Mr. Jonathan Preece

Newport Dental Practice

Inspection Report

2 Stafford Street
Newport
Shropshire
TF10 7LT
Tel: 01952 811973
Website:

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Overall summary

Newport Dental Practice has two dentists who work full time, one of whom is the principal dentist, and one part time dentist. There are two qualified dental nurses who are registered with the General Dental Council (GDC) and two trainee dental nurses. In addition to these staff there is also a part time practice manager, two part time hygienists and two receptionists. The practice's opening hours are 9am to 5.30pm on Monday to Thursday and 9am to 5pm on Friday. The practice closes for lunch for one hour each day.

Newport dental practice provides NHS dental treatment for adults and children. The practice has seven dental treatment rooms, one of which is on the ground floor and two of which are currently not in use. There is also a separate decontamination room for cleaning, sterilising and packing dental instruments. There is also a reception with adjoining waiting area.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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.

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 13 patients who provided a positive view of the services the practice provides. All of the patients commented that the quality of care was good.

Our key findings were

- Systems were in place for the recording and learning from significant events and accidents.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients were treated with dignity and respect.
- The practice was visibly clean and well maintained.
- Infection control procedures were in place with infection prevention and control audits being undertaken on a six monthly basis. Staff had access to personal protective equipment such as gloves and aprons.
- The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- Staff had been trained to deal with medical emergencies although annual update training was required for two staff.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions.

Summary of findings

- Staff demonstrated knowledge of whistleblowing and were confident they would raise a concern about another staff member's performance if it was necessary.
- Staff felt involved at the practice and said that everyone worked as a team.

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

- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities. This should include the appropriate siting of sharps bins; ensuring appropriate signage is on doors where oxygen is stored and ensuring that staff are up to date with the IRMER training.
- Review the storage of dental care records to ensure it is secure and in accordance with the Data Protection Act 1998.
- Ensure an affective system is established to assess, monitor and improve the quality and safety of the services provided. This should include a review of the practice's systems in place to seek and act on feedback from patients. Review the practice's audit protocols of various aspects of the service, such as and radiography at regular intervals to help improve the quality of service. The practice should also check that all audits have documented learning points and any resulting improvements can be demonstrated.

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:

- Review the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure they are stored securely.
- Review the security of prescription pads in the practice.
- Review the practice's infection control procedures giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance. Give further consideration to the layout of the decontamination room to reduce the risk of cross contamination.
- Review the practice's waste handling procedures to ensure waste is segregated and stored in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Review the availability of information leaflets at the practice regarding treatments and promotion of oral hygiene to ensure that patients have sufficient information available to them

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?

No action

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

Systems were in place for recording significant events and accidents.

There were sufficient numbers of suitably qualified staff working at the practice. The practice followed procedures for the safe recruitment of staff, this included carrying out disclosure and barring service (DBS) checks, and obtaining references.

Medicines for use in an emergency were available on the premises as detailed in the Guidance on Emergency Medicines set out in the British National Formulary (BNF). Emergency medical equipment was also available. However there was no documentation to demonstrate that checks were being made to ensure equipment was in good working order and medicines were within their expiry date. Two members of staff required update training in responding to a medical emergency. Following this inspection we received confirmation that a log had been produced to complete when checks were made of emergency medicines, equipment and the first aid equipment.

Infection control audits were being undertaken on a six monthly basis in line with the recommendations of HTM 01-05 and on the day of inspection the practice was visibly clean.

Are services effective?

No action

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. Patients' dental care records provided comprehensive information about their current dental needs and previous treatment.

Patients and staff told us that explanations about treatment options and oral health were given to patients in a way they understood and risks, benefits, options and costs were explained.

Are services caring?

No action

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

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Staff treated patients with kindness and

Summary of findings

respect and were aware of the importance of confidentiality. Feedback from patients was overwhelmingly positive. Patients praised the staff, the service and treatment received. Patients commented that staff were professional, friendly and helpful.

Are services responsive to people's needs?

No action

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

Patients had good access to treatment and urgent care when required. The practice had a ground floor treatment room and level access was available into the building for ease of access for patients with mobility difficulties and families with prams and pushchairs.

The practice had developed a complaints' procedure and information about how to make a complaint was available for patients to reference.

Are services well-led?

Requirements notice 

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Governance arrangements at the practice were not robust and we identified a number of issues for action. The principal dentist had completed a radiography audit but there was no audits available for the other dentists who worked at the practice. The practice had limited systems in place to seek and act on feedback from patients.

Staff told us the provider was very approachable and supportive and the culture within the practice was open and transparent. Regular staff meetings were held and staff said that they felt well supported and could raise any issues or concerns with the practice manager or principal dentist.

