on alternate Saturdays each month.

The practice manager and assistant practice manager were present during this inspection.

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 feedback from 30 patients who provided an overwhelmingly positive view of the services the practice provides. All of the patients commented that the quality of care was very good; dentists gave detailed oral health advice and provided a professional, friendly service.

Our key findings were

- Systems were in place for the recording and learning from significant events and accidents.
- Staff had received training regarding safeguarding vulnerable adults and child protection and were aware of the procedure for reporting any suspicions of abuse.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients were treated with dignity and respect.

Summary of findings

- The practice was visibly clean and well maintained.
- Infection control procedures were in place with infection prevention and control audits being undertaken on a six monthly basis. Staff had access to personal protective equipment such as gloves and aprons.
- Treatment was well planned and provided in line with current guidelines.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- Staff had been trained to deal with medical emergencies.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice sought feedback from staff and patients about the services they provided.
- Complaints were responded to in an efficient and responsive manner.
- The practice was well-led and staff felt involved and worked as a team.
- Governance arrangements were in place for the smooth running of the practice and there was a structured plan in place to audit quality and safety beyond the mandatory audits for infection control and radiography.

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

- 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

Systems were in place for recording significant events and accidents. Staff were aware of the procedure to follow to report incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Medicines for use in an emergency were available on the premises as detailed in the Guidance on Emergency Medicines set out in the British National Formulary (BNF). Emergency medical equipment was also available and documentation was available to demonstrate that checks were being made to ensure equipment was in good working order and medicines were within their expiry date. Staff had received training in responding to a medical emergency. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults. The practice followed procedures for the safe recruitment of staff, this included carrying out disclosure and barring service (DBS) checks, and obtaining references.

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

No action



Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. Dentists made accurate, detailed and contemporaneous notes in patient dental records. They used national guidance in the care and treatment of patients. Dentists monitored any changes to the patient's oral health and made in house referrals for specialist treatment or investigations where indicated.

Informed consent was obtained and recorded.

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 patients being treated with respect and dignity by staff at the reception desk, privacy and confidentiality were maintained for patients using the service on the day of the inspection. Staff treated patients with kindness and respect and were aware of the importance of confidentiality. We also observed staff to be welcoming and caring towards the patients. Feedback from patients was positive. Patients praised the staff and the service and treatment received. Patients commented that staff were professional, friendly and helpful.

No action



Summary of findings

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent or emergency care when required. The practice offered dedicated emergency appointments slots each day and every effort was made to see emergency patients on the day they contacted the practice, enabling effective and efficient treatment of patients with dental pain.

The practice had developed a complaints procedure and information about how to make a complaint was available for patients to reference. The policy recorded information for patients regarding how the practice would acknowledge, investigate and respond to individual complaints or concerns. 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.

There were good governance arrangements and an effective management structure in place. Regular monthly staff meetings were held which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues. Systems were in place to ensure all staff who were unable to attend the meeting received an update about topics of discussion. Staff said that they felt well supported and could raise any issues or concerns with the registered manager.

All staff were supported and encouraged to improve their skills through learning and development. Annual appraisal meetings took place and staff confirmed that they were encouraged to undertake training. Staff told us that the management team were very approachable and supportive and the culture within the practice was open and transparent. Staff told us they enjoyed working at the practice and felt part of a team.

No action



Aldridge Road Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection took place on 20 February 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 asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During our inspection we toured the premises; we reviewed policy documents and staff records and spoke with five

members of staff, including the practice manager. We looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the computer system that supported the dental care records.

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

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

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



Are services safe?

Our findings

Reporting, learning and improvement from incidents

Systems were in place to enable staff to report incidents and accidents. We were shown the practice's accident book which recorded details of all accidents that had occurred since September 2010. We saw that accident reports contained information regarding the accident and any follow up action.

The practice had developed a separate accident file which contained information for staff regarding the reporting of accidents and the Reporting of Injuries, Diseases and Dangerous Occurrences regulations (RIDDOR). The practice's RIDDOR policy had been reviewed on an annual basis; Health and Safety Executive information regarding reporting RIDDOR and a copy of the RIDDOR regulations were all available to staff in this file. All staff we spoke with understood RIDDOR, including how and when to report under RIDDOR regulations and the location of information within the practice to provide guidance. We were told that there had been no events at the practice that required reporting under RIDDOR. Training certificates demonstrated that staff had completed on-line training regarding RIDDOR.

