

## Nottingham Emergency Dental Services Limited

# Nottingham Emergency Dental Services Limited

### Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 15 November 2016 to ask the service 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**

The service is located on the ground floor of premises to the west of the city centre close to the Queens Medical Centre (QMC). The service provides a mixture of NHS and private out-of-hours emergency dental treatments and a minor oral surgery service (IMOS). There is a small car park located at the service. There are two treatment rooms all of which are located on the ground floor.

The service provides out-of-hours regulated emergency dental services to both adults and children. Services provided include emergency general dentistry, Planned minor oral surgery up to three times a week.

The service's opening hours are – Monday to Friday: 7 pm to 9:15 pm with access through referral from the NHS 111; Saturday: 2 pm to 5 pm and 6 pm to 9 pm; Sunday: 9 am to 12 noon, 2 pm to 5 pm and 6 pm to 9 pm. In addition the service has a contract for minor oral surgery with NHS referrals from dentists on Tuesday and Wednesday: 9:30 am to 2:30 pm and Saturday: 8:30 am to 1 pm.

# Summary of findings

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

The practice has 13 dentists and 23 qualified dental nurses; Dental nurses also worked on the reception desk.

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 and during the inspection we spoke with patients. We received feedback from 17 patients who provided a positive view of the services the practice provides. All of the patients provided positive feedback.

## **Our key findings were:**

- The premises were visibly clean and there were systems and processes in place to maintain the cleanliness.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients commented they had no problem getting an appointment that suited their needs.
- Patients were able to access emergency treatment when they were in pain.
- Patients provided positive feedback about their experiences at the practice. Patients said they were treated with dignity and respect; and the dentist involved them in discussions about treatment options and answered questions.
- Patients' confidentiality was protected.
- There were systems to record accidents, significant events and complaints, and where learning points were identified these were shared with staff.
- The records showed that apologies had been given for any concerns or upset that patients had experienced at the practice.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns.
- Where audits identified improvements were needed these had not always been followed through.
- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.

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

- Review the service's audit protocols of various aspects of the service, such as dental care records at regular intervals to help improve the quality of service. The service should also check all audits have documented learning points and the resulting improvements can be demonstrated.

# 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 service was providing safe care in accordance with the relevant regulations.

All staff had received up-to-date training in safeguarding vulnerable adults and children. There were clear guidelines for reporting concerns and the service had a lead member of staff to offer support and guidance over safeguarding matters. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary. Information regarding safeguarding was displayed throughout the service.

The service had emergency medicines and oxygen available, and an automated external defibrillator (AED). Regular checks were being completed to ensure the emergency equipment was in good working order.

Recruitment checks were completed on all new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role.

The service was visibly clean and had infection control procedures to ensure that patients were protected from potential risks. Regular audits of the decontamination process had been undertaken as recommended by the current guidance.

X-ray equipment was regularly serviced and inspected to make sure it was safe for use.

No action



### Are services effective?

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

All patients were clinically assessed by a dentist before any treatment began. The service used a recognised assessment process to identify any potential areas of concern in a patient's mouth including their soft tissues (gums, cheeks and tongue).

Staff had received an appraisal to identify their learning needs and monitor their development and progress.

The service had systems in place for making referrals to other dental professionals when it was clinically necessary.

No action



### Are services caring?

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

Patient confidentiality was maintained and dental care records were stored securely.

Feedback from patients identified staff were friendly, and treated patients with care and concern. Patients also said they were treated with dignity and respect.

There were systems for patients to be able to express their views and opinions.

No action



# Summary of findings

## Are services responsive to people's needs?

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

Patients who were in pain or in need of urgent treatment were assessed and if necessary could usually get an appointment the same day.

The practice had two ground floor treatment rooms which allowed easy access for patients with restricted mobility or mothers with prams or pushchairs.

A formal disabled access audit in line with the Equality Act (2010) was completed in October 2016 and a copy sent to CQC after this inspection. The access audit was to consider the needs of patients with restricted mobility.

There were arrangements for emergency dental treatment outside of normal working hours, including weekends, evenings and public holidays which were clearly displayed in the service and in the service leaflet.

