

Dorset House Dental

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Inspection Report

9 Whitehall Road
Rugby
CV21 3AE
Tel: 01788 543217
Website:

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Overall summary

We carried out an announced comprehensive inspection on 3 September 2015 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 not 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 not providing well-led care in accordance with the relevant regulations.

Dorset House Dental Surgery provides mainly NHS dental treatment although staff told us they also carry out a small amount of private treatment. The practice is situated in a residential area of Rugby not far from the town centre.

Dorset House has 5 dentists, two of whom are the partnership which owns the practice. Some of the dentists work part time. There are four dental hygienists, four dental nurses and two trainee dental nurses. The clinical team are supported by two reception staff. There had not been a practice manager in post for a year and the partners had not been able to recruit a suitable candidate. In July 2015 the partners had started to use a dental practice consultant to provide part time management input and guidance.

The practice has six dental treatment rooms and a decontamination room for the cleaning, sterilising and packing of dental instruments. The reception area and waiting room are on the ground floor.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 46 completed cards. These provided a positive view of the service the practice provides. Patients were very complimentary about the whole practice team who they described using words such as kind, friendly, professional and helpful. Several patients specifically mentioned that the reception team were pleasant and courteous. The practice showed us the results of their 2015 NHS Friends

Summary of findings

and Family Test monthly surveys for April to August 2015. These showed that from 373 responses 239 patients were 'extremely likely' to recommend the practice and 107 were 'likely' to do so. Of the remainder 23 were neutral about this or didn't know. Only three said they were 'unlikely' to recommend the practice and one 'extremely unlikely' to do so.

Our key findings were:

- Patients who completed Care Quality Commission comment cards were pleased with the care and treatment they received and complimentary about the whole practice team.
- The practice did not have established process for reporting and recording significant events or accidents to ensure they investigated these and took remedial action. There was no evidence of learning when adverse incidents happened.
- The practice was visibly clean and a number of patients commented on their satisfaction with hygiene and cleanliness. The décor, including flooring required refurbishment.
- The practice had systems to assess and manage infection prevention and control (IPC) but some aspects of these needed to be reviewed and strengthened.
- Some staff lacked confidence in respect of the processes to follow in the event of a medical emergency.
- The practice had safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- Recruitment policies and procedures did not fully reflect the requirements of legislation to ensure that all of the required checks for new staff were completed.
- The content of dental care records was brief, but included the essential information expected about patients' care and treatment.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) but the practice did not have a structured process to monitor this.
- Patients were able to make routine and emergency appointments when needed.
- The practice did not have fully established and effective systems to assess, monitor and improve the quality and safety of the services provided.
- The practice did not have fully established and effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

We identified regulations that were not being met and the provider must:

- Ensure that care and treatment is provided in a safe way by taking reasonably practicable steps to mitigate any risks including following good practice guidance and adopting control measures to make sure any risks are as low as reasonably possible.
 - Establish an effective process for recording accidents and other significant events to ensure that remedial action and learning takes place when adverse incidents occur.
 - Establish an effective process for recording and sharing national and local information and guidance about best practice and alerts about patient safety.
 - Ensure the practice's infection control procedures and protocols are reviewed 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 on the prevention and control of infections and related guidance'
- Establish an effective system to assess, monitor and improve the quality and safety of the services provided.
 - Establish an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

You can see full details of the regulations not being met at the end of this report.