The practice manager was the lead for accident reporting and staff spoken with were aware of this. There had been one accident reported within the last 12 months. An accident audit reviewed accidents from September 2011 to June 2016. Details of any action taken following an accident was recorded. For example following a needle stick accident further staff training had been completed.

The practice had reported two significant events within the last 12 months. Evidence was available to demonstrate that learning points had been identified and action taken as necessary to try to prevent reoccurrence of this type of incident. For example staff training, change to safer sharps.

There was a significant event audit statement which had been reviewed on 14 December 2016, a significant events flow chart and an annual audit which recorded details of the event, discussions held and actions taken. We saw that there was a significant events policy which had been reviewed annually. The practice manager was the significant events lead and staff spoken with were aware who held this role.

Systems were in place to ensure that all staff members were kept up to date with any national patient safety and medicines alerts. The registered manager received these alerts via email and any that were relevant were forwarded to all staff at the practice; these were discussed at practice meetings, a copy was printed off and kept in a medical alerts log.

We saw that information regarding Duty of Candour was available in the patient information folder available in the waiting room. This informed patients that they would be informed when things went wrong, when there was an incident or accident and would be given an apology. Staff we spoke demonstrated a clear understanding of the principles of candour.

Reliable safety systems and processes (including safeguarding)

The practice had developed a safeguarding file which included policies regarding child protection and safeguarding vulnerable adults, these policies had been reviewed on an annual basis. Contact details for local organisations responsible for investigation of child protection or adult safeguarding were available; these had also been reviewed annually to ensure they were up to date. Various other pieces of information were available to staff to guide them regarding the action to take if they suspected abuse. For example Government information 'working together to safeguarding children', a child protection enquiry flowchart and General Dental Council child protection and vulnerable adult information. The contents of the safeguarding file were reviewed on an annual basis by the practice manager.

There had been no safeguarding issues to report at this practice. We saw evidence that all staff had completed the appropriate level of safeguarding training. A dentist at the practice had been identified as the lead regarding child protection and another dentist at one of the sister practice's was the lead regarding adult safeguarding. Staff spoken with were aware of who to contact for advice and support.

We discussed sharps injuries with the principal dentist and we looked at the practice's sharps policies. The practice used a system whereby needles were not re-sheathed



Are services safe?

using the hands following administration of a local anaesthetic to a patient. A special device was used during the recapping stage and the responsibility for this process rested with each dentist.

A sharps injury risk assessment had been completed which had been reviewed on 30 November 2016. This listed all of the equipment which could cause a needle stick injury and any actions required to reduce the risk of injury. Sharps information was on display in treatment rooms and other locations where sharps bins were located. Sharps bins seen were correctly labelled and stored.

We asked about the instruments which were used during root canal treatment. We were told that root canal treatment was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). Patient notes shown to us recorded as appropriate when rubber dam had been used.

Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies. These were stored in a clearly marked cupboard and all staff we spoke with were aware of how to access them. Emergency medicines were available. Those seen were as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice and all were in date.

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), were available. Records shown to us demonstrated that the AED and oxygen were checked on a daily basis to ensure that they were in good working order. Records confirmed that all other emergency medical equipment and emergency medicines were checked weekly by staff.

Staff had all received annual training in basic life support with the date of the last training being 13 July 2016.

We saw that a first aid kit was available which contained equipment for use in treating minor injuries. The location of the first aid kit was clearly signposted and staff spoken

with were aware of its location. Records were available to demonstrate that equipment in the first aid box was checked on a monthly basis to ensure this was available and within its expiry date.

The receptionist and a dentist were the designated first aiders and both had completed first aid training during 2017.

Staff recruitment

The practice had a robust recruitment policy that described the process to follow when employing new staff. We looked at three recruitment files in order to check that recruitment procedures had been followed. We saw that recruitment files were well organised in a standardised layout to help ensure that relevant pre-employment information was available. 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 three 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.

An equal opportunity form was used to monitor diversity and identify disabilities in order that the practice could provide assistance as required to staff. Staff had also completed a pre-employment medical questionnaire.

We saw that disclosure and barring service checks (DBS) were in place and we were told that these had been completed for all staff. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice planned for staff absences to ensure the service was uninterrupted. We were told that dental nurses from a local sister practice would be used to provide cover during times of annual leave or unexpected sick leave.