Newport Dental Practice

Detailed findings

Background to this inspection

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

This inspection took place on 28 June 2016 and was led by a CQC inspector and supported by a specialist dental advisor. Prior to the inspection, we reviewed information we held about the provider. We informed the NHS England area team that we were inspecting the practice and we did not receive any information of concern from them. We asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During our inspection we toured the premises; we reviewed policy documents and staff recruitment files and spoke with eight members of staff, including the principal dentist. We looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the computer system that supported the dental care records.

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

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

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

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Systems were in place to enable staff to report accidents. An accident reporting book was available. There had been no staff or patient accidents within the last 12 months. The accident book seen recorded four needle stick accidents up to 2014. Advice and follow up action had been recorded on these accident records. We were told that accidents, as well as any learning points identified, were discussed at staff meetings as and when they occurred. The practice manager told us that there had been a change in the policy and procedure regarding re-sheathing of needles which had reduced the risk of needle stick injuries occurring.

We discussed significant events with the practice manager. We were told that there had been no significant events to report. We were shown a copy of a clinical incident reporting policy regarding accident reporting, Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and inoculation injury. Guidance was available regarding downloading incident reporting forms for reporting national patient safety incidents. We were told that there was no formalised system for reporting non-clinical incidents but these would be discussed at staff meetings which were held on a monthly basis and appropriate action would be taken. The principal dentist was the lead for significant events and staff we spoke with were aware who held this role.

We discussed RIDDOR with three members of staff. We were told that there had had been no events at the practice that required reporting under RIDDOR. The practice had a RIDDOR policy which had been updated to record that any RIDDORs related to healthcare should now be reported to the Care Quality Commission (CQC). Health and Safety Executive booklets regarding RIDDOR were available to guide staff of the steps to take to report anything under RIDDOR Regulations.

Systems were in place to ensure that all staff members were kept up to date with any national patient safety and medicines alerts. The practice manager received these alerts via email. Alerts were then forwarded to all dentists at the practice; a copy of relevant alerts was printed off and kept in the staff meeting folder to be discussed at the next staff meeting. Minutes of staff meetings we saw demonstrated that patient safety alerts were discussed. Staff we spoke with could recall a recent alert regarding medication and discussed the action taken to ensure patient safety.

Reliable safety systems and processes (including safeguarding)

The practice had a policy in place regarding child protection and a separate adult safeguarding policy. The safeguarding policy had been reviewed and updated on a regular basis. Contact details of the local organisations responsible for investigation were available in the policy and in the office. We saw evidence that all staff had completed the appropriate level of safeguarding training. The principal dentist was the safeguarding lead at the practice and staff said that they would report any suspicions of abuse to the principal dentist. There had been no safeguarding issues to report.

The practice manager told us that safeguarding was a standard agenda item for each staff meeting. We saw the minutes of meetings to confirm this.

Accident records demonstrated that there had been no sharps' injuries within the last 12 months. Previously, the responsibility for disposal of sharps sometimes rested with the dental nurse. The practice had changed their procedure to ensure that only dentists re-sheathed and disposed of sharps. This had resulted in no sharps injuries since 2014.

We asked about the instruments and equipment which were used during root canal treatment. One dentist we spoke with told us that they were not using a rubber dam as none were available at the practice. We spoke with the principal dentist about this who told us that root canal treatment should be carried out by all dentists using a rubber dam and we saw that rubber dam kits were available. (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).

Medical emergencies

There were some systems in place to manage medical emergencies at the practice although these were not robust. Emergency equipment including oxygen and an automated external defibrillator (AED) (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to

attempt to restore a normal heart rhythm), was available. The practice had two small oxygen cylinders, which combined had the capacity to provide oxygen at the required flow rate for the required amount of time.

Emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice were available. However, the practice had Glucagon, an emergency medicine used to treat people with diabetes who have low blood sugar. This medicine can be either stored in a refrigerator or at room temperature. If stored at room temperature the use by date must be shortened. The practice's Glucagon was stored at room temperature and the use by date had not been amended. The Glucagon was replaced following the inspection. The principal dentist said that the new stock would be stored in either in the refrigerator or in the emergency medicines box with an amended expiry date.

We were told that there was no log sheet to record the expiry dates of emergency medicines or equipment, nor was there any documentation to demonstrate that regular checks were made to ensure that all emergency medicines and equipment were in good working order and available for use. We received an email from the principal dentist which confirmed that a log book had been developed and a weekly record would be completed to demonstrate that checks had been made on emergency medicines and equipment. We were told that the first record had been completed on 29 June 2016.