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

Summary of findings

- Review availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- In addition to annual staff training in basic life support, ensure that staff have opportunities for updates and shared learning at the practice to maintain their knowledge, skills and confidence in dealing with any medical emergency that may arise.
- Provide suitable arrangements for the disposal of sanitary waste in staff and patient toilets and for the disposal of clinical waste in the decontamination room.
- Have in place a clear policy and procedures in respect of precautions against legionella including water testing in line with Health and Safety Executive guidance.
- Review recruitment procedures to reflect the requirements of Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. The recruitment policy should include an assessment of which staff will require a Disclosure and Barring Service check.
- Review the health and safety assessment commissioned by the practice and update the action plan to establish which actions have not yet been completed and arrange for any necessary work, including in relation to fire safety, to be carried out.
- Make more detailed records of the care and treatment provided to patients and ensure that the use of X-rays is suitably audited and recorded.
- Check that the partners' professional indemnity cover also provides cover for all the dental nurses or advise the dental nurses to arrange individual cover.
- Record informal verbal complaints raised by patients to ensure that these can be used to contribute towards staff learning and reviewed to ensure they have been considered and actioned when appropriate.
- Develop clear working protocols for the use of practice facilities and infection prevention and control in relation to the external dental implant specialist who had begun to see patients from the practice.
- Tailor all policies and procedures to the specific circumstances at Dorset House and fully adopt these as working documents to support the effective management of the practice.
- Have statutory records and records relevant to the management of the practice available at the practice at all times.
- Put in place arrangements to ensure effective governance and cohesive long term leadership at the practice.

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 not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The practice had basic systems for infection prevention and control, clinical waste control, management of medical emergencies, maintenance and testing of equipment, dental radiography (X-rays) and child and adult safeguarding. We identified several aspects of the management and implementation of safety related processes which needed to be improved. The practice took immediate action in respect of some of these during the inspection and in the following week.

Are services effective?

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

The dental care provided focussed on the needs of the patients. The dental care records we looked at contained adequate information but needed to be more detailed. Staff registered with the General Dental Council (GDC) completed continuing professional development (CPD) to meet the requirements of their professional registration. Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who may lack capacity to make decisions. We identified some aspects of the management of effective care which needed to be developed and the practice acknowledged these.

Are services caring?

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

We gathered patients' views from 46 completed Care Quality Commission comment cards. We did not have the opportunity to speak with patients at the practice. Patients who filled in the comment cards told us that all the practice team were friendly, professional and helpful. Several patients specifically mentioned that the reception team were pleasant and courteous and the dental nurses were kind and sympathetic. Patients confirmed the dentists listened to them, explained their treatment options and put them at their ease. During the day we saw staff greet patients in a warm and friendly way when they arrived for appointments and heard reception staff being helpful on the telephone. Results from the NHS Friends and Family test echoed this positive view.

Are services responsive to people's needs?

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

Some patients who completed CQC comment cards told us they had been patients at the practice for many years and some gave examples of how the practice team had responded to their needs. Staff described ways that they met patients' individual needs. The practice ensured that patients unable to use stairs had their appointments in a ground floor surgery. The dentist and staff were friendly and welcoming. Patients could access treatment and urgent and emergency care when required.

Information was available for patients but the practice did not have a website. The practice had a complaints procedure which was available for patients. The practice told us they had received no complaints during the last 12 months.

Summary of findings

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices).

The practice had not had a practice manager for a year. In July 2015 the partners had started to use a dental practice consultant to support them in the management of the service. The consultant had started work on establishing policies and governance processes to support the management of the practice but had not yet completed all the work that was needed.

During the course of the inspection we identified a number of issues where improvements were needed and which the practice's own systems had not identified. We were told that the consultant was usually at the practice one day a week and that they also provided remote support through their administrator. We acknowledged that this input had resulted in some improvements at the practice during the three months before the inspection. However, we highlighted to the practice the importance of considering how they could best provide cohesive long term leadership and the governance improvements that the practice needed.

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Detailed findings

Background to this inspection

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

The inspection was carried out on 3 September 2015 by a CQC inspector and a dental nurse specialist advisor.

Before the inspection we reviewed information we held about the provider and information that we asked them to send us in advance of the inspection.

During the inspection we spoke with the dentist (who is one of the two partners who own the practice), dental nurses and reception staff who were working that day. Unfortunately several members of the practice team were not working that day and this limited the range and number of staff we could speak with. We also spoke with the dental practice consultant who was providing part time

management support to the practice. We looked around the premises including the treatment rooms. We reviewed a range of policies and procedures and other documents including dental care records.