There were systems and processes to support patients to make formal complaints.

No action



## Are services well-led?

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

There was a clear management structure at the service. Staff were aware of their roles and responsibilities within the dental team, and knew who to speak with if they had any concerns.

The service had a system for carrying out audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided. The system for auditing could be more robust. We were informed policies and procedures had been kept under review.

Patients were able to express their views and comments, and the service listened to those views and acted upon them.

Staff said the service was a friendly place to work, and they could speak with a senior colleague if they had any concerns.

No action



# Nottingham Emergency Dental Services Limited

## Detailed findings

### Background to this inspection

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

We carried out an announced, comprehensive inspection on 19 October 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked for information to be sent, this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies.

We reviewed the information we held about the service and found there were no areas of concern.

We reviewed policies, procedures and other documents. We received feedback from 17 patients about the dental service.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had systems for recording and investigating accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed there had been no recorded accidents in the twelve months up to this inspection. The last being a minor injury to a member of staff in April 2014. The records showed that appropriate action had been taken.

The practice had not made any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reports although staff said they were aware how to make these on-line.

The practice had a significant event folder which contained guidance for staff on identifying a significant event and keeping suitable records about any such event. Records at the practice showed that significant events had been identified and logged within the practice. There had been eight significant events recorded during 2016. The last recorded event had occurred in October 2016 and related to the security of a prescription pad. Information and learning points had been shared with staff and recorded.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. These were received by the clinical director and a senior team leader. These were analysed and discussed with staff as appropriate. As the staff team were part time the service had information sharing protocols were in place to ensure all staff were made aware of important information.

Discussions with the registered manager identified the service did not have a duty of candour policy. Staff at the service were aware of duty of candour. There had been one specific incident that had occurred at the service where an error had been made during treatment. Documents identified that the patient was told immediately that there had been an incident and they had been affected by something that had gone wrong. The patient had received a telephone update afterwards and a written apology with a full explanation of what had happened and how things had gone wrong. The registered manager had information

relating to the duty of candour from the Care Quality Commission (CQC). The registered manager said a specific policy would be written following this inspection. The registered manager was aware of when and how to notify CQC of incidents which cause harm.

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

The practice had a policy for safeguarding vulnerable adults and children. The policy was identified for review in February 2017. The policy identified how to respond to and escalate any safeguarding concerns. The relevant contact telephone numbers and a flow chart were available for staff in the policies and behind reception. Discussions with staff showed that they were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary. The registered manager said there had been no safeguarding referrals made by the practice.

The registered manager was the identified lead for safeguarding in the practice. They had received enhanced training in child protection to level two in April 2015. We saw evidence that all staff had completed in-house safeguarding training and refresher training was booked for 24 November 2016.

The service had identified a member of staff with responsibility for keeping the information relating to the Control Of Substances Hazardous to Health (COSHH) Regulations 2002 under review. The COSHH file contained guidance for staff. This identified the risks associated with COSHH. There were hard copies of manufacturers' product data sheets in the COSHH file together with risk assessments for each product. Data sheets provided information on how to deal with spillages or accidental contact with chemicals and advised what protective clothing to wear.

The service had an up to date Employers' liability insurance certificate which was due for renewal on 3 October 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969. The certificate was displayed behind reception.

The service had a sharps policy which informed staff how to handle sharps (particularly needles and sharp dental instruments) safely. We saw the practice used a recognised system for handling sharps safely in accordance with the Health and Safety (Sharp Instruments in Healthcare)

# Are services safe?

Regulations 2013, and practice policy. Service policy was that only dentists handled sharp instruments. The service had reviewed their protocols for handling sharps following an untoward incident in 2013. This had made the handling of sharps much safer.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) We saw the sharps bins were stored securely in clinical areas which followed the guidance which indicated sharps bins should not be located on the floor, and should be out of reach of small children. Sharps bins were signed and dated. The National Institute for Healthcare Excellence (NICE) guidelines: 'Healthcare-associated infections: prevention and control in primary and community care' advise – sharps boxes should be replaced every three months even if not full. Signing and dating allowed the three month expiry date to be identified.