We saw documentary evidence to demonstrate that the majority of staff had received annual training in basic life support. Two staff had not been available to undertake the recent training provided at the practice and their annual update training was now overdue. We were told that one of these staff would be booked on to a course in November 2016, which was five months after the due date for annual update training. The resuscitation council guidelines say that dental staffs' knowledge and skills in resuscitation should be updated at least annually.

We saw that a well-stocked first aid kit was available which contained equipment for use in treating minor injuries. However, there were no records to demonstrate that equipment in the first aid box was checked on a regular basis to ensure it was available and within its expiry date. The principal dentist was the designated first aider. Update training regarding first aid was undertaken in 2015 with the next training due in 2018. Following this inspection we received confirmation that a log had been developed to record checks made of the first aid equipment.

Staff recruitment

We discussed the recruitment of staff and looked at two recruitment files in order to check that recruitment procedures had been followed. Recruitment files contained interview notes, a health questionnaire, pre-employment information such as proof of identity, written references details of qualifications and registration with professional bodies, signed confidentiality agreements, contracts of employment and job descriptions. We were told that Disclosure and Barring Service checks (DBS) had been completed for all staff. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice manager kept a log of DBS reference numbers to demonstrate that these checks had been completed.

Staff absences were planned for as far as possible to ensure the service was uninterrupted. A dental nurse told us that they had to book annual leave in advance, but the practice was accommodating and tried to fit in short notice leave wherever possible. The practice manager told us that there were usually enough dental nurses to provide cover during times of annual leave or unexpected sick leave. Dentists within the practice provided cover for each other during times of leave.

Sufficient numbers of staff were on duty to ensure that the reception area was not left unstaffed at any time. One full time and one part time receptionist were employed. Two of the dental nurses had been trained to work on reception and would be able to provide reception cover whilst a receptionist was on leave.

There were enough staff to support dentists during patient treatment. However, we were told that the two part time hygienists usually worked alone, without chairside support. The hygienist said that there was usually a dental nurse to provide support if required when completing charting.

Monitoring health & safety and responding to risks

The practice had some arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice's health and safety folder contained for

example, information regarding manual handling, display screen equipment, health and safety policy and guidance for staff, a fire precautions log book and information regarding legionella. A health and safety poster was on display in the practice manager's office. Risk assessments regarding manual handling, display screen equipment and fire were available on file. We saw that blank health and safety risk assessment checklists were available. A separate document dated June 2012 recorded a very brief summary of the practice risk assessment carried out at that time. This stated that the risk assessment was to be reviewed in June 2013 but there was no documentary evidence that this had taken place. Following this inspection we were sent copies of some risk assessments completed at the practice such as asbestos risk, autoclave risk and children. However we saw that some of these risk assessments contained minimal information or had not been fully completed. We were also sent a copy of a Health and safety policy statement and a health and safety risk register for the practice. Prior to publication of this report the principal dentist forwarded a copy of a general practice health and safety risk assessment dated 2015.

We discussed fire safety with the practice manager and looked at the practice's fire policy and fire safety risk assessment. The fire risk assessment was completed in April 2015 and had been reviewed in May 2016. Shropshire Fire and Rescue had visited the practice and reviewed the risk assessment. Some issues for action had been identified which required a slight amendment to the risk assessment, policy and fire exit signage. Not all of the issues identified had been actioned. Following this inspection we received confirmation that the required changes in policy documentation and the risk assessment had been completed.

We looked at the fire precautions log book and saw that regular checks were completed of smoke alarms. Emergency lighting was being checked but not at the frequency as requested in the fire precautions log book or the fire policy. We saw documentary evidence to demonstrate that a fire drill had taken place in April 2015 but none since that date. Following this inspection we received confirmation that all actions identified in the risk assessment had been taken. We were told that these actions would also be discussed at the next staff meeting. We were also told that a log book had been created to record details of emergency lighting tests completed and the first test had been recorded in the log book.

Records we viewed confirmed that fire safety equipment such as fire extinguishers were subject to routine maintenance by external professionals. The smoke alarms and emergency lighting was fitted in 2015 following a visit to the premises by Shropshire Fire and Rescue. Records were not available to demonstrate that these had received an annual service and this was now slightly overdue. The principal dentist informed us that smoke alarms continually self-test and a report was sent to the principal dentist's phone to notify of any issues or faults.

We discussed Control of Substances Hazardous to Health (COSHH) with the principal dentist and practice manager. We were shown the minutes of the practice meeting for February 2016 which recorded that the COSHH policy had been updated and all staff were to read the updated policy and sign a document to confirm this. We saw copies of updated COSHH assessments dated June 2016. Comprehensive details were kept of all COSHH products used at the practice. However we noted that the cupboard used to store COSHH products in the decontamination room was not locked and the decontamination room door was not lockable. The principal dentist confirmed that they would look into this matter to ensure COSHH products were securely stored in future.