Are services safe?

There were enough staff to support dentists during patient treatment. We were told that all dentists worked with a dental nurse. The dental hygienist and dental therapist also worked with a dental nurse.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. A well organised risk assessment file was available which contained copies of all risk assessments were available in alphabetical order. For example risk assessments were available regarding clinical waste, decontamination, display screen equipment, electrical equipment, fire, first aid, health and safety and radiation. Risk assessments were reviewed on an annual basis.

We saw that the practice had developed a health and safety policy and a health and safety audit had been completed on 6 April 2016.

We discussed fire safety with assistant practice manager and looked at the practice's fire safety risk assessment and associated documentation. We saw that a fire risk assessment had been completed by an external company in October 2015. Details of actions taken were recorded on the risk assessment and we were shown evidence of action taken by the assistant practice manager.

Records seen confirmed that fire safety equipment such as fire extinguishers; fire alarms and smoke alarms were subject to routine maintenance by external professionals. For example fire extinguishers were checked on 7 October 2016 and a fire system service and inspection was completed on 21 December 2016. We saw that weekly fire alarm checks were completed and we were shown the new fire log book which would be used in future to record these checks. Records were kept to demonstrate when fire drills were completed. For example we saw that a fire drill had taken place on 11 April 2016 and 10 October 2016. These recorded the date, time and time taken to evacuate the premises.

Certificates were available within recruitment files to demonstrate that staff had undertaken either fire Marshall or fire safety training in January 2017.

A well organised COSHH file was available. Details of all cleaning substances used at the practice which may pose a risk to health were recorded in alphabetical order in a COSHH file. An itemised list was available which had been

reviewed and updated when new products were used at the practice. The practice's COSHH policy was reviewed and updated on an annual basis. Training certificates seen demonstrated that staff had completed training regarding COSHH within the last six months.

Infection control

As part of our inspection we conducted a tour of the practice we saw that the dental treatment rooms, decontamination room, toilet, waiting area and reception were visibly clean, tidy and uncluttered. The practice employed a cleaner who was responsible for undertaking all environmental cleaning of both clinical and non-clinical areas. We were shown a cleaning schedule which detailed tasks and the frequency that they were to be undertaken. The practice followed the national colour coding scheme for cleaning materials and equipment in dental premises and signage was in place to identify which colour of cleaning equipment was specific for use in that area.

Systems were in place to reduce the risk and spread of infection within the practice. There were hand washing facilities in each treatment room and in the decontamination room. These were clearly marked as hand washing sinks and posters describing correct hand washing techniques were on display above these sinks.

Staff had access to supplies of personal protective equipment (PPE) for themselves and for patients. Staff were wearing long sleeved tops underneath their uniform. We saw that although the sleeves had been rolled up to just above the wrist, the length of sleeve did not ensure 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 discussed this with the practice manager and assistant manager who confirmed that it had been agreed that staff could wear these long sleeved tops but the sleeves were to be pulled back to above the elbow. We were told that discussions would be held with staff regarding this.

The practice had developed an infection control folder; all of the contents of this folder were reviewed on an annual basis with the last review taking place on 30 November 2016. This folder contained various infection prevention and control related policies, for example decontamination processes, infection prevention and control and a sharps and blood spillage policy.



Are services safe?

A general infection prevention and control policy statement was on display in the decontamination room and in dental treatment rooms. This recorded that one of the dentists at the practice was the lead for infection control. This staff member was responsible for ensuring infection prevention and control measures were followed.

Staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff and records were available to demonstrate this.

Infection prevention and control audits were completed on a six monthly basis, the last audit was undertaken on 29 November 2016 and the practice achieved an assessment score of 94%. We saw that some of the questions in the audit had been answered incorrectly. For example staff had answered that they were not keeping a log of lab work disinfection but records we saw demonstrated that the practice were keeping a log. Staff had also recorded that distilled water was not being used in the autoclave but we evidenced that distilled water was being used. There was no action plan and where issues had been identified no actions recorded. We discussed this with the practice manager who confirmed that they would review the audits to ensure they were completed correctly.

The practice had also completed individual audits such as hand hygiene and a cleaning audit. We looked at some of the recent audits and saw that outcomes, improvements and action plans were recorded.

