

## Castle Dental Practice

# Castle Dental Practice

## Inspection Report

19 Cheapside  
Knaresborough  
North Yorkshire  
HG5 8AX  
Tel: 01423 865149  
Website: [www.castledental.co.uk](http://www.castledental.co.uk)

Date of inspection visit: 19 May 2016  
Date of publication: 22/06/2016

### Overall summary

We carried out an announced comprehensive inspection on 19 May 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

#### **Background**

Castle Dental Practice is a private dental practice which offers dental payment plans. The practice is located in the centre of Knaresborough, North Yorkshire with public car parking close by. The practice has five treatment rooms over two floors, a reception area, two waiting rooms, a decontamination room, a laboratory casting room, a children's room and staff facilities.

Due to the surgeries being located on the first and second floors patients with mobility requirements are referred to a local practice which is more accessible.

There are four dentists, a dental hygiene therapist, two dental hygienists and five dental nurses (one of which also works as the practice administrator).

The practice is open:

Monday 08:30 - 19:00

Tuesday, Wednesday & Thursday 08:30 – 17:30

Friday 08:30 – 16:30.

One of the partners 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.

# Summary of findings

During the inspection we received feedback from 27 patients. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be a wonderful team who are excellent, pleasant and helpful. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

## Our key findings were:

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had very good systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The practice sought feedback from staff and patients about the services.

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

- Review and implement a Legionella risk assessment, 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' the HSE Legionnaires' disease and the Approved Code of Practice and guidance on regulations L8.

- Review the practice protocol and ensure the practice implements a Fire risk assessment.
- Review the practice's protocol for undertaking audits of X-rays and dental care records at regular intervals to help improve the quality of service. The practice should also ensure all audits have documented learning points so the resulting improvements can be demonstrated.
- Review the practice's system for identifying and disposing of out-of-date stock.
- Review the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held, in particular Disclosure Barring Service checks (DBS).
- Review the practice's protocol for receiving, sharing and acknowledging alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'delivering better oral health: an evidence-based toolkit for prevention'.

# 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 effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

We saw all staff had received training in infection control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments was clearly displayed.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team. The practice also had a dental trauma log to review and record any significant events.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by all staff. We reviewed the newest member of staff's induction file and evidence was available to support the policy and process.

The practice had not undertaken a legionella risk assessment, however evidence of regular water testing was being carried out and the dental unit water lines were being managed appropriately.

### **Are services effective?**

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and recorded also any changes in risk factors were also discussed and recorded.

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused on prevention however the staff were not aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Patients dental care records provided detailed information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options, relevant X-rays including grading and justification. The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

### **Are services caring?**

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

# Summary of findings

Staff explained that enough time was allocated in order to ensure the treatment and care was fully explained to patients in a way which patients understood. Time was given to patients with complex treatment needs to decide what treatment options they preferred.

Comments on the 27 completed CQC comment cards we received included statements saying they were involved in all aspects of their care and found the staff to be a wonderful team who are excellent, pleasant and helpful and they were treated with dignity and respect.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed the staff to be welcoming and caring towards the patients

## **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 care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice was not accessible for patients in a wheelchair or with limited mobility; they did work closely with a local practice to signpost patients with mobility difficulties to their services.

The practice had a complaints process which was easily accessible to patients who wished to make a complaint. Staff recorded complaints and cascaded learning to staff. They also had patients' advice leaflets and practice information leaflets available on reception.

## **Are services well-led?**

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

Staff reported the registered manager was approachable, they were able to raise issues or concerns at any time and they felt supported in their roles. The culture within the practice was seen by staff as open and transparent.

There was a clearly defined management structure in place. The registered managers and practice co-ordinator were responsible for the day to day running of the practice.

The practice sought feedback from patients in order to improve the quality of the service provided. All comments had been reviewed and actioned or added to an action plan for the practice to review over the year.

The practice had not undertaken annual audits for X-rays or patient dental care records to monitor their performance and help improve the services offered. The last X-ray audit had been completed in 2013, the results of which were below the guidelines and no action had been taken to ensure improvements could be implemented. The practice was conducting a new X-ray audit at the time of the inspection however the result were being collated. An infection prevention and control audit had been completed however no action plans or learning outcomes were in place.

# Castle 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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 19 May 2016 and was led by a CQC Inspector and a specialist advisor.

We informed NHS England area team and Healthwatch North Yorkshire that we were inspecting the practice; however we did not receive any information of concern from them

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the registered manager, both of the partners, two dental nurses, the practice co-ordinator and the decontamination nurse. We saw policies, procedures and other records relating to the management of the service. We reviewed 27 CQC comment cards that had been completed

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered manager.