Infection control

As part of our inspection we conducted a tour of the practice and we saw that the dental treatment rooms, waiting area, reception and toilets were visibly clean, tidy and uncluttered. Staff at the practice completed all environmental cleaning of both clinical and non-clinical areas. The practice followed the national colour coding scheme for cleaning materials and equipment in dental premises. Patients also reported that the practice was always clean and tidy.

Systems were in place to reduce the risk and spread of infection within the practice. Staff had access to supplies of personal protective equipment for themselves and for patients.

Hand washing facilities were available in each treatment room and in the decontamination room. Although there were no signs in place to identify that these sinks were only for hand wash use, we saw that there was wall mounted liquid hand soap, hand gel and there was also hand hygiene posters on display above these sinks.

No action

Are services safe?

The practice had an infection control policy which had been reviewed in October 2015. The names of the staff with the lead role regarding infection prevention and control were recorded. The policy was available in the office and was on display in the decontamination room for staff to review as needed.

Infection prevention and control audits were completed on a six monthly basis. The last audit was undertaken in January 2016 with the next audit scheduled for July 2016.

We looked at the procedures in place for the decontamination of used dental instruments. A separate decontamination room was available for instrument processing, although initial cleaning with the use of ultrasonic baths took place in the dental treatment room. The decontamination room was small and the layout of the room made it difficult to clearly mark out dirty and clean zones to reduce the risk of cross contamination. Staff we spoke with were aware of which areas of the decontamination room were for dirty and which for clean instruments. Following this inspection we were told that the practice would now ensure that ultrasonic baths would only be used when there were no patients in the treatment room and the long term aim was to move this equipment into the decontamination room. Further consideration was also being given to amending the layout of the decontamination room to reduce the risk of cross contamination.

A dental nurse demonstrated the decontamination process. Systems were in place to ensure that instruments were safely transported between treatment rooms and the decontamination room. The dental nurse showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments. A visual inspection was undertaken using an illuminated magnifying glass before instruments were sterilised in an autoclave. Staff wore personal protective equipment during the process which included gloves, aprons and protective eye wear. This helped to maintain infection control procedures and to protect staff from injury. Clean instruments were packaged; date stamped and stored in accordance with current HTM 01-05 guidelines. All the equipment used in the decontamination process had been regularly serviced and maintained in accordance with the manufacturer's instructions and records were available to demonstrate this equipment was functioning correctly.

We saw that some equipment used for root canal treatment for patients was re-used. This equipment was packaged with a label with the patient's name on and kept in the decontamination room. Staff were aware that this equipment could only be used on the patient whose name was on the label.

There were systems in place to protect staff, patients and visitors from the risk of water lines becoming contaminated with Legionella bacteria. Legionella is a term for particular bacteria which can contaminate water systems in buildings. A risk assessment regarding Legionella had been carried out by an external agency in June 2016 and an action plan developed. We saw that the practice had started to take some action to address issues identified such as training, monitoring water temperatures and taking water samples. We also saw that the principal dentist had commenced checks to ensure that the waterline management scheme had been implemented.

We discussed clinical waste and looked at waste transfer notices and the storage area for clinical and municipal waste. Clinical waste storage was in a room which was accessible to members of the public as the room was not locked. However there was a sign on the door which said "staff only". We saw that clinical waste sacks were not labelled but we were told that these were always labelled before collection.

We saw that sharps bins were situated on the floor in treatment rooms and not kept in an appropriate location which was out of the reach of children. The principal dentist told us that sharps bins would be moved to appropriate locations immediately. Following our inspection we received an email which stated that examples of smaller sharps boxes had been requested and a suitable size would be ordered so that they could be kept out of reach of children. We will review this at our next inspection of the practice.

Needle stick policies were on display in the decontamination room. These recorded contact details both in and out of hours for occupational health and the on call consultant microbiologist.

Equipment and medicines

We saw that maintenance contracts were in place for essential equipment such as X-ray sets and the autoclaves. Records seen demonstrated the dates on which the

Are services safe?

equipment had recently been serviced. The practice had a contract for servicing of autoclaves and records were available to demonstrate that these machines were serviced on a regular basis.

Portable appliance testing (PAT) was completed in January 2015. (PAT confirms that electrical appliances are routinely checked for safety). We saw that the re-test date recorded on the PAT certificate was January 2016. However the practice's policy regarding PAT testing states that checks were to be completed every other year by an external professional. Following this inspection we were told that the practice was following British Dental Association guidance which required periodic testing by an appropriately qualified electrician at least every 3 years. The re-test was to be completed in 2017.