Records demonstrated that all staff had undertaken on-line training within the last 12 months regarding the principles of infection control.

We looked at the procedures in place for the decontamination of used dental instruments. A dental nurse demonstrated the decontamination process and we found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). 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.

The dental nurse showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments. A visual inspection was undertaken using an illuminated magnifying glass before instruments were sterilised in an autoclave. There was a clear flow of instruments through the dirty zone to the clean area. Staff

wore personal protective equipment during the process to protect themselves from injury which included gloves, aprons and protective eye wear. We saw records to confirm that heavy duty gloves worn during the decontamination procedure were changed on a weekly basis or sooner if required. Clean instruments were packaged; date stamped and stored in accordance with current HTM 01-05 guidelines.

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 in November 2015. The only issue for action related to routine temperature monitoring checks. We saw records to confirm that these checks were taking place.

We discussed clinical waste, looked at waste transfer notices and the storage area for clinical and municipal waste. We were told that clinical waste was collected every few weeks. Clinical waste storage was in an area where members of the public could not access it. We saw that the practice had a contract in place regarding the disposal of clinical and municipal waste. The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health.

Equipment and medicines

We saw that maintenance contracts were in place for essential equipment such as X-ray sets and dental chairs which were serviced on 22 April 2016, the autoclave was serviced on 13 December 2017, the ultrasonic cleaner on 17 May 2016 and fire safety equipment which was serviced in October 2016. Records demonstrated the compressors had been serviced on 8 December 2016.

All portable electrical appliances at the practice had received an annual portable appliance test (PAT) on 12 October 2016 and staff were completing and recording visual checks undertaken on a six monthly basis. Details of all tests completed were available including the visual checks completed in March and September 2016. All electrical equipment tested was listed with details of whether the equipment had passed or failed the test.



Are services safe?

We saw that one of the emergency medicines (Glucagon) was being stored in the fridge. Glucagon is used to treat diabetics with low blood sugar. Staff spoken with were aware that this medicine could be stored at room temperature with a shortened expiry date. However, the practice's preference was to store this medicine in the fridge. We saw that records were kept to demonstrate that medicines were stored in the fridge at the required temperature of between two and eight degrees Celsius.

We saw that three packages of composite stored in a treatment room had passed their expiry date. Dental composite resins are types of synthetic resins which are used in dentistry as restorative material or adhesives. These were disposed of during the inspection.

Dental treatment records showed that the batch numbers and expiry dates for local anaesthetics were recorded when these medicines were administered. These medicines were stored safely for the protection of patients.

Prescription pads were securely stored and a log of each prescription issued was kept. This recorded details of the date, prescription number and patient code. A log of the number of prescriptions used was also recorded.

Radiography (X-rays)

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure equipment was operated safely and by qualified staff only.

Records seen confirmed that a dentist at the practice was the RPS and an external company the RPA. A contract was in place with the company who provided this service which expired in August 2019.

We saw evidence that all of the dentists were up to date with the required continuing professional development on radiation safety.

Local rules were available in the rooms where X-ray machines were located for all staff to reference if needed. We saw that an emergency contingency plan was displayed in the treatment room by the emergency cut of switch. Cut-off switches were also located outside of the treatment room.

We saw that the practice had notified the Health and Safety Executive that they were planning to carry out work with ionising radiation on 2 October 2015.

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

Dental care records where X-rays had been taken showed that dental X-rays were justified and reported on every time.

We saw a recent X-ray audit completed in January 2017; audits were being completed on a monthly basis. Audits help to ensure that best practice is being followed and highlighting improvements needed to address shortfalls in the delivery of care.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with a dentist and we saw dental care records to illustrate our discussions. The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment.

Medical history forms were given to patients to fill in when they initially registered at the practice. Dentists told us that these were verbally checked with patients at every appointment. This ensured that the dentist was kept informed of any changes to the patient's general health which may have an impact on treatment.

An initial 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) and the National Institute for Health and Care Excellence (NICE). During this assessment dentists looked for any signs of mouth cancer. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).

Following the clinical assessment the diagnosis was then discussed with the patient 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.

We were told patients were recalled on an individual risk based assessment in line with current guidance. This takes into account the likelihood of the patient experiencing dental disease.

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 demonstrated that all of the dentists were following the guidance from the Faculty of General Dental Practice (FGDP) regarding record keeping.