We viewed the comments made by 46 patients on comment cards provided by CQC before the inspection.

We informed the local NHS England area team that we were inspecting the practice. They did not have any information to provide about the practice.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice did not have a significant event policy to provide guidance to staff about the types of incidents that should be reported as significant events. The dental practice consultant put a policy in place during the inspection. They told us this would be discussed with staff at the next staff meeting so they would be aware of it.

On the day of the inspection staff were unable to locate the accident book or significant event records because it was not in the place they expected it to be. We were therefore unable to confirm that the practice had suitable systems for recording accidents and other significant events and that remedial action and learning took place in response to adverse incidents.

The practice did not have a system for receiving, checking and sharing information with the practice team about national safety alerts about medicines or equipment. The partner and dental consultant believed the other partner received these by email.

Reliable safety systems and processes (including safeguarding)

We discussed child and adult safeguarding with the practice team. They were aware of how to recognise potential concerns about the safety and well-being of children, young people and vulnerable adults. The practice had safeguarding policies for staff to refer to and contact details for the relevant safeguarding professionals in Rugby. We highlighted to the practice that information about adult safeguarding was contained in a patient information folder in the waiting room but was not included in the practice's policy and procedures file. We noted that the child protection policy referred to the Independent Safeguarding Authority which was replaced by the Disclosure and Barring Service and no longer exists.

One of the partners and one of the dental nurses were the safeguarding leads and staff we asked were aware of this. Staff told us that they were not aware of any safeguarding concerns that the practice had needed to report. Staff had completed safeguarding training provided by the dental

practice consultant who was supporting the practice. The consultant explained that this training was level three and was supported by a professionally produced dvd aimed at the dental team.

A dental nurse confirmed that all but one of the dentists at the practice used a rubber dam during root canal work (a rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). The other dentist confirmed to us that they used an alternative safety system, a chain, on root canal instruments.

The practice had a written procedure for the safe use of needles and other sharp instruments in line with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013. The dental nurses confirmed that the dentists took responsibility for dismantling all sharp instruments including removing needles from syringes.

Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice had the emergency medicines set out in the British National Formulary guidance apart from adrenalin for use in case of a patient having anaphylactic shock. Although they had adrenalin auto injectors in the emergency medicines kit these were not of the recommended strength.

Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines. There were no signs on the doors of the rooms where oxygen was stored to inform staff or the fire service of this.

Staff were recording their weekly checks of the oxygen and equipment. However, we found that these checks had not identified that two of the practice's four sizes of oropharyngeal airways had gone out of date in 2011. An oropharyngeal airway is a medical device used to maintain

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or open a patient's airway. This suggested that staff were checking equipment thoroughly enough and could not be confident that the airways or their packaging were not damaged or dirty.

The staff were keeping a monthly record that emergency medicines were available. These records did not include the batch numbers or expiry dates to provide a full audit trail and a means to monitor that medicines were safe to use. The emergency medicines were in date but we found that eye wash solutions had passed their use by date in 2010.

Staff completed annual basic life support training and training in how to use the defibrillator. Their next training was due in October 2015. The practice did not arrange regular in-house training sessions to enable the team to regularly refresh their knowledge and competence. We noted that some of the dental nurses we spoke with were not able to fully explain the emergency collapse procedure.

Staff recruitment

The practice told us they had only employed on new member of staff in the previous year. We looked at this person's recruitment records and the practice's recruitment policy and procedure. We saw that the practice had completed the required checks for this member of staff.

The practice's recruitment policy did not refer to obtaining Disclosure and Barring Service (DBS) checks when appointing new staff and did not fully reflect the requirements set out in Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. The DBS carries out checks to 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 saw that they had obtained a DBS check for the newest member of staff and that there was evidence of DBS checks in other staff files.