There was no log of expiry dates for all medicines and equipment to be used in an emergency. There were no records to demonstrate that equipment and medicines were checked on a regular basis to ensure that they were in good working order and available for use. Following this inspection we received confirmation that this log had now been produced and was being completed on a regular basis.

Prescription medicines were stored securely and were dispensed by the provider. Records of these were recorded in a log book. This method would allow a particular batch of medicine to be traced to a particular patient in the event of a recall or alert.

We saw that prescription pads were securely stored but were pre-stamped with the details of the dental practice. Stolen or fraudulent prescription forms would be difficult to identify if they had already been stamped with a genuine stamp.

There was no sign on the door of the room where the emergency oxygen was stored.

Radiography (X-rays)

The practice had a well-documented and organised radiation protection file. This recorded the name of the Radiation Protection Advisor (RPA) and the Radiation Protection Supervisor (RPS) who had been appointed to ensure equipment was operated safely and by qualified staff only.

Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) stipulates that ongoing training is undertaken in radiography for all dentists taking radiographs. During the inspection we saw evidence that two of the dentists were up to date with the required continuing professional development (CPD) training. Following this inspection we were sent details of CPD for the third dentist. We noted that the dentist had not completed the number of hours of training required. This was also identified in a list of actions sent to us by the practice following this inspection.

The practice had four intra-oral digital X-rays, which deliver a lower effective dose of radiation to the patient and are available to be viewed by the patient during their consultation. Local rules were available in each of the treatment rooms were X-ray machines were located for all staff to reference if needed. Emergency cut-off switches were also located outside of the treatment room and appropriate signage was in place on the doors of rooms where X-ray machines were located.

We saw that the practice had notified the Health and Safety Executive that they were planning to carry out work with ionising radiation. Copies of the critical examination packs for each of the X-ray sets along with the maintenance logs were available for review. The maintenance logs were within the current recommended interval of three years.

We were shown copies of X-ray audits completed by the principle dentist but there were no audit for the other dentists who worked at the practice. Following this inspection we received email confirmation that these dentists had been requested to complete an X-ray audit by 15 July 2016.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice held computerised and some paper dental care records for each patient. They contained information about the assessment, diagnosis, and treatment and also recorded the discussion and advice given to patients by the dentist.

Discussions with the dentists showed they were aware of and referred to National Institute for Health and Care Excellence guidelines (NICE), particularly to determine recall intervals for patients. Each dentist took risk factors such as oral cancer, tooth wear, dental decay and gum disease into consideration to determine the likelihood of patients experiencing dental disease. A review of the records identified that the dentists were following NICE guidelines in their treatment of patients.

We talked with the dentists about oral health assessments, treatments and advice given to patients. We looked at patients' dental care records to corroborate what we were told. An assessment of the patients' soft tissues of the mouth and periodontal tissues (the gum and underlying bone) was undertaken using the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums. Medical history checks were updated by each patient when they attended the practice. Following the assessment the dentist informed patients of the condition of their oral health and any diagnosis and treatment options was discussed and explained in detail.

Patient dental care records that we saw demonstrated that all of the dentists were following the guidance from the Faculty of General Dental Practice (FGDP) regarding record keeping.

Health promotion & prevention

We saw that a copy of the 'Delivering Better Oral Health Toolkit' was available for staff to read in the practice manager's office. (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). However, one of the dentists we spoke with was not aware of this information but during discussions it was noted that they were following some of the recommendations of the toolkit such as prescribing high fluoride toothpaste when required.

Stop smoking and alcohol consumption information booklets were available for patients in the waiting room. There were no other information leaflets regarding dental treatments available or oral health. Free samples of toothpaste were available in treatment rooms and patients could purchase products to assist with oral hygiene.

We spoke with the dental hygienist who told us that they always explained tooth brushing and interdental cleaning techniques to patients and showed them the areas of the mouth to concentrate their efforts. This helped patients understand the techniques required to maintain oral hygiene. Patients we spoke with told us that they were given advice appropriate to their individual needs such as the harmful effects of poor diet (acidic and sugary foods), smoking and alcohol consumption. Patients also said that the dentist and dental hygienist gave advice about oral hygiene and helped them look after their teeth.

Staffing

Practice staff included two dentists who worked full time, one of whom was the principal dentist (responsible person), and one part time dentist, a part time practice manager, two part time hygienists, four dental nurses, (two qualified and two trainees) and two receptionists.

We discussed staff training with the practice manager and with staff. We were told that training was provided to staff via attendance at courses, in-house and on-line training. CPD is a compulsory requirement of registration as a general dental professional. We saw that staff had undertaken some core continuous professional development training such as basic life support, safeguarding, infection control and decontamination. We saw that some staff were not in attendance at the last basic life support training session held at the practice in December 2015. These staff last completed this training in June 2015 and they were now due for this annual training. Following our inspection we were told that one staff member was booked on to a course for November 2016 and discussions would be held with the other member of staff who required update training. Update training for these staff was overdue.