Discussions with dentists and a review of patients' dental care records identified the dentists rarely carried out root canal treatments. Therefore rubber dams were not used at the service although there was a rubber dam kit. A rubber dam is a thin, square sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment (treatment involving the root canal of the tooth) is being provided.

## Medical emergencies

The dental service had equipment in preparation for any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the medicines and found they were all in date. There were robust systems in place to check expiry dates and monitor that equipment was safe and working correctly.

There was a first aid box in the practice and we saw evidence the contents were being checked regularly. All dental nurses had completed a two day first aid at work course on 7 March 2015.

There was an automated external defibrillator (AED) at the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of

the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The AED was being checked regularly to ensure it was working correctly. This complied with the Resuscitation Council UK guidelines.

All nursing staff at the service had completed basic life support and resuscitation training on 28 January 2016. We saw certificates to evidence that staff had completed this training. We were told dentists had attended this training at their own dental practices; and copies of certificates were available to evidence the dentists had completed this training.

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies.

## Staff recruitment

The service had a staff recruitment policy which was scheduled for review in July 2017. We looked at the staff recruitment files for five staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We found that all clinical members of staff had received a DBS check. The practice was routinely taking references for new members of staff. We discussed the records that should be held in the recruitment files with a dentist and the head dental nurse and saw the practice recruitment policy and the regulations had been followed.

## Monitoring health & safety and responding to risks

The practice had a health and safety policy which was for review in February 2017. The policy identified the registered manager as the lead person who had overall responsibility



# Are services safe?

within service for different areas of health and safety. As part of this policy environmental risk assessments had been completed. For example there were risk assessments for: manual handling, electrical safety and fire safety.

Records showed that fire extinguishers had been serviced in June 2016. There was a formal fire risk assessment which had been reviewed in March 2016. We saw there was an automatic fire detection system including emergency lighting. The landlords had responsibility for the fire alarm system and we saw evidence that the necessary checks were being undertaken. The fire evacuation procedure was displayed within the premises for patients and staff. Fire exits were clearly marked.

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

## Infection control

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

The service had an infection control policy which had been reviewed in November 2015. A copy of the policy was available to staff in clinical areas. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The service had systems for testing and auditing the infection control procedures.

Records showed that an infection control audit had been completed in July 2016 and November 2016. This was as recommended by HTM 01-05. The audit had not produced any action points

The landlord was responsible for the clinical waste contract, and waste matter was collected regularly. The service had a spillage kit for bodily fluids which was within its use by date.

Dental instruments were cleaned in a dedicated decontamination room. We saw staff wore personal

protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear. The practice was latex free to avoid any potential latex allergy. Daily check sheets were completed by nurses to record the decontamination process.

The practice had two washer disinfectors (a machine for cleaning dental instruments similar to a domestic dish washer). One was a combined washer disinfectant/ultrasonic cleaner. There was also one stand alone ultrasonic cleaner. An ultrasonic cleaner is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound and a liquid. After cleaning instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in one of the practice's two autoclaves (a device for sterilising dental and medical instruments). At the completion of the sterilising process, all instruments were dried, placed in pouches and dated with a use by date.

We checked the equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers' instructions. There were records to demonstrate this and that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

The practice had a policy for dealing with blood borne viruses. There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received blood tests to check the effectiveness of that inoculation. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The practice had an assessment for dealing with the risks posed by Legionella. This had been reviewed and updated by an external contractor in September 2015. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice was aware of the risks associated with Legionella and had taken steps to reduce them with regular flushing of dental water lines as identified in the relevant guidance. Among the recommendations from the assessment were taking and recording quarterly dipslide tests. The principal dentist said



# Are services safe?

this was being completed although the evidence was not available on the day of the inspection. Following the inspection we were sent copies of dipslide analysis covering the period for 2016.

## Equipment and medicines

The practice kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing (PAT) had been completed on electrical equipment at the practice in November 2016. There were also an electrical installation condition report dated July 2015 which demonstrated electrical equipment in the treatment rooms had been checked. Certificates in the practice identified that pressure vessel checks on the compressor which produced the compressed air for the dental drills had been completed in May 2016. The two autoclaves had been serviced in October 2016. This was in accordance with the Pressure Systems Safety Regulations (2000)

Medicines for use in an emergency were available at the practice as identified in the Guidance on Emergency Medicines set out in the 'British National Formulary' (BNF).