The practice manager said they would review the recruitment policy and sent us a revised version after the inspection. This still did not fully reflect the requirements of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Monitoring health & safety and responding to risks

The practice had a new health and safety policy and a number of health and safety related policies a practice risk

assessment and risk assessments about specific topics. These included the safe handling of amalgam, reporting accidents under RIDDOR and risk assessments for new dental nurses and work experience students. The practice risk assessment was generic and not yet fully tailored to the specific circumstances of Dorset House.

The practice had a fire risk assessment dated February 2014 which had completed by a previous member of the practice team. This included a prioritised risk assessment which had columns headed 'responsible' and 'completed date'. These had not been filled in to confirm whether or not the issues highlighted had been dealt with. We saw that there was an unused fire log intended for recording routine fire safety checks and tests. The practice did not have other fire safety records to show that the expected tests had been done. We asked staff whether the fire alarms were tested each week. They did not think they were. Staff we spoke with had a good knowledge of fire evacuation procedures.

The practice had commissioned a comprehensive health and safety assessment by a specialist company. The report on this assessment was dated 16 January 2015. This highlighted three high priority actions –

- Ensuring that evidence of employer's liability insurance was available and displayed.
- The fire alarm system required servicing.
- Asbestos in the building needed to be removed.

In response to this health and safety report the practice had arranged the removal of asbestos by an appropriate contractor. We also saw that there was a current employer's liability insurance certificate displayed in the reception office. There was no evidence that the fire alarms had been serviced. The practice took immediate action and during the inspection booked this to be carried out on the first date they could arrange which was 15 September 2015. They also confirmed that they would immediately commence regular fire safety checks and record these in the unused fire log.

The January 2015 health and safety assessment also included a longer list of medium risk items which the practice had not updated to show whether or not were completed.

The practice had a business continuity plan covering a range of situations and emergencies that may affect the daily operation of the practice. We noted that a page for recording staff contact details was blank.

Are services safe?

Infection control

The practice employed a cleaner for general cleaning of the building which was visibly clean and tidy. A number of patients who completed CQC comment cards specifically commented on their satisfaction with standards of cleanliness and hygiene.

The practice had an infection prevention and control (IPC) file which included an overall IPC policy and a number of specific policies. These policies were template documents and had not been tailored to the specific arrangements at Dorset House. There was no confirmation that staff had read and understood these.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. We found that in general the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices. The dental nurses were refreshing their knowledge of these requirements by working through the document and using it as their main source of guidance.

We saw that there was a recent IPC audit using the Infection Prevention Societies audit tool. Some of the findings of this audit did not match our observations. For example it confirmed that the practice had clear designation of the dirty and clean areas in treatment rooms and the decontamination room but this was not evident when we inspected.

Decontamination of dental instruments was carried out in a separate decontamination room. The room was spacious but the layout meant that the separation of clean and dirty areas was not as clear as it needed to be.

We spoke with three of the dental nurses about the practice's decontamination processes. The practice did not have a washer disinfectant and used a system of manual scrubbing for the initial cleaning process. We saw there were heavy duty gloves for the dental nurse to wear to protect them from injury from sharp instruments. The practice's processes for transporting dirty instruments to the decontamination room, cleaning, checking and sterilising were in line with HTM01-05 guidance and staff could describe these clearly.

When staff had cleaned and sterilised instruments they packed them and stored them in sealed pouches. Although staff were date stamping the pouches in accordance with current HTM01-05 guidelines they were not initialling these to provide an audit trail. We saw some items which were not packed in sealed pouches, these included disposable matrix bands and drill burs. We looked at the records kept by the nurses in respect of the set up and close down of the decontamination room. These were generally as required however the practice was not recording the checks the dental nurses did to make sure that the autoclave was working correctly. The IPC audit carried out by the practice incorrectly indicated that these records were done.