No action

Are services effective?

(for example, treatment is effective)

We were told that discussions were held with staff about CPD and training during appraisal and personal development meetings. Staff were asked to give verbal confirmation that they were meeting their CPD requirements. Following this inspection we were told that the practice manager had created a CPD log book for each member of staff and these were to be discussed at the next staff meeting.

Records showed professional registration with the GDC was up to date for all relevant staff. The practice manager kept a log sheet to record disclosure and barring service checks, GDC registration numbers, insurance information and NHS performers numbers. This helped to ensure that all of this important information was kept up to date.

Appraisal systems were in place. We saw that dental nurses and reception staff had received an annual appraisal conducted by the practice manager. Records were detailed and an action plan was completed following the appraisal meeting. Personal development plans were available for staff.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves. For example referrals were made for patients who required oral surgery or community services. A member of reception staff we spoke with told us that they kept a record of referrals sent out and they checked these on a weekly basis, if nothing was received we were told that they telephoned the hospital or clinic to chase the referral. The principal dentist told us that a formalised referral log was being developed but this was not available on the day of inspection.

We were told that telephone follow up was completed for those patients referred to hospital if they had a suspected oral cancer. We saw copies of referral letters and forms used to refer patients for oral surgery or community dental services.

Consent to care and treatment

The practice had developed a consent policy which had been reviewed on an annual basis. However, the policy did not clearly identify all of the issues involved in the consent process. For example the Mental Capacity Act 2005 (MCA) and best interest decisions. The MCA provided a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves; and Gillick competency. This 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. Following this inspection we received email confirmation that the consent policy had been amended to include reference to the MCA and best interest decisions. A separate MCA code of practice had also been developed.

Staff we spoke with had a limited knowledge of the MCA and best interest decisions. We were not shown any evidence to demonstrate that staff had completed training regarding the mental capacity act. There were no recent examples of patients where a mental capacity assessment or best interest decision was needed. Following this inspection we were told that two dentists had been booked onto a training course in November 2016. Staff had also been given details of on-line training available and had been requested to completed this training by 30 September 2016.

Patient records we saw demonstrated that consent had been obtained for both adults and children having treatment. Discussions regarding consent were recorded on these notes, however not all contained sufficient detail, for example “options discussed” was recorded in one set of patient care records seen.

No action

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We discussed privacy and confidentiality with staff. Staff discussed the ways in which privacy and confidentiality were maintained for patients who used the service. We saw that treatment rooms were situated off the waiting area; doors were closed at all times when patients were with the dentist. Conversations between the patient and the dentist could not be heard from outside the treatment rooms, this helped to protect patient's privacy. Reception staff discussed the methods they used to maintain confidentiality such as locking computer screens so that information could not be accessed by unauthorised people. We were told that private discussions could be held with patients in treatment rooms or the office away from the reception area if required.

Patients' clinical records were stored in paper format on open cabinets behind the reception area. These were not securely stored to maintain confidentiality of information. We were told that a physical security risk and action plan had been developed which related to the security of the premises, for example locks on doors and bars on windows. This did not record information regarding the security of records. The practice's data security policy recorded that records were kept in locked cupboards. The practice was therefore not working in accordance with their policy. Following this inspection we received an email from the principal dentist which stated that they intended to secure the patient records behind the reception area and had been in contact with a specialist company regarding this.

We observed staff were friendly, helpful, discreet and respectful to patients when interacting with them on the telephone and in the reception area. We saw that reception staff knew patients well and booked patients in for their appointment as soon as they walked through the door, without them having to go to the reception desk. Staff told us that as they knew their patients, they were aware who was anxious about visiting the dentist. Staff chatted to patients to relax them making general conversation to pass the time before their appointment. Feedback received from anxious patients was that they were treated with care and understanding.

We received feedback from 13 patients which was positive. Patients commented that staff were caring, helpful and that they received an excellent service.

Involvement in decisions about care and treatment

There was no information available in the reception or waiting area about treatments provided at the practice. We looked in three treatment rooms and there were no information leaflets for patients in these rooms. We were told that patients would be provided with verbal information and staff would ensure that they understood everything they had been told to help them make an informed decision.

We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. Patients commented the dentists were informative and everything was always fully explained to them. Patients said that they felt involved in their treatment and were able to ask questions and take time to make decisions. NHS costs were on display in the reception area.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was located in a building close to the centre of Newport. There was a free long stay car park available at the rear of the practice. The practice provided mainly NHS treatment and treatment costs were clearly displayed in the waiting area.