## Radiography (X-rays)

There was a Radiation Protection file which contained the relevant information and records relating to the X-ray machines and their safe use on the premises.

The service had two intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth).

X-rays were carried out in the treatment rooms within the service. We saw there were local rules that were relevant to the service and each piece of specific equipment. The local rules for the use of each X-ray machine were on display beside each X-ray machine.

The Radiation Protection file identified the service had two radiation protection supervisors (RPS) this being the registered manager and one of the dental nurses. An external radiation protection advisor (RPA) had been appointed. This was a company specialising in servicing and maintaining X-ray equipment, who were available for technical advice regarding the machinery. The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and by qualified staff only.

The practice had critical examination documentation for both X-ray machines. Critical examinations are completed when X-ray machines are installed to document they have been installed and are working correctly. Critical examination documentation was dated 11 June 2001 and 15 January 2015.

Records showed the X-ray equipment had been inspected in February 2015 with the next inspection due 17 December 2018. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years. The regulations also required providers to inform the Health and Safety Executive (HSE) that X-rays were being carried out on the premises. Documentary evidence via e mail dated 9 November 2016 confirmed this had been completed.

The service used digital X-rays which used lower doses of radiation and which therefore reduced the risks to both the patients and staff. As a backup the service had the equipment to manually process X-rays, but staff said this was hardly ever used.

We saw that both intraoral X-ray machines were fitted with rectangular collimation. Rectangular collimation is a specialised metal barrier attached to the head of the X-ray machine. The barrier has a hole in the middle used to reduce the size and shape of the X-ray beam, thereby reducing the amount of radiation the patient received and the size of the area affected. This was in line with the Ionising Radiation Regulations (Medical Exposure) Regulations 2000 (Regulation 7).

All patients were required to complete a medical history form and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant. The patients signed the form to confirm the information was correct and to confirm any information that might influence them having an X-ray.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings. We saw that the Faculty of General Dental Practice (FGDP UK) guidelines: 'selection criteria for dental radiography' (2013) were being followed.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice held both paper and electronic dental care records for each patient seen at the service. Dental care records contained information about the assessment, diagnosis, and treatment and also recorded the discussion and advice given to patients by dental healthcare professionals.

Patients at the service completed a medical history form which was checked by the dentist in the treatment room with the patient. The patients' medical histories included any health conditions, medicines being taken and whether the patient had any allergies.

We saw the dentist used national guidelines on which to base treatments and develop treatment plans for managing patients' oral health. Discussions with the dentist showed they were aware of National Institute for Health and Care Excellence (NICE) guidelines, particularly in respect of prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart) and lower wisdom tooth removal. A review of the records identified that the dentists were following NICE guidelines in their treatment of patients.

### Health promotion & prevention

The service had one waiting room where posters and leaflets relating to good oral health were on display. These included posters giving advice to parents about good oral hygiene and tooth brushing and oral cancer awareness. There were also leaflets giving advice about healthy eating for patients.

As this was an emergency dental service patients came for specific treatment or for an identified concern. Consequently health promotion was not the main focus of the service.

### Staffing

The practice had 13 dentists and 23 qualified dental nurses; Dental nurses also worked on the reception desk. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC)

register. We found all staff were up to date with their professional registration with the GDC. On the day of our inspection we also saw evidence of current professional indemnity cover for all relevant staff.

Records within the practice showed there were sufficient numbers of staff to meet the needs of patients attending the practice for treatment.

We looked at staff training records for three staff members and these showed that staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, radiography (X-rays), infection control and safeguarding.

Records at the practice showed that staff had an annual appraisal. Documentation showed that nursing staff had completed a review of their own learning objectives. Dentists had a one to one meeting with the registered manager to discuss progress, learning and achievement.

### Working with other services

The practice made referrals to other dental professionals based on risks or if a service was required that was not offered at the practice. The nature of the service was that it was an emergency service which also offered minor oral surgery on specific days of the week. As a result referrals were received from other dentists for the extraction of wisdom teeth (for example).