Staff had an understanding of the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The staff told us any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had one entry recorded in the last 12 months: evidence the event had been processed in accordance with the practice policy. The practice also recorded significant events and there was one event that had been reported over the past 12 months.

The practice co-ordinator told us they checked the MHRA web site monthly for alerts and they would only share alerts that were relevant to dentistry. Staff members were not aware of what MHRA was or any recent alerts that had come in to the practice. The Medicines and Healthcare products Regulatory Agency (MHRA), is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.

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

We reviewed the practice's safeguarding policy and procedures in place for safeguarding vulnerable adults and children using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. There was no allocated lead for safeguarding although staff told us they would work as a team to resolve any concerns. The lead role would include providing support and advice to staff and overseeing the safeguarding procedures within the practice.

Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients. Rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth in line with guidance from the British Endodontic Society.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations with the registered manager or practice co-ordinator.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (an AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. All staff knew where these items were kept. We found the oropharyngeal airways were not stored in the original packaging. No child facemasks for the medical oxygen were available. The needles and syringes in the emergency kit were out of date. This was brought to the attention of the practice co-ordinator and evidence of an order was seen on the day of the inspection.

We saw the practice kept logs which indicated the medical oxygen cylinder, medical emergency drugs and the AED was checked weekly. This ensures the equipment is fit for use and the medicines were within the manufacturer's expiry dates.

### Staff recruitment

The practice had a recruitment policy in place and a process had been followed when employing the newest member of staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. The newest member of staff had a recruitment file with and induction check list included. All recruitment files were kept by the practice co-ordinator.

We saw all staff had not been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether

# Are services safe?

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. Four of the long standing members of staff had not been DBS checked. This was brought to the attention of the practice co-ordinator to implement as soon as possible.

We recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

## **Monitoring health & safety and responding to risks**

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on clinical waste management and manual handling. We saw this policy was reviewed in March 2016.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were implemented into the practice a new risk assessment was put in place.

The practice did not have a fire risk assessment, although one of the practice partners had implemented an in house report. We saw the fire extinguishers were regularly serviced. There was evidence that a fire drill had been undertaken with staff and discussion about the process reviewed at practice meetings. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

## **Infection control**

The practice had a decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. There was always a decontamination nurse so they could supply instruments to each surgery as required.

There was one sink and a separate bowl for decontamination work in decontamination room. All clinical staff were aware of the work flow in the decontamination areas from the 'dirty' to the 'clean' zones. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination area this included disposable gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The decontamination nurse and dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were hand scrubbed, placed in an ultrasonic bath examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes.

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure that they were functioning properly.

We saw from staff records all staff had received various infection prevention and control training at different intervals over the last year covering a range of topics including hand washing techniques.

There were adequate supplies of liquid soap and paper hand towels in the decontamination area and surgeries and a poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

We saw all sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was not stored securely, however this was addressed by the end of the inspection and secured to the wall. The registered manager had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed all clinical staff had received inoculations against Hepatitis B although there was no evidence any staff member had had their bloods



# Are services safe?

tested for the presence of the Hepatitis B antibody. This was brought to the attention of the practice co-ordinator to review. It is recommended that 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 acquiring blood borne infections.

The practice did not have a legionella risk assessment, although one of the practice partners had implemented an in house report. Hot and cold water temperature checks were in place and a log of outlets that were not used regularly was in place. The practice did not know which taps should be tested or which was the sentinel tap. Dip slide testing had been completed but no evidence was available on the day of the inspection to support this. Staff had received legionella training to raise their awareness in 2014. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

## Equipment and medicines

We saw that Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) had been undertaken in September 2015.

The practice displayed fire exit signage. We saw the fire extinguishers had been checked in August 2015 to ensure they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves, the compressor and X-ray equipment which showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured the equipment remained fit for purpose.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Other than

emergency medicines the practice held a selection of antibiotics. These were stored securely however logs needed to be implemented to know what stock had been used. The prescriptions were only printed or stamped when required.

## Radiography (X-rays)

The X-ray equipment was located in two surgeries. X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how each X-ray machine needed to be operated safely. The local rules were also displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The practice co-ordinator told us they had not undertaken an annual quality audit of the X-rays taken since 2013. This audit was for one dentist and the results were below the minimum recommended targets suggested by the NRPB. No action plans or learning outcomes were in place to improve and repeat the audit. A new audit was currently taking place and the results of three dentists were sent the day after the inspection. Two of the dentist's results had also come back below the minimum recommended targets and again no action plan or learning outcomes were in place. No reasons for why an X-ray was a grade 2 or 3 had been recorded. This is not in line with the National Radiological Protection Board (NRPB).



