

Makwana & Patel Dentiques Limited

Cathedral View Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 15 November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Cathedral View Dental Practice is a dental practice providing private care for adults and private and NHS care for children. Where private treatment is provided some is under a fee per item basis and some under a dental insurance plan. The practice is situated in a converted residential property with all patient facilities on the ground floor.

The practice has three dental treatment rooms. There is also a reception and waiting area and other rooms used by the practice for office facilities and storage. The practice is open from 8.30am to 5.00pm from Monday to Friday. The practice closes for lunch from 1.00pm to 2.00pm.

The practice has three part-time dentists who are able to provide general dental services including endodontic (root canal) treatment and some cosmetic dentistry. They are supported by two dental nurses, a trainee dental nurse, three part time dental hygienists, a practice manager and receptionist.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

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 comment cards to the practice for patients to complete to tell us about their experience. We also spoke with patients on the day of our inspection. We received feedback from a total of seven patients. The majority of feedback was positive with patients commenting favourably on the quality of care and service they received, the professional and helpful nature of staff and the cleanliness of the practice. However some patients also commented negatively on appointments not running to time and availability of appointments.

Our key findings were:

- Staff reported incidents which were investigated, discussed and learning implemented to improve safety. However we found the system was not always effective as not all incidents had been reported.
- The practice was visibly clean and well maintained but we found that not all infection control procedures were in line with the requirements of the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health. For example ultrasonic baths were in use which had not been validated. We were told following our inspection that these had been decommissioned.
- The practice had medicines and equipment for use in a medical emergency which were in accordance with national guidelines with the exception that glucagon was not stored in a temperature monitored fridge. The medicines were not stored securely. We were advised following our inspection that these issues would be addressed.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Patients commented that they were pleased with the care they received and that staff were helpful, kind and courteous. However some patients commented that they were not always able to get appointments in a timely way.
- The practice had suitable facilities and was equipped to treat patients and meet their needs.
- Governance arrangements were in place for the smooth running of the service. However we found that protocols were not always followed and some policies required updating. Although risks had been assessed we found that the fire risk assessment was not comprehensive; for example it had not identified the requirement for an Electrical Installation Condition Report and no consideration had been given to the evacuation of patients with disabilities.

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

Ensure systems and processes are operated effectively to assess and monitor the service and risks in accordance with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, this includes the management of patient safety alerts; significant event reporting, infection control, fire safety arrangements and storage of medicines.

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

- Review the practice's audit protocols of radiography to ensure they are practitioner specific to help improve the quality of service. The practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had a system in place to identify, investigate and learn from significant events. However not all incidents had been reported.

There were sufficient numbers of suitably qualified staff working at the practice to meet patients' needs.

Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults. However some guidance was incorrect.

Infection control procedures were not always in line with the requirements of the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health. For example ultrasonic baths were in use which had not been validated.

The practice had medicines and equipment for use in a medical emergency which were in accordance with national guidelines with the exception that glucagon was stored in an fridge and its temperature was not monitored. The medicines were not stored securely. We were advised following our inspection that these issues were being addressed.

Risk assessments had been undertaken; however the current fire risk assessment was not in line with The Regulatory Reform (Fire Safety) Order 2005.

Use of X-rays on the premises was in line with the Regulations. However on the day of our inspection the evidence that annual mechanical and electrical tests had been done was not available.

No action



Are services effective?

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 clinicians used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

Staff demonstrated a commitment to oral health promotion.

The staff received on-going professional training and development appropriate to their roles and learning needs.

Clinical staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration

No action



Summary of findings

The practice had a process in place to make referrals to other dental professionals when appropriate to do so.

Are services caring?

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

We received feedback from seven patients and these provided a largely positive view of the service the practice provided. Comments reflected that patients were satisfied with the care they received and commented on the welcoming and helpful nature of the staff. Patients told us treatment options were explained to them and they were involved in decisions about their treatment.

We observed that patients were treated with dignity and respect and the confidentiality of patients' private information was maintained.

No action



Are services responsive to people's needs?

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

The practice had good facilities and was equipped to treat patients and meet their needs.

Routine dental appointments were available, as were urgent on the day appointments. We received mixed comments about the length of time patients waited to get an appointment with a dentist. Some patients told us they found it easy to get an appointment while others commented that they did not feel it was always possible to get an appointment in a timely way with the practice.

Information was available for patients in the practice's leaflet and on the practice's website.

The practice was in a converted building and all patient services were on the ground floor of the building which was wheelchair accessible.

Information about how to complain was available to patients and complaints were responded to appropriately.