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 and fluoride varnish applied to children's teeth as required. A dental nurse told us that the dentists always gave advice and demonstrated the use of interdental brushing and flossing. We were told that oral health information leaflets were given to patients to further explain oral hygiene.

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. At every visit to the practice the receptionist asked patients if there had been any change to their medical history, this was again checked by the dentist and records updated as necessary.

Patients were given advice appropriate to their individual needs such as dietary, smoking cessation and alcohol consumption advice. Staff said that where necessary contact details for smoking cessation were given to patients. We saw that leaflets were available in the waiting area regarding smoking and alcohol intake and the risk of oral cancer.

Oral health promotion leaflets and information about dental treatments were on display in the waiting room. Details of discussions regarding improving oral health were recorded in patient dental care records.

Free samples of toothpaste and mouthwash were available; we were told that patients were given advice if required regarding oral hygiene products to use and these were available to purchase from the reception.

Staffing

Practice staff included a part time registered manager, practice manager, assistant practice manager, two part time dentists, two full time dental nurses and a receptionist.

We discussed staff training with the practice manager and with staff. We also looked at some staff training certificates and continuing professional development (CPD) logs; these demonstrated that staff were meeting their CPD



Are services effective?

(for example, treatment is effective)

requirements. CPD is a compulsory requirement of registration as a general dental professional. Staff had access to on-line, in-house and external training courses. The practice manager monitored to ensure staff met their CPD requirements and was able to access information about training completed by staff on the on-line system. The practice manager reminded staff of any update training that was required. Staff told us that they were encouraged to attend training courses and supported to develop their skills. One staff member we spoke with confirmed that they had time put aside on a regular basis to complete training.

Clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control and safeguarding training.

The practice manager had a system in place to ensure that all GDC registrations were up to date and records showed professional registration with the GDC was up to date for all relevant staff.

We saw evidence in staff recruitment files that staff had undertaken safeguarding, mental capacity, fire safety, COSHH, infection control, health and safety and basic life support training. We also saw that some staff had received training in other specific dental topics such as decontamination, periodontal charting and impression taking.

Appraisal systems were in place. Staff said that these were held on an annual basis. We saw that objectives and personal development plans were available for staff. Evidence was available to demonstrate that objectives were reviewed on an annual basis.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for sedation, further investigations or specialist treatment. Referrals were sent by fax and post and systems were in place to ensure referrals were received in a timely manner. A computerised

referral log was set up for each patient; a copy of the referral letter was kept. The referral log remained 'open' until the dentist confirmed that the referral had been received and treatment completed.

We saw a template that was used in the treatment room to refer patients to hospital if they had a suspected oral cancer. These were comprehensive, and dentists followed Federation of General Dental Practice (FGDP) guidelines when making notes for these referrals.

Consent to care and treatment

The practice had documentation to guide staff regarding the Mental Capacity Act 2005 (MCA) and best interest decisions. 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. Information available for staff included a copy of the MCA 2005 guidelines for implementation and the MCA five principles. We saw that the practice had developed a MCA policy and procedure. Information regarding dementia was also available for staff including a dementia policy and guidelines on language about dementia. Training certificates demonstrated that staff had completed MCA training.

There were no recent examples of patients where a mental capacity assessment or best interest decision was needed.

The practice demonstrated a good understanding of the processes involved in obtaining full, valid and informed consent for an adult. Staff confirmed individual treatment options were discussed with each patient. We were told that patients were given verbal and written information to support them to make decisions about treatment. We saw that a wide variety of patient information leaflets were available in the waiting area explaining treatments. We were shown entries in dental care records where treatment options were discussed with patients. There was evidence in records that consent was obtained. In addition a written treatment plan with estimated costs was produced for all patients to consider before starting treatment.

We saw that consent was reviewed as part of a recent record card audit; we were shown the record card audit for August 2016.



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. We observed staff to be friendly, helpful, discreet and respectful to patients when interacting with them. There was a friendly and welcoming atmosphere at the practice. Information received on comment cards which were completed prior to our inspection was overwhelmingly positive. We were told that staff were professional, friendly and made patients feel at ease.

To help maintain privacy and dignity we saw that treatment room doors were closed at all times when patients were with the dentist. Conversations between patient and dentist could not be heard from outside the treatment rooms which protected patient's privacy. Staff said that if patients needed to speak with staff in private they could use one of the manager's offices or an unused treatment.