We discussed appointment times and scheduling of appointments. We found the practice had an efficient appointment system in place to respond to patients' needs. Patients were given adequate time slots for appointments of varying complexity of treatment. Each dentist held vacant appointment slots to accommodate urgent appointments. Patients in dental pain were seen within 24 hours of their initial contact with the practice. We saw that a copy of the appointment policy was on display in the waiting room. This recorded that patients would be reminded of their appointment by text or email and would not be kept waiting for longer than 45 minutes to see a dentist.

Feedback from patients confirmed that it was easy to get an appointment to see a dentist when they were in dental pain. All of the patients we spoke with told us that they booked their routine appointments in advance and the dental practice sent them a text or letter reminder of their appointment which they found helpful. We were told that patients were rarely kept waiting beyond their appointment time.

Tackling inequity and promoting equality

This practice was suitable for wheelchair users, having level access to the front of the building and one ground floor treatment room. However the male and female patient toilets were located on the first floor and had not been adapted for use by patients with restricted mobility and they were not accessible to those patients who were unable to use the stairs. The practice leaflet clearly informed patients of this.

The practice did not have a hearing induction loop. However staff accommodated patients with hearing impairments using alternative methods. We were told that any of the practice information could be printed off in large print for patients who might be visually impaired.

We asked about communication with patients for whom English was not a first language and we looked at the practice's equality and diversity policy. This policy stated that the practice would provide patient information in a variety of languages. We were told that the majority of patients were able to communicate with staff in English and one member of staff was able to speak Polish. There was no patient information available in other languages, although we were told that staff would use a free internet translation application if needed. At the time of the inspection staff were unable to find the contact details for a translation service and we were told that this had not been used in the past. However following our inspection we were sent a copy of a poster which the practice had put on display in the waiting area giving information about the translation and British Sign Language services available and requesting patients to contact the reception if they required the use of these services. A separate document was also forwarded which contained the contact details for the interpretation services available. Patients' computer records alerted staff to those patients whose first language was not English, patients with mobility difficulties or any other issues that staff needed to be aware of.

Access to the service

The practice was open from 9am to 5.30pm Monday to Thursday and 9am to 5pm on a Friday, lunch was between 1pm and 2pm and the practice was closed during this time. A telephone answering machine informed patients that the practice was closed between 1pm and 2pm each day. The opening hours were displayed in the practice and in the practice leaflet. The telephone answering machine and practice leaflet also gave emergency contact details for patients with dental pain when the practice was closed during the evening, weekends and bank holidays.

Patients were able to make appointments over the telephone or in person. Emergency appointments were set aside for each dentist every day; this ensured that patients in pain could be seen in a timely manner. We were told that when all of the vacant emergency slots were filled patients would be asked to visit the practice to sit and wait to see the dentist. Staff told us that patients in dental pain were always seen within 24 hours of their initial contact with the practice. Patients we spoke with confirmed this. Patients

No action

Are services responsive to people's needs?

(for example, to feedback?)

were sent text reminders three days prior to their appointment and email reminders five days prior to their appointment. We were told that this had reduced the number of patients who do not attend their appointments.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. The policy also recorded contact details such as NHS England and the Parliamentary and Health Service Ombudsman. This enabled patients to contact these bodies if they were not satisfied with the outcome of the investigation conducted by the practice. A copy of the complaints policy was on display in the waiting area. Staff spoken with were knowledgeable about how to handle a complaint. We were told that patients who wished to complain would be given a copy of the complaints policy to make them aware of the processes involved in responding to a complaint at the practice. We saw that the practice leaflet requested patients to contact the principal dentist who would deal with complaints in line with the practice's policy.

We discussed complaints with the practice manager and reception staff. We were told that the practice had not received any written or verbal complaints within the last two years. Staff said that complainants would be asked to put all verbal complaints in writing. These would be forwarded to the principal dentist who was the complaints lead. We were told that complainants would be offered a meeting with the principal dentist or the practice manager in their absence. Reception staff were aware of the timescales for responding to and investigation of complaints.

We saw that standardised letters were available to acknowledge receipt of a complaint and regarding the outcome of an investigation. These could be adapted as necessary. We were told that complaints would be discussed at practice meetings and any learning points identified and shared with staff. We saw that complaints and patient feedback were a standard agenda item for each practice meeting.

Requirements notice

Are services well-led?

Our findings

Governance arrangements

The practice had policies and procedures in place to support the management of the service, and these were readily available for staff to reference. We looked at a number of policies and procedures and saw some had been reviewed and where relevant updated on an annual basis.