The practice had access to telephone interpreter services should they be required for patients who did not speak English.

No action



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 at the end of this report).

There was an open culture and staff were well supported and able to raise any concerns at practice level. However issues raised by staff were not always responded to by the provider.

Clinical audit was used as a tool to highlight areas where improvements could be made. However the audits of radiography were not practitioner specific.

Requirements notice



Summary of findings

Feedback was obtained from patients and discussed and acted upon to make changes to the service provided if appropriate.

We found that not all systems and processes within the practice were operated effectively. Governance arrangements were in place but some areas identified during our inspection indicated a lack of oversight at provider level. There were policies and protocols available but some required updating and some protocols were not always followed. Although risks had been assessed we found that the fire risk assessment was not comprehensive; for example it had not identified the requirement for an Electrical Installation Condition Report and no consideration had been given to the evacuation of patients with disabilities.

The practice manager assured us following our visit that these issues would be addressed and procedures put in place to manage the risks. We have since been sent evidence to show that some improvements are being made. However, as various documents were not available for inspection we were not able to comment on their completeness and accuracy. We have though noted the information and it will be reflected once we carry out a follow up inspection at the practice.

Cathedral View Dental Practice

Detailed findings

Background to this inspection

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

We carried out an announced, comprehensive inspection on 15 November 2016. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We reviewed information we held about the practice prior to our inspection.

During the inspection we spoke with the practice manager, two dentists, dental nurses, the receptionist and the area manager.

To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Some staff we spoke with understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and guidance was provided for staff within the practice's health and safety policy. Accident forms were available which aided staff to consider when a report would be necessary. However one of the dentists we spoke with was not familiar with RIDDOR and there was a lack of awareness of reporting of adverse drug reactions via the BNF.

The practice had systems and processes to report, investigate and learn from significant events and near misses. There was a significant event analysis policy which was dated July 2016. Events were recorded within the practice and the practice manager monitored them in order to identify any themes or trends. Records we looked at demonstrated that events had been reviewed and discussed at the next practice meeting in order to share any learning. However we found that a recent needle stick injury had not been reported as a significant event.

The practice had a safety alerts policy dated April 2016. The practice manager told us that national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession were sent to the practice email address. They told us that this was checked on a daily basis. We saw evidence that a number of recent alerts had been acted upon. However we saw that an alert published on 30 June 2016 which was relevant to primary care providers had not been acted upon. The alert required the removal of electrical socket inserts in health or social care premises. The practice manager told us they had not received this alert and would review the system for dealing with safety alerts to identify why this had not been received.

Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. Staff we spoke with showed an awareness of this and told us they were encouraged to be open and honest if anything was to go wrong. This was evident in the way significant events had been raised and discussed within the practice.

Reliable safety systems and processes (including safeguarding)

The practice had policies in place for safeguarding children and vulnerable adults which had been reviewed in March 2016. The practice manager was named as the safeguarding lead for the practice. There was also a flow chart in the safeguarding folder which detailed the actions a staff member should take if concerned and contact numbers for the relevant agency for raising a concern. However we found that some of the contact details related to a different area. The practice manager told us they would update the policies and information available with the correct details.

We saw evidence that with one exception, all staff had received safeguarding training to the appropriate level for their role.

The practice had an up to date employers' liability insurance certificate which was displayed in the reception area. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969. This was due for renewal in March 2017.

We spoke with dentists who told us they were using rubber dams when providing root canal treatment to patients. This was in line with guidance from the British Endodontic Society. A rubber dam is a thin, square sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment (treatment involving the root canal of the tooth) is being provided.

We spoke with staff about the procedures to reduce the risk of sharps injury in the practice. The practice had a sharps injury policy dated March 2016 and there was a comprehensive protocol for dealing with needle stick injuries displayed in each surgery. However we saw a report in the accident book of a needle stick injury in September 2016 and the actions recorded did not follow the practice protocol. The practice manager told us they would review this.

We found that in the majority of cases the practice were using 'safer sharps' in line with the requirements of the Health and Safety (Sharp Instruments in Healthcare) 2013 regulation.

Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies. Staff were aware of their

Are services safe?

location and how to access them. However we found that the medicines were stored in the practice manager's office. This room was sometimes unattended and unlocked and there was potential access to it from the street as there was an unsecured gated access to the side of the property. We raised this with the practice manager who told us they would review security arrangements and storage of medicines. Emergency medicines were available in line with the recommendations of the British National Formulary.

Equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, and included an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

There was a first aid kit and an eye wash kit available which were both in date. There were five trained first aiders within the practice.

There was a system in place to ensure that all medicines and equipment were checked on a regular basis to confirm they were in date and safe to use should they be required. Records we saw showed that the emergency medicines and equipment were checked on a weekly basis. These checks ensured the oxygen cylinder was sufficiently full, the AED was fully charged and the emergency medicines were in date. We saw that the oxygen cylinder was serviced on an annual basis.

We found that the glucagon which the practice held for emergencies was being stored in the refrigerator. However the temperature of the refrigerator was not being monitored to ensure a temperature of 2-8o was being maintained. Glucagon can be stored outside of a refrigerator but with a shortened expiry date of 18 months. Following our inspection the practice manager provided evidence that new stock had been ordered and the expiry date shortened.

Staff based at the practice had completed practical training in emergency resuscitation and basic life support in June 2016 and the practice had recently implemented training in emergency scenario simulations on a monthly basis at staff meetings. However certificates were not available for staff who worked at more than one practice and had carried out the training elsewhere.

Staff recruitment

The practice had a recruitment policy dated August 2016. We saw that the policy had been followed in the recruitment of the most recent member of staff. We reviewed three staff recruitment files which were well organised and saw evidence that appropriate recruitment checks were present, such as qualifications, photographic proof of identification and registration with the appropriate professional body. There was evidence of checks through the Disclosure and Barring Service (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).

Monitoring health & safety and responding to risks

The practice had systems to identify and mitigate risks to staff, patients and visitors to the practice.

The practice had a health and safety policy which was dated March 2016 and was accessible for all staff to reference in a folder. A health and safety risk assessment had been carried out in August 2016 and included risk assessments for amalgam waste, sharps, clinical waste disposal, radiation and environmental hazards.

There was a fire policy dated March 2016 and a fire risk assessment had been carried out in September 2016 by the practice manager. However this was not comprehensive. For example, there were no written fire procedures in place relating to the evacuation of the premises and no consideration had been given to the evacuation of patients with disabilities. The risk assessment had not identified the requirement for an Electrical Installation Condition Report which is a report on the condition of electrical wiring with an overall assessment of the safety of the wiring and is required to be undertaken every five years.

Staff had received online fire safety training and there were two trained fire marshals. We saw that a fire drill had last been undertaken in July 2016. Checks of fire safety equipment had been carried out on a weekly basis. We were told that these checks included the emergency lighting but this had not been recorded. The practice manager amended the weekly checklist to include these checks.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information pertaining to the hazardous

Are services safe?

substances used in the practice with safety data sheets for each product which detailed actions required to minimise risk to patients, staff and visitors. There were also COSHH risk assessments and safety data sheets relating to all products used by the external cleaning company.

There was a business continuity plan available for major incidents such as fire, loss of computer system or power failure. This gave details of alternative premises to be used if necessary. The plan contained details of contractors who might be required in these instances and staff contact details in order to inform them in an emergency. A copy of the plan was kept away from the practice by key members of staff.

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We discussed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had infection control policies dated May 2016. These gave guidance on areas which included the decontamination of instruments and equipment, spillage procedures, waste disposal and environmental cleaning of the premises.

The practice did not have an annual infection prevention control statement in line with the Department of Health code of practice and the infection control lead was not aware of the requirement for this. They told us they would implement this following our inspection.

The decontamination process was performed in the surgeries as there was not a dedicated decontamination room and we discussed the process with a dental nurse. They told us they were aware that processing of instruments should not take place while there was a patient in the room but we were told this did happen occasionally when very busy.

Instruments were cleaned manually before being further cleaned in an ultrasonic bath (this is designed to clean dental instruments by passing ultrasonic waves through a liquid). Instruments were then inspected under an illuminated magnifier before being sterilised in an autoclave (a device used to sterilise medical and dental

instruments). However we found that the ultrasonic baths used in the practice had not been validated annually by an engineer as required by HTM 01-05 and should therefore not be in use.

Following our inspection the practice manager informed us that the ultrasonic baths had been decommissioned until validation could be arranged. The dental nurse demonstrated that systems were in place to ensure that the autoclaves used in the decontamination process were working effectively.

We saw that the required personal protective equipment was available for staff throughout the decontamination process.

The segregation and storage of clinical waste was generally in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and general waste were used and stored in accordance with current guidelines. The practice used an approved contractor to remove clinical waste from the practice. We saw the appropriate waste consignment notices.