A television was playing in the waiting area and music in the treatment rooms, this helped to distract anxious patients and also aided confidentiality as people in the waiting room would be less likely to be able to hear conversations held at the reception desk.

The practice did not keep paper records, reducing the opportunity for confidential information to be overseen; patients' clinical records were stored electronically. Computers were password protected and backed up on a daily basis to secure storage. The computer screens at the reception desks were not overlooked which helped to maintain confidential information at reception. If computers were ever left unattended then they would be locked to ensure confidential details remained secure.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. 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.

Details of NHS costs were on display in the reception area and we were told that any private top up payments would be discussed with the patient and a treatment estimate given before any agreement reached to receive any private treatment.



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 two weeks 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 16 March 2017. However, we were shown a short notice cancellation list and were told that the receptionist would always offer to include patients on this list. This enabled patients to secure an earlier appointment at short notice should a cancellation occur.

We discussed appointment times and scheduling of appointments. We found the practice had an efficient appointment system in place to respond to patients' needs. Patients were given adequate time slots for appointments of varying complexity of treatment. Feedback on CQC comment cards received confirmed that patients were not kept waiting beyond their appointment time.

During our inspection we saw new patients registering with the practice. The receptionist asked patients if they had a preference of a male or female dentist. We also saw that the receptionist was accommodating and offered appointments based around school times and we were told that they always tried to offer appointments to coincide with patient's working arrangements.

Tackling inequity and promoting equality

The dental practice was located on the ground floor of a building and had level access, ground floor treatment rooms and a patient toilet which had been adapted to meet the needs of patients with a disability.

We spoke with the receptionist about communication with patients who had hearing impairments and for those patients who could not speak or understand English. We were told that contact details for a translation service were available; this company were also able to provide British

sign language interpreters as needed. The practice had a hearing induction loop for use by people who used hearing aids and two staff at the practice were able to communicate with patients who spoke Punjabi or Arabic.

Access to the service

The practice's opening hours are 9am to 5.30pm on Monday to Thursday, 9am to 5pm on Friday. The practice is also open from 9am to 1pm on alternate Saturdays each month. We were told that three vacant appointment slots were kept each day to accommodate urgent appointments for patients in dental pain; once these emergency appointments had been filled patients in dental pain could visit a nearby practice from the Smilestylist group. Staff told us that patients were usually able to get an appointment on the day that they telephoned.

A telephone answering machine informed patients that the practice was closed at lunchtime; patients were given the practice's opening hours and the contact details for NHS 111 for emergency dental treatment when the practice was closed.

Patients were able to make appointments over the telephone or in person.

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 had been reviewed in January 2017. The policy recorded contact details such as the General Dental Council and the Dental Complaint Service. This enabled patients to contact these bodies if they were not satisfied with the outcome of the investigation conducted by the practice. Staff spoken with were knowledgeable about how to handle a complaint.

We were shown the complaint folder and saw that one complaint had been received at the practice within the last 12 months and one via an on-line review site. Records seen demonstrated that complaints were investigated and patients were offered an initial apology and assistance to sort out any problems. Detailed information was kept in the complaint folder, including copies of all correspondence, records of telephone conversations, investigations and outcomes.



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

An annual audit of complaints received was completed. The practice were also analysing any issues or concerns raised via on-line review sites and were responding to these in an appropriate and timely manner.

Patients were given information on how to make a complaint. We saw that a copy of the complaints policy was on available in the practice folder available in the

waiting area, and was also on display in the waiting area. The practice had developed a complaint leaflet and the practice leaflet also gave patients information on how to make a complaint.

We saw that information regarding 'Duty of Candour' was available in the practice folder which was available to patients in the waiting area.



Are services well-led?

Our findings

Governance arrangements

The practice had a management team which consisted of the registered manager, practice manager and assistant manager. These staff were in charge of the day to day running of the service. We noted clear lines of responsibility and accountability across the practice team.

The practice had policies and procedures in place to support the management of the service, and these were readily available for staff to reference. These included health and safety, complaints, safeguarding adults and protecting children and infection control. Staff had been given a number of policies during their induction to the practice.