Where there was suspected oral cancer the referral was fast tracked to the local Queens Medical Centre (QMC). These referrals were made in-line with the recommended two week window for urgent suspected cancer referrals.

### Consent to care and treatment

During the inspection we saw the service's consent policy which had been produced from the British Dental Association (BDA) template and which referenced the General Dental Council (GDC) Standards guidance – 'Principles of patient consent.' This document was deficient in a number of areas most notably that it made no reference to capacity or the Mental Capacity Act 2005 (MCA).

# Are services effective?

(for example, treatment is effective)

Following the inspection we were sent a much more detailed service specific policy which contained detailed guidance for staff and did reference the MCA. In addition the policy identified the circumstances where children under the age of 16 might also give consent for their own treatment. This is known as Gillick competency and refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge.

Discussions with dental staff identified they were aware of Gillick competency.

We saw how consent was recorded in the patients' dental care records. Consent was clearly recorded in dental care records for patients receiving a minor oral surgery service. However for those patients receiving an emergency dental service consent was not always clearly recorded.

An audit of how consent was recorded in dental care records in the emergency dental service over the period July 2016 to September 2016 identified failings with regard to recording consent. This issue had also been identified in earlier audits between January 2016 and March 2016, and April 2016 and June 2016. This issue had not been addressed following the earlier audits.

# Are services caring?

## Our findings

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

During the inspection we observed staff speaking with patients. We saw that staff were polite, and had a professional approach. We saw that staff spoke with patients with due regard to dignity and respect. Due to a clinical issue the dentist was running late which affected the patients who were waiting for their appointment. Discussions with two patients identified they had been informed their appointment would be delayed with an explanation and an apology. Both patients said they understood and were happy to wait.

The reception desk was located in the waiting room. We asked reception staff how patient confidentiality was maintained at reception. Staff said that details of patients' individual treatment were never discussed at the reception desk.

We saw examples that showed patient confidentiality was maintained at the practice. For example the reception desk could not be overlooked so that information with the receptionist was secure. Patients' dental care records were held securely.

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

We received positive feedback from 17 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by talking with patients in the practice.

The practice offered both NHS and private emergency dental treatment and the costs were clearly displayed in the practice, with posters in the waiting rooms and at reception.

The service had literature about the different minor oral surgery procedures that were offered. Discussions with two patients who were attending for minor oral surgery showed they had a good understanding of what was planned. Both patients said the procedures had been explained to them and they had the opportunity to ask questions and seek clarification.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The service was located the ground floor of premises close to the Queens medical centre (QMC) in Nottingham. The service provided a mixture of NHS and private emergency dental treatments and minor oral surgery. There was limited free car parking at the service.

The service had separate staff and patient areas, to assist with confidentiality and security.

We saw there was a good supply of dental instruments, and there were sufficient instruments to meet the needs of the service.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist.

Patients who were due to have wisdom teeth removed during minor oral surgery were offered an assessment appointment to discuss treatment options, possible complications and outcomes.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy which was identified for review in February 2017.

Patient areas were situated on the ground floor with two treatment rooms available. This allowed patients with restricted mobility easy access for treatment. The treatment rooms were large enough for patients to manoeuvre a wheelchair or push chair.

The practice had one toilet which was suitable for patients with restricted mobility. The toilet had wall mounted grab bars to assist any patient with restricted mobility. This toilet also had baby change facilities for mothers of young children.

The practice had information relating to access in line with the Equality Act (2010). Following the inspection we were

sent a copy of the access audit which had been completed on 20 October 2016. The practice could accommodate patients with restricted mobility; with level access from the street to the ground floor treatment rooms. One treatment room had a knee break chair installed which made transferring from a wheelchair easier.

The practice had a hearing induction loop to assist patients who used a hearing aid. The Equality Act requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices.

### Access to the service

The practice's opening hours were – Monday to Friday: 7 pm to 9:15 pm with access through referral from the NHS 111; Saturday: 2 pm to 5 pm and 6 pm to 9 pm; Sunday: 9 am to 12 noon, 2 pm to 5 pm and 6 pm to 9pm. In addition the service has a contract for oral surgery with NHS referrals from dentists on Tuesday: 9:30 am to 2:30 pm.