The practice was using a dustbin as a clinical waste bin in the decontamination room and not a suitable foot operated bin designed for the purpose. This meant staff had to remove the lid with their hands which increased the risk of cross contamination.

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available for staff and patient use. The treatment rooms and decontamination room all had designated hand wash basins for hand hygiene and a range of liquid soaps and hand gels.

Legionella is a bacterium which can contaminate water systems. We saw evidence that the practice had arranged for an appropriate contractor to carry out a legionella risk assessment in 2013. The practice used a biocide to prevent a build-up of legionella biofilm in the dental waterlines. The dental nurse described how they carried out regular flushing of the water lines in accordance with current guidelines. However, they were not aware of any routine water temperature testing being carried out.

We saw that the sink drain holes were in line with the taps and that overflow outlets were not covered. This increased the potential for cross infection.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. We observed that sharps containers were well maintained and correctly labelled. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Spillage

Are services safe?

kits were available for any bodily fluids that might need to be cleaned up and for mercury spills. Staff we spoke with about disposal of dental waste understood the importance of correct disposal arrangements.

The practice had a process for staff to follow if the accidentally injured themselves with a needle or other sharp instrument.

Equipment and medicines

In each room we checked we noted issues which required attention. The issues we observed included damaged skirting boards, flaking and dirty paintwork and cracked wooden veneer around a sink in a treatment room and missing tiles and dirty seals around sinks in two of the toilets. We noted that flooring in the treatment rooms was not sealed or 'tanked' against the skirting board to ensure adequate cleaning can be carried out. We also observed general housekeeping improvements that were needed which would be quick, easy and low cost to deal with such as general tidying, fitting of covers to light fittings and disposal of disused equipment. The partner we met told us that they had plans to fully refurbish the practice over the next 18 months.

We looked at a maintenance folder and a checklist devised by the dental practice consultant to help the practice monitor the frequency of maintenance checks and when these were due. These showed that most equipment was maintained in accordance with the manufacturers' instructions using appropriate dental engineers. This included equipment used to sterilise instruments, the emergency oxygen supply, the compressor and the practice boilers.

One of the dental nurses had a latex allergy and we saw that non latex disposable gloves were available.

Prescription pads were stored securely and the practice kept a written audit trail of the allocation of prescription

pads to individual members of the dental team. We saw that the dentists recorded the type of local anaesthetic used, the batch number and expiry date in patients' dental care records as expected. Details of medicines prescribed were also recorded.

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The records included the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The local rules were last updated in February 2014 and were therefore overdue for review.

The records did not contain the necessary documentation to show that the maintenance of the X-ray equipment was within the current recommended interval of 3 years. The dental practice consultant assured us that the required checks and maintenance had been completed and that they believed the information might be stored electronically. Following the inspection they emailed us copies of all the relevant documentation confirming this.

We looked at an audit of X-rays which staff had carried out in July 2015. The findings of this audit were unclear because they did not provide the expected details including dates, type of X-ray, details of the patient, who took the X-ray and the grade indicating the quality of the X-ray. The dental practice consultant agreed that the audit was not adequate.

We were unable to establish from one of the partner's staff file that their continuous professional development (CPD) was up to date in respect of radiography. We were told they kept many of the records at home and that this would include their full CPD information. We asked the practice to send us confirmation that they had fulfilled this CPD requirement but did not receive this.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The partner we met described how they assessed patients. The information they provided verbally described an appropriate, caring and thorough approach to patients' care and treatment. They gave each patient a treatment plan which included the cost involved.

We looked at a sample of dental treatment records. These were brief and did not contain sufficient detail of the dentist's assessments of patients' tooth and gum health, medical history and consent to treatment. We found that there was also limited detail recorded to confirm that the dentist had checked the soft tissues lining the mouth which can help to detect early signs of cancer.