Comprehensive risk assessments were in place to mitigate risks to staff, patients and visitors to the practice. These included risk assessments for fire, health and safety display screen equipment, electrical equipment, clinical waste, manual handling, sharps, first aid, legionella and a general practice risk assessment. These helped to ensure that risks were identified, understood and managed appropriately. Evidence was available to demonstrate that all risk assessments were reviewed on an annual basis.

As well as regular scheduled risk assessments, the practice undertook both clinical and non-clinical audits. An audit file had been developed which contained copies of all recent audits completed, these were kept in alphabetical order for ease of access. These included six monthly infection prevention and control audits, audits regarding clinical record, information security, medical emergencies, radiography, hand hygiene, confidentiality and health and safety.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. The practice had clear lines of responsibility and accountability. Staff were aware of their roles and responsibilities and were also aware who held lead roles within the practice. The management team worked between several practices. Staff we spoke with said that the registered manager or assistant manager were usually available at the practice and the practice manager was always available by phone, email or in person at the

practice. Staff told us that the management team were very 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.

Staff told us that they worked well as a team, provided support for each other and that everyone at the practice was friendly and helpful.

Complaints systems encouraged candour, openness and honesty. Staff were aware of their responsibilities regarding Duty of candour.

Monthly staff meetings were held where learning was disseminated. We saw that meetings were minuted and recorded information regarding patient safety alerts, training information and updates regarding any changes at the practice. Staff signed to confirm their attendance at these meetings. Staff spoken with told us that two weeks before each meeting they were able to suggest topics for discussion. We were told that all staff were sent a copy of the minutes of each meeting and a copy of minutes was also available in the office. Staff said that they were able to talk freely at staff meetings and felt that they were listened to and also kept up to date with information about the practice or dentistry.

Annual appraisal meetings were held and personal development plans available for all staff. Staff confirmed that they were encouraged and supported to undertake training.

The practice produced a newsletter which was available for patients in the waiting area. The aim of the newsletter was to update patients. The practice produced three newsletters per year. The winter newsletter gave information about new staff employed at the practice and gave information to patients regarding maintaining healthy gums and signs and symptoms of grinding your teeth. The newsletter also encouraged patients to give feedback either via the questionnaires from reception or NHS Choices.

Learning and improvement

The practice sought to continuously improve standards by use of quality assurance tools, and continual staff training. Clinical audits were used to identify areas of practice which could be improved. Infection control audits were completed on a six monthly basis. Other audits included complaints, significant events, data security, emergency



Are services well-led?

medication, radiography, record card, access audit, environmental cleaning audit; hand hygiene, health and safety, accident, medical history and numerous other audits were completed. Action plans were recorded as required

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). The practice manager had introduced a system of monitoring to ensure staff were up to date with their CPD requirements. Staff said that they received email reminders when training was due and confirmed that support was provided to enable them to complete any training required. We saw evidence that all clinical staff were up to date with the recommended CPD requirements of the GDC. Annual appraisal meetings were held and staff confirmed that they were encouraged to undertake training.

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 saw that there was a suggestions box in the waiting room with satisfaction survey forms for patients to complete. We were shown the result of the survey results for March and September 2016. Patients were asked five questions relating to, for example cleanliness, prices and welcome received at the practice. All respondents had rated that they were either very satisfied or satisfied with the practice. The majority of respondents rated that they

were very satisfied. Positive comments were recorded. The practice website enabled patients to request a call back and we were told that they were able to leave comments or ask questions.

The practice participated in the Friends and Family Test (FFT). The FFT is a national programme to allow patients to provide feedback on the services provided. We looked at the results of the FFT for June 2016 to January 2017. We saw that the percentage of patients who were extremely likely to recommend the dental practice varied from 55% in November 2016 to 90% in December 2016. All patients who responded (apart from one who was neither likely or unlikely) stated that they were either extremely likely or likely to recommend the practice.

Staff spoken with told us that any patient feedback was always discussed during practice meetings. The receptionist confirmed that it was their responsibility to collate information which was put on display in the waiting area on a monthly basis for patients to see.

Staff said that they would speak with the assistant practice manager or the practice manager if they had any issues they wanted to discuss. We were told that staff were able to fill out a form for items to be included on practice meeting agendas. Staff said that they were also asked to complete a satisfaction survey. We saw a copy of a staff satisfaction survey in one staff member's recruitment file. We also saw the staff satisfaction audit which was completed in July 2015; no issues for action were identified.