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment although they were not aware of the recognised guidance from the Faculty of General Dental Practice (FGDP). The assessment was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such as smoking and drinking and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

There was no evidence patient dental care records had been audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice. This was brought to the attention of the practice co-ordinator and they told us they would do one as soon as possible.

During the course of our inspection we discussed patient dental care records with the dentists and reviewed dental care records to confirm the findings. We found they were in accordance with the guidance provided by the Faculty of General Dental Practice. For example, evidence of a discussion of treatment needs with the patient was routinely recorded. The practice recorded that medical histories had been up dated prior to treatment. Soft tissue examinations, diagnosis and a basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums, had also been recorded.

All subsequent appointments patients were always asked to review and update a medical history form. This ensured the dentists, dental hygienists or dental hygiene therapist were aware of the patients' present medical condition before offering or undertaking any treatment.

The dentists told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the

costs. By reviewing the dental care records we found these discussions were recorded and signed treatment plans were scanned into the patients' dental care records, these were not always accessible.

Patients' oral health was monitored throughout the practice including referrals to the dental hygiene therapist and hygienists and if a patient had more advanced gum disease a more detailed inspection of the gums would be undertaken with supporting preventative advice. This was followed up accordingly; these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the dental care records the dentists were following the NICE guidelines on recalling patients for check-ups.

The practice also offer dental implants with two of the dentists. We checked dental care records in relation to the assessment prior to the implants being placed. These including an assessment of the patients' periodontal health, the condition of the remaining teeth, the quality of bone (using X-rays) and any aesthetic considerations (especially if it was to replace a front tooth). We were told that as part of the whole implant process one of the dental nurses was the lead for implant patients and they provided support to patients undertaking dental implant treatment.

Patients requiring specialist treatments that were not available at the practice such as conscious sedation or orthodontics were referred to other dental specialists. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

### Health promotion & prevention

The patient reception and waiting area contained a range of information that explained the services offered at the practice and the private fees for treatment.

The dentists told us they offered patients oral health advice and fluoride varnish annually for children. The staff told us they were not aware of the Department of Health's policy, the 'Delivering Better Oral Health' toolkit, this includes fluoride applications. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay and evidence of this was seen in the patient dental care records.

# Are services effective?

## (for example, treatment is effective)

Patients were given advice regarding maintaining good oral health. Patients who had a high rate of dental decay were also provided with a detailed diet advice leaflet which included advice about tooth brushing. Patients who had a high rate of dental decay were also prescribed high fluoride toothpastes to help reduce the decay process.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that smoking cessation advice was given to patients who smoked.

The practice had historically worked very closely with the local community but unfortunately struggled to allocate time to keep up the session with schools. The practice had set up a club for children called “Jesters” and they had a children’s area on the ground floor of the practice where qualified staff could provide tooth brushing advice, diet advice and fluoride advice to children of all ages. Fun days for children in the school holidays were available giving children an opportunity to experience a dental practice in a fun way.

### Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included getting the new member of staff aware of the practice’s policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the recruitment files.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice was closed on a Monday morning and staff had the opportunity to use the computers and completed CPD if they required. The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. The practice also held sessions to cover CPD topics for staff. Staff meetings were used to discuss policies and also cover a variety of CPD. The practice co-ordinator had a colour coded system

to show what training had been completed and who had attended each session. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents. Staff also felt they could approach the registered manager or practice co-ordinator at any time to discuss continuing training and development as the need arose.

The practice also had a dental laboratory casting room where one of the dental nurses had completed a course in extending duties for impression taking, casting models. The same dental nurse also had a qualification in regards to oral health.

### 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 and in line with NICE guidelines where appropriate. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including sedation.

The dentists completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient’s dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then scanned in the patient’s dental care records.

The practice also had a process for urgent referrals for suspected malignancies; this included sending a fax to the local hospital where patients could be fast tracked under a two day response.

The practice kept a log of all referrals which had been sent. This included a list of when the letter had been sent, when any letters had been received back, any further treatment appointments required and the method of delivery.

### Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent

# Are services effective?

(for example, treatment is effective)

was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment, although they were not aware of the Gillick competency.

Staff had completed training and had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began and a treatment plan was signed by the patient. The dentists told us that individual treatment options, risks, benefits and costs were always discussed with each patient; they were not always recorded in the records. Patients were given time to consider and make informed decisions about which option they preferred.

# Are services caring?

## Our findings

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

Feedback from the patients was positive and they commented they were treated with care, respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. We observed staff were helpful, discreet and respectful to patients. Staff said if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' electronic care records were password protected and regularly backed up to secure storage. The practice also had removable hard drives that were removed from the site every night.

Music was played in the waiting areas for patients which provided an element of auditory privacy; a selection of magazines was available and chilled water. Children books and toys were also available.