Access to the service was by telephoning the 111 NHS service.

The practice did not have a website.

### Concerns & complaints

The service had a complaints procedure for both NHS and private patients which was due for review in February 2017. The procedures explained how to complain and identified time scales for complaints to be responded to, and other agencies to contact if the complaint was not resolved to the patients satisfaction.

Information about how to complain was displayed in the waiting room.

From information received before the inspection we saw that there had been two formal complaints received in the 12 months prior to this inspection. Documentation within the practice showed the complaints had been handled appropriately and in a timely way. Apologies had been given where necessary and explanations provided.

# Are services well-led?

## Our findings

### Governance arrangements

We saw a number of policies and procedures at the service however; many had been produced by the British Dental Association (BDA) and were not all specific to this service. For example the consent policy. In addition we saw some policies were undated, and review dates had not been identified. The principal dentist said that all policies were reviewed annually. However, the documentation did not always demonstrate this.

Staff said if they had any concerns they would raise these with the registered manager. We spoke with two members of staff who said they liked working at the service, felt patients were offered good care and the team worked well together.

We saw a selection of dental care records to assess if they were complete, legible, accurate, and secure. The dental care records we saw contained sufficient detail and identified patients' needs, care and treatment.

### Leadership, openness and transparency

We saw that full staff meetings were scheduled for once a month throughout the year. However staff said there had been some slippage. Staff meetings were minuted and minutes were available to all staff. We saw that often a staff meeting had a particular learning topic such as safeguarding or infection control. At these meetings learning points were shared with staff.

Discussions with staff showed there was a good understanding of how the service worked, and knowledge of policies and procedures.

The practice had an underperformance and whistleblowing policy. The whistleblowing policy identified how staff could raise any concerns they had about colleagues' under-performance, conduct or clinical practice. This was both internally and with external agencies.

The service had information relating to the duty of candour which had been taken from the Care Quality Commission (CQC). This information led the service to be open and honest in their dealings with patients. Discussions with the registered manager identified the service was in the process of writing a specific duty of candour policy. The service was able to demonstrate that apologies and

explanations had been given to patients when things had gone wrong. One example had been when a prescription had been incorrectly completed which had resulted in a delay in a patient receiving their medication.

### Learning and improvement

There were a range of audits completed throughout the year. This was for clinical and non-clinical areas of the practice. The audits identified both areas for improvement, and where quality had been achieved. Examples of completed audits included: an audit of radiography (X-rays) in June 2016; an audit of dental care records in Minor Oral Surgery (IMOS) had been completed between July 2016 and September 2016 with all clinicians scoring 100%. An audit of dental care records in the emergency dental service over the same period identified failings with regard to consent and checking of medical histories. The consent issue had been identified in earlier audits between January 2016 and March 2016, and April 2016 and June 2016. The issue regarding consent in dental care records had not been addressed. We discussed this with the principal dentist who said a review of the data would be undertaken and the necessary action completed. We saw that regular six monthly infection control audits had been completed.

The practice ensured that all staff underwent basic life support and resuscitation training, infection control, safeguarding of children and vulnerable adults and dental radiography (X-rays). Staff development was by means of internal training, staff meetings and attendance on external courses.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals are required to complete 150 hours over the same period. We saw that key CPD topics such as IRMER (related to X-rays) and safeguarding had been completed by all relevant staff.

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

## Are services well-led?

The practice had its own patient satisfaction survey which was completed on an on-going basis. The data was analysed on a six monthly basis. The results were available in a folder in the waiting room and data demonstrated a steady improvement over a two year period.

The service had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS

England. The service had an FFT folder in the waiting room which had all of the information collected during 2016 available for patients. Family and Friends information had been split to show each part of the service (emergency out-of-hours care and the Intermediate minor oral surgery) Data in the service showed positive responses throughout the year with patients who had responded saying 100% they would recommend the practice to their family and friends.

The NHS Choices website: [www.nhs.uk](http://www.nhs.uk) had no patient reviews recorded.