Health promotion & prevention

The waiting room at the practice contained literature in leaflet form that explained the services offered at the practice. This included information about effective dental hygiene and how to reduce the risk of poor dental health. A small range of dental care products were available for patients to buy. One of the dental nurses was trained to provide oral health advice and ran oral hygiene lessons once a week.

Staffing

We saw new staff induction programmes for non-clinical staff and for trained dental nurses in preparation for use with new staff employed in the future. There was evidence that since the dental practice consultant had been working with the practice performance and development reviews had begun to take place.

We saw a training policy which stated that, "The practice maintains records of all training undertaken by those who work here ...". We saw information in staff files to show members of the clinical team had completed training to maintain the continued professional development (CPD) required for their registration with the General Dental Council (GDC). This included medical emergencies, infection control, child and adult safeguarding, dental radiography (X-rays), and varied dental topics. The practice relied on clinical staff maintaining their own continuous professional records. The staff files contained copies of some training certificates but the practice did not have a comprehensive,

structured records to show this had been monitored and that they had maintained an overview of the training staff had completed. However, a new CPD front sheet had been produced for staff files and once used would help to address this issue.

The individual staff records contained details of current GDC registration and immunisation status. However, there was no system to help the practice monitor this on an ongoing basis.

The dental nurses told us that their professional indemnity cover was provided in an 'umbrella' arrangement under the two partners' indemnity cover. We were unable to confirm this from the partners' indemnity documentation.

Working with other services

We spoke with the partner we met about referrals to other dental providers. They confirmed that these were made in writing and that they gave patients a copy of these if they requested this. They explained that they referred patients with learning disabilities or high anxiety levels to dental services with expertise in responding to those needs. We noted that there was no clear process for tracking referrals to ensure patients received appointments to be seen by other dental professionals.

Consent to care and treatment

We found evidence that the practice obtained verbal consent but this was not always recorded in sufficient detail in the dental care records. However, the practice provided written treatment plans which patients signed to confirm consent. The partner we met had a clear understanding of consent issues and gave patients a detailed verbal explanation of the type of treatment required, including the risks, benefits and options. Dental nurses confirmed that the dentists provided patients with the information they needed to be able to make informed decisions about their treatment.

The dental nurses we spoke with had a basic understanding of the Mental Capacity Act 2015 (MCA) and Gillick competence but had not completed structured training about these topics. The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We gathered patients' views from 46 completed Care Quality Commission comment cards. We did not have the opportunity to speak with patients at the practice. Patients who filled in the comment cards told us members of the practice team were friendly, professional and helpful. Several patients specifically mentioned that the reception team were pleasant and courteous and that the nurses were kind and sympathetic. During the day we saw staff greet patients in a warm and friendly way when they arrived for appointments and heard reception staff being helpful on the telephone.

Some patients had taken the time to write detailed comments about their satisfaction with the practice. A number of these told us they had been patients for many years. Some commented that they had always experienced excellent service and care and would recommend the practice to others.

Dental nurses we spoke with showed respect for patients and spoke to us about the importance of reassuring patients and being supportive towards them. One said they treated patients as if they were the only patient at the practice and never rushed people. Another described how they reassured patients by keeping them informed during their treatment and making sure people had breaks during their treatment.

The partner we met highlighted to us that they planned to remove the glass screening at the reception desk. This had been fitted some years previously in response to a staff safety concern. However, the partners felt this was not conducive to providing patients with a welcoming and friendly service.

Involvement in decisions about care and treatment

Some patients who filled in CQC comment cards mentioned their dentist listening to them and explaining the various options for the care and treatment they needed. Dental nurses told us the dentists showed patients what needed to be done using a mirror and discussed the various options available for their treatment. The partner we spoke with described the same approach. Patients were provided with written treatment plans.