Practice staff told us how the dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines. We saw a Legionella risk assessment which had been carried out at the practice by an external company in 2013. There were a number of control measures recommended as a result of the risk assessment which had been implemented and were being followed.

We saw evidence that clinical staff had been vaccinated against Hepatitis B (a virus that is carried in the blood and may be passed from person to person by blood on blood contact).

We saw that the three dental treatment rooms, waiting area, reception and toilets were clean, tidy and clutter free. Hand washing facilities were available including liquid soap and paper towels. Hand washing protocols were also displayed appropriately in various areas of the practice. Each treatment room had the appropriate personal protective equipment available for staff use.

Are services safe?

The practice contracted a company to carry out daily environmental cleaning tasks. We saw there were records of cleaning in line with the schedule and the external company brought in their own colour coded cleaning equipment in line with national guidelines. We saw records that reflected that all surgeries were deep cleaned on a weekly basis by the dental nurses and this included emptying all drawers and cupboards.

Equipment and medicines

Staff told us they had enough equipment to carry out their job and there were adequate numbers of instruments available for each clinical session to take account of decontamination procedures. We saw evidence that some equipment checks had been regularly carried out in line with the manufacturer's recommendations. The practice's X-ray machines had been serviced as specified under current national regulations in October 2016. Portable appliance testing had been carried out at appropriate intervals. The autoclaves had been serviced in October 2016. A new compressor had been installed in May 2015 and we saw that a service was planned for December 2016. The practice manager told us they were aware that the ultrasonic baths had not been validated by an engineer as required by HTM 01-05. We were told this was because they had been unable to find an engineer who was able to undertake the validation. We saw that they had notified the registered manager of the issue but the ultrasonic baths were still in use. Following our inspection we were told that the equipment had been decommissioned and manual cleaning introduced instead.

Dentists used the British National Formulary but not all were aware of the yellow card scheme to report any patient adverse reactions to medicines through the MHRA. We found that there was no system to track prescribing

including antibiotics. This is a requirement of the provider under Criterion 3 of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections which was updated in 2015.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

The practice used two intra-oral X-ray machines which can take an image of one or a few teeth at a time. They also used an Orthopantomogram machine which can take a panoramic scanning dental X-ray of the upper and lower jaw. The practice displayed the 'local rules' of the X-ray machine in the room where each X ray machine was located.

The practice used exclusively digital X-rays, which were available to view almost instantaneously, as well as delivering a lower effective dose of radiation to the patient.

The practice kept a radiation protection file which contained the names of the Radiation

Protection Advisor and the Radiation Protection Supervisor. On the day of our inspection the evidence that annual mechanical and electrical tests had been done was not available.

We saw that all dental professionals were up to date with radiation training as specified by the General Dental Council.

The justification for taking an X-ray as well as the quality grade, and a report on the findings of that X-ray were documented in the dental care record for patients as recommended by the Faculty of General Dental Practice.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with two dentists who demonstrated their awareness of National Institute for Health and Clinical Excellence (NICE) and the Faculty of General Dental Practice (FGDP) guidelines including new guidance from the FGDP regarding record keeping. For example, we saw that the guidelines were applied in relation to dental recall intervals and use of antibiotics.

Discussions with the dentists and records we reviewed demonstrated that consultations, assessments and treatment were in line with these recognised professional guidelines. The dentists described to us and we looked at records which confirmed how they carried out their assessment of patients for routine care. We saw evidence of an oral health assessment at each examination and risk assessments covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer, in the sample of dental care records we reviewed.

We saw that records also included details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). Following the clinical assessment records reflected a full description of the options discussed and the outcomes.

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners directive. Records we looked at showed that radiographs had been recorded including their justification and grading.

The practice had a rolling programme of audits in place and we were shown evidence of audits having been undertaken to assess standards in radiography on a quarterly basis.

Health promotion & prevention

Dentists we spoke with were aware of and applying guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. This is an evidence-based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example they told

us that in accordance with the guidelines they provided fluoride varnish applications for children (Fluoride varnish is a material that is painted on teeth to prevent cavities or help stop cavities that have already started).

The practice sold a range of dental hygiene products to maintain healthy teeth and gums such as toothbrushes and mouthwashes. These were available in the reception area. A range of health promotion leaflets and information was available and we were told treatment information leaflets were regularly given to patients to enhance their understanding of it.

Dentists told us they regularly provided smoking and alcohol cessation advice to patients. Staff were aware of local smoking cessation services and there was information and leaflets available for patients wanting to give up smoking. We reviewed a sample of dental care records which demonstrated dentists had discussed oral health advice with patients.