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

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

The practice had a range of information available on the practice website, this included information about the children's club 'Jesters', a prevention area with detailed advice on oral health and how the practice could help individual patients or groups of children. The practice also provided dental implants and orthodontic invisalign treatments; information pages were available for both.

Staff told us how the dentists would provide treatment options including benefits and possible risks of each option and give out supporting information sheets if required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day. Slots were booked out each day and if these had been filled the reception staff and dentist reviewed the day list and discussed when would be convenient for the patient to attend.

The practice co-ordinator told us they had patient information leaflets on oral care and treatments in the surgery to aid the patients' understanding if required or requested. A variety of leaflets were available in the reception and waiting areas too.

The patients commented on the CQC comment cards they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

### Tackling inequity and promoting equality

Reasonable adjustments had been made to the premises including hand rails on the stairs and toilets; however the practice could not accommodate patients in a wheelchair or with limited mobility. The staff worked closely with a local practice and would refer patients to them.

The practice had equality and diversity policy to support staff had undertaken training to provide an understanding to meet the needs of patients. The practice also had access to translation services for those whose first language was not English.

### Access to the service

The practice displayed its opening hours on a display board outside the premises, in the practice information leaflet and on the practice website.

The opening hours are:

Monday 08:30 - 19:00

Tuesday, Wednesday & Thursday 08:30 – 17:30

Friday 08:30 – 16:30.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent patients would be seen the same day. The patients told us when they had required an emergency appointment this had been organised the same day. The practice had an on call rota system in place at weekends for patients requiring urgent dental care. Patients who had an emergency during the week were signposted to the dentists direct telephone numbers and these contact details were available on the practice's telephone answering machine.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The practice co-ordinator and dentists were responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the registered manager to ensure responses were made in a timely manner.

We looked at the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. The practice had received one complaint in the last year, we saw evidence all complaints had been dealt with in line with the practice's procedure. This included acknowledging the complaint within seven working days and providing a formal response. A discussion took place with the practice co-ordinator that a more detailed log could be implemented to show the timeline of when a complaint was responded to and the outcome of the complaint.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had governance arrangements in place including various policies and procedures for monitoring and improving the services provided for patients. Staff were aware of their roles and responsibilities within the practice.

We saw the results of the August 2013 X-ray audit where no action plans and learning outcomes had been implemented to continuously improve the procedure and reduce the risk of re-taking of X-rays. The audit was only in place for one clinician and the results were below the minimum recommended targets set out in guidance from the National Radiological Protection Board (NRPB). The day after the inspection a new X-ray audit had been collated. Three dentists findings had been recorded however again two clinicians' scores were below the minimum recommended targets and no action plans or learning outcomes were in place to review why a film had been score a 2 or 3 and how to prevent the film being less than adequate in the future. We brought this to the attention of the practice co-ordinator and they said they were looking to review their audit process in full.

The infection prevention and control audit had been completed in March 2016; however no action plans or learning outcomes were in place.

The practice did not have a legionella risk assessment, although one of the practice partners had implemented an in house report. Hot and cold water temperature checks were in place and a log of outlets that were not used regularly was in place. The practice did not know which taps should be tested or which was the sentinel tap. Dip slide testing had been completed but no evidence was available on the day of the inspection to support this. Staff had not received legionella training to raise their awareness. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

### Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner.

The practice held monthly staff meetings involving as many staff members as possible and rotated the days to accommodate all staff. The meetings were minuted and emailed to all staff to ensure everyone saw what had been discussed if they could not attend. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

All staff were aware of whom to raise any issue with and told us the registered manager and practice co-ordinator were approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice and that the delivery of high quality care was part of the practice's ethos.

### Learning and improvement

The practice co-ordinator told us that audits were an area of improvement for the practice at the start of the day and they were fully aware they needed to do more in this area. The practice had a plan in place from patient and staff feedback for the practice to be refurbished where required. This included upholstery of one of the dental chairs, new drawers in two of the surgeries and new carpets.

Staff told us they were encouraged to complete training relevant to their roles to ensure essential training was completed; this included medical emergencies and basic life support, infection prevention and control and radiography.

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

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

The practice co-ordinator explained the practice had a good longstanding relationship with their patients. The practice provided a continuous patient questionnaire and survey available for patients to complete and the responses were collated monthly and a report issued annually. This was shared at practice meetings to ensure any comments positive or negative were fed back and could be acted upon.

We saw the practice held monthly practice meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their

## Are services well-led?

daily interactions. The practice co-ordinator told us if anyone was not at the meeting they would email the minutes to all staff and ask them to sign a practice copy to ensure everyone had read the minutes.