The practice had a small number of patients with learning disabilities or who were living with dementia. The practice referred patients to other dental providers with expertise in treating patients with complex needs if they judged this necessary. When they treated these patients themselves they ensured they were well supported by an appropriate person and involved them as much as possible in decisions about their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We gathered patients' views from 46 completed Care Quality Commission comment cards. The overall picture we gained from patients people said they had been patients for many years and had never had a bad experience. One person commented on the practice being good with their child and another remarked on the gentleness and considerate approach of the dental team which addressed their fear of dental treatment. Reception staff described a positive example of an individualised approach to the needs of a patient with a learning disability including the way staff let them know the dentist was ready to see them.

The practice did not have a website but had a leaflet for patients with information about the practice and about NHS charges. This was also provided in an information folder in the waiting room. Reception staff told us that the dentists provided details of private charges direct to patients who enquired about this.

The partner we met explained that the practice hoped to extend the range of services they offered to patients. This included providing implants and private orthodontic treatment. During the inspection we learned that an external implant specialist had already begun to see some patients at the practice. Staff were not aware of the protocols the external dental specialist was working. For example, they were not able to explain the arrangements for decontamination of the equipment they brought with them to the practice to use.

Tackling inequity and promoting equality

The practice provided mainly NHS dental treatment although staff told us they also carried out a small amount of private treatment. The practice was situated in a residential area of Rugby with a mixed population including some patients for whom English was a second language. When necessary the practice had access to local interpreting services to assist with communication although reception staff told us they did not need this very often.

The practice building was a converted house in a mainly residential street. The practice had a small car park with one space for patients with disabilities to park close to the

building. The reception, waiting room, a patients' toilet and one treatment room were on the ground floor and there was a ramp and handrail to the front entrance. We saw that there was a sign to remind reception staff to book appointments in the ground floor treatment room for patients with difficulties using the stairs.

The practice did not have an induction hearing loop to assist patients who used hearing aids.

Access to the service

The practice was open Monday to Friday from 8.30am to 5.25pm and was closed between 1pm and 2.10pm. Appointments were booked between 9am and 4.50pm. Appointments were also available with a hygienist on some Saturdays. One of the partners occasionally booked Saturday morning appointments in exceptional circumstances for patients unable to come to the practice on weekdays. The reception staff showed us that emergency appointments were kept free each day so the practice could respond to patients who needed urgent appointments at short notice.

Information in CQC comment cards described a responsive service where patients found it easy to get appointments, particularly when experiencing pain. We saw that the lengths of appointments varied according to the type of treatment being provided and were based on treatment plans. Reception staff explained that the clinicians let them know how long appointments needed to be.

The practice provided a recorded message to let patients know they could access emergency dental treatment through NHS 111 when the practice was closed. Reception staff told us that in addition there was an NHS dental access centre in Leamington Spa which patients could be directed to.

Concerns & complaints

The practice had a new complaints policy dated July 2015 and guidance for staff about how to deal with concerns raised by patients. This referred to the General Dental Council and the Dental Complaints Service. The Dental Complaints Service deals with complaints about private dental treatment. The policy did not contain the contact details for NHS England to inform patients who they could

Are services responsive to people's needs?

(for example, to feedback?)

contact if they needed to complain about NHS treatment. The dental practice consultant immediately added this information. We noted that there were two versions of the complaints policy which could cause confusion.

The practice confirmed that they had not received any complaints during the last year. We asked for examples of a

changes made in response to complaints. The partner and dental practice consultant told us that they had recently redecorated the waiting room and fitted new blinds because patients had informally complained that it was shabby. This information had not been recorded as a concern.

Are services well-led?

Our findings

Governance arrangements

The practice had not had a practice manager for a year and the partner we met acknowledged that they had found it challenging to manage all aspects of the running of the practice during that time. They had been unable to recruit a suitable manager and in July 2015 had started to use a dental practice consultant to support them in the management of the service. The consultant had started work on updating or establishing policies and governance processes to support the management of the practice but had not yet completed all the work that was needed. The practice did not have a structured action plan available to show us their priorities for continuing developments and improvements.