Policies were available regarding complaints, health and safety, safeguarding vulnerable adults and children, infection control and whistleblowing. The practice's data security policy recorded that records were kept in locked cupboards. However, patients' records were stored on open shelves behind the reception. The practice was therefore not working in accordance with their policy.

The practice had clear lines of responsibility and accountability. Staff were aware of their roles and responsibilities and were also aware who held lead roles within the practice. Staff said that they could speak with the practice manager if they had any issues or concerns.

The practice had monthly staff meetings, standard agenda items for discussion included complaints and patient feedback, safeguarding and health and safety. The agenda also had any other business and staff said that they were able to discuss any other relevant issues during this part of the meeting.

Some systems were in place for monitoring and improving the quality of services provided for patients. Some risk assessments were in place to mitigate risks to staff, patients and visitors to the practice. These included risk assessments for fire, display screen equipment, use of autoclaves and legionella. The fire risk assessment had been reviewed by Shropshire Fire and Rescue. Some issues for action had been identified which required a slight amendment to the risk assessment, policy and fire exit signage. Not all of the issues identified had been actioned, although this was addressed following our inspection visit.

We were told that there was no general practice risk assessment. We saw documentation dated 2012 which recorded a very brief summary of the practice risk assessment carried out at that time. This had a review date of June 2013 but there was no documentary evidence of a review taking place. Following this inspection we received a copy of the practice's risk register which had been reviewed in April and September 2016.

We identified that there were no warning signs on the doors were oxygen was stored. Other issues identified included sharps bins were not appropriately sited so that they were out of reach of patients, in particularly children. Only one of the three dentists at the practice was completing a radiography audit. There was therefore no system for two of the dentists to review and improve their practice relating to radiography. Dental care records were not securely stored in accordance with the data protection act. Systems to seek and act on feedback from patients were not robust; the practice had not introduced an in-house system to obtain feedback and had obtained very limited feedback via the NHS friends and family test. Systems to ensure firefighting equipment was serviced and maintained on a regular basis were not robust.

The practice did not have a system for checking that first aid equipment and emergency medicines and equipment were available for use and within their expiry date. Following this inspection we received email confirmation that a log sheet had been implemented.

Leadership, openness and transparency

There was an effective management structure in place to ensure that responsibilities of staff were clear. The principal dentist held the majority of lead roles. Staff were aware of this and said that that the management team were approachable and helpful Staff said that there was an open culture within the practice and they were confident to raise any issues with the management team. Staff told us that they felt valued and said that everybody worked well as a team.

Practice meetings were held on a monthly basis and staff said that they were kept up to date with any changes at the practice and were encouraged to contribute ideas or raise concerns.

Learning and improvement

Discussions with staff did not demonstrate that they had an understanding of the new GDC standards for the dental team.

The principal dentist was the designated lead for all clinical audits at the practice apart from infection control. This had

Are services well-led?

been delegated to the two qualified dental nurses. Clinical staff we spoke with were aware who held these lead roles. We saw that infection control audits were completed on a six monthly basis. We looked at the X-ray quality audit completed in 2016. We saw that the principal dentist was completing audits and the results were within the practice's target range. There was no audit for the other dentists who worked at the practice. Following this inspection we received email confirmation that these dentists had been requested to complete an X-ray audit by 15 July 2016. We saw that a clinical record audit was completed in 2016 with a satisfactory result.

Although staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC), systems in place to ensure staff were up to date with their CPD requirements were not robust. We were told that staff gave verbal confirmation during their appraisal meeting. However, staff said that support was provided to enable them to complete training. During a review of staff training it was identified that staff had not received any training regarding the Mental Capacity Act. Following this inspection we received confirmation that staff had been asked to complete MCA training by 30 September 2016. Annual appraisals were held and personal development plans were available for all staff. Practice meetings were held on a monthly basis and any learning was disseminated to all staff. Minutes of practice meetings were available for all staff.

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

The practice had limited systems in place to seek and act on feedback from patients including those who had cause to complain. We saw that a friends and family test (FFT) box was available in the waiting room. The friends and family test is a national programme to allow patients to provide feedback on the services provided. We discussed other avenues available to patients to provide feedback. We were told that there was no suggestions box and the practice had not conducted any patient satisfaction surveys since the introduction of the FFT.

We looked at the FFT results. We saw that a total of 14 responses had been received at the practice since the FFT was introduced in April 2013. All responses were positive. We saw that patient feedback was a standard agenda item for discussion at each staff meeting.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: • The provider did not operate effective systems to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities. • Dental care records were not securely stored in accordance with the Data Protection Act 1998. • Systems were not in place to monitor staff training and gaps were identified in training completed. • Systems were not in place to assess, monitor and improve the quality and safety of the services provided. Regulation 17