The dental consultant had worked hard to put in place a wide range of policies and procedures covering most aspects of the management of a dental practice. We found that not all of these were tailored to Dorset House but the consultant asked us to take into account that this was work in progress.

We found that the practice did not yet have fully established arrangements for regularly reviewing and improving the quality of the service or to monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. During the course of the inspection we identified a number of issues where improvements were needed and which the practice's own systems had not identified. These included some safety related matters including some aspects of fire safety and infection control.

The practice had a written confidentiality and data management policies to help ensure patients personal information was treated with care and in accordance with legislation. There was a process to make sure information stored on the practice computer system was backed up.

Staff meeting minutes showed that part of each meeting was used for shared learning and discussions included improving and developing the service.

The dental practice consultant told us they were proud of how the practice team had worked together to support them and the partners to make changes and improvements.

Leadership, openness and transparency

The practice did not have clear arrangements for the support and management of the practice team. The dental practice consultant was at the practice one day a week. They informed us that one of the dental nurse team had been promoted to be the lead nurse but when we spoke with this nurse they were unaware of this promotion.

The practice had a bullying and harassment policy and a whistleblowing policy describing staff rights in respect of raising concerns about their place of work under whistleblowing legislation. The policy included information for Public Concern at Work, a charity that supports whistleblowers. Spaces for some information in the policy, including names of responsible staff and contact details for NHS England were blank.

Staff told us they felt there was good teamwork at the practice and said they felt well supported.

Management lead through learning and improvement

We found that the practice was carrying out some clinical audits. These included clinical record keeping and X-ray quality. We looked at a sample of these. The X-ray audit was unclear about the findings. We saw that staff had completed an audit of dental care records in August 2015 and that an action plan was in place to ensure improvements took place.

The dental consultant informed us that they had started to arrange staff appraisals which had not been carried out before her involvement at the practice. We saw evidence of this in staff files we looked at. We also saw that staff had recently taken part in a quiz which looked at a range of topics relating to the safe and effective management of the service. Staff told us the partners supported them to further their knowledge and that this included paying for their online training registration fee.

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

The practice showed us the results of their 2015 NHS Friends and Family Test monthly surveys for April to August 2015. These showed that from 373 responses 239 patients were 'extremely likely' to recommend the practice and 107

Are services well-led?

were 'likely' to do so. Of the remainder 23 were neutral about this or didn't know. Only three said they were unlikely' to recommend the practice and one 'extremely unlikely' to do so.

We saw minutes of staff meetings from March, May and July 2015. We noted some topics raised by staff which had been dealt with by the practice but others which had not. In March 2015 staff had raised a concern that some of the practice's emergency medicines were out of date. During our inspection we found that the emergency medicines were within their stated use by dates.

In May 2015 staff had raised a concern that the practice did not have suitable arrangements for sanitary waste disposal and collection. During the inspection we checked all of the toilets. We found that the only bins provided were small waste bins with no lids. We highlighted this as an infection prevention and control and dignity concern with the partner we met. We were concerned that staff had raised this over three months ago and the practice had not taken action.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The practice had not ensured they had done all that was reasonably practicable to mitigate any risks at the practice including following good practice guidance and adopting control measures to make sure any risks are as low as reasonably possible. Regulation 12(2)(b)</p> <p>The practice did not have an effective process for recording accidents and other significant events to ensure that remedial action and learning takes place when adverse incidents occur. Regulation 12(2)(b)</p> <p>The practice did not have an effective process for recording and sharing national and local information and guidance about best practice and alerts about patient safety. Regulation 12(2)(b)</p> <p>Arrangements for infection prevention and control at the practice did not ensure full compliance with HTM01-05 and with the Department of Health Code of Practice on the prevention and control of infections and related guidance. Regulation 12(2)(h)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The practice did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1)(2)(a)</p>

This section is primarily information for the provider

Requirement notices

The practice did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. Regulation 17 (1)(2)(b)