Appointments were available with hygienists in the practice to support the dentists in delivering preventative dental care.

Staffing

The practice was staffed by three part time dentists. They were supported by three part time dental hygienists, two dental nurses, a trainee dental nurse, a practice manager and a receptionist.

Prior to our visit we checked the registrations of the dental care professionals and found that they all had up to date registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, orthodontic therapists and dental technicians. We asked to see evidence of indemnity cover for relevant staff (insurance professionals are required to have in place to cover their working practice) and saw that cover was in place for all dental professionals.

We found that staff had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). We found that training needs of staff were monitored and with the exception of one staff member, clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control and safeguarding.

Are services effective?

(for example, treatment is effective)

Records at the practice showed that relevant staff had received annual appraisals. We also saw evidence of an induction programme for new staff. We discussed this with the newest member of staff and they told us it had been effective and relevant to their role.

Working with other services

The dentists and practice manager explained how they worked with other services. The dentists referred patients to a range of specialists in primary and secondary services for more complex endodontic, periodontic and orthodontic treatments, and minor oral surgery when the treatment required could not be provided in the practice. General referrals were made either by letter or electronically. Referrals for suspected cancer were fast tracked and made by phone followed by a faxed letter.

Consent to care and treatment

The Mental Capacity Act 2005 (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. There was a practice policy relating to the MCA dated July 2016. Staff we spoke with had undertaken training in the MCA and its relevance when dealing with patients who might not have capacity to make decisions for themselves and when a best interest decision may be required.

We spoke with two of the dentists and found they had a clear understanding of consent issues and that they described how they explained and discussed different treatment options with patients, outlining the pros and cons and consequences of not carrying out treatment. This was clearly documented in the sample of dental care records we reviewed. We also saw that patients were given written treatment plans and signed a consent form. They were also given time to reconsider the chosen treatment plan. Leaflets were also available relating to certain treatments which patients could take away to aid their decision making.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before our inspection, Care Quality Commission comment cards were left at the practice to enable patients to tell us about their experience of the practice. We also spoke with patients on the day of our inspection. We received feedback from seven patients, the majority of which was positive with patients commenting favourably on the quality of care and service they received. Staff were described as helpful, kind and courteous.

The confidentiality of patients' private information was maintained as patient care records were computerised and practice computer screens were not visible at reception.

Treatment room doors were closed when patients were with dentists and conversations between patients and dentists could not be overheard from outside the rooms.

Involvement in decisions about care and treatment

From our discussions with dentists, extracts of dental care records we were shown and feedback from patients it was apparent that private patients were given clear treatment plans which contained details of treatment options and the associated cost.

A price list for treatments was displayed in the waiting rooms and was also available in leaflet form and on the practice website.

Patients told us that they felt listened to and plenty of time was taken to explain treatments to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we found that the practice had good facilities and was well equipped to treat patients and meet their needs.

We saw that the practice waiting area displayed a range of information. This included a patient information leaflet and leaflets about the services offered by the practice, health promotion, complaints information and the cost of treatments. The patient information leaflet advised on opening hours, emergency arrangements for both when the practice was open and when it was closed and patient confidentiality.

Most patients commented that they were able to get appointments easily and sufficient time was given for appointments to allow for assessment and discussion of their needs. However some patients commented negatively on appointments running to time and availability of appointments.

Tackling inequity and promoting equality

All services were on the ground floor of the premises and facilities were accessible to all patients, including those patients with limited mobility, as well as parents and carers using prams and pushchairs. There was a slight incline to access the premises and a ramp was available if needed. There was also a disabled friendly toilet.

The practice were able to access a translation service to support patients whose first language was not English if this was required. The practice also had a hearing loop in the reception area to assist patients with a hearing impairment.

Access to the service

The practice was open from 8.30am to 5.00pm from Monday to Friday. The practice closed for lunch from 1.00pm to 2.00pm. The practice was situated in the city of Lincoln with car parks in walking distance. The practice was also on a bus route and there was disabled car parking immediately outside the practice.

Information in the practice information leaflet and on the provider's website guided patients to call the practice in case of an emergency when the practice was closed. A recorded message on the telephone answering service then advised patients to call one of two alternative numbers dependent on whether they were NHS or private patients.

The practice told us they would arrange to see a patient on the same day whenever possible if it was considered urgent. Comments from patients confirmed this and described how accommodating the practice had been in urgent cases.

The practice had a website and patients were able to access information or check opening times or treatment options on-line.

The practice operated a reminder service for patients who had appointments with the dentists. Patients received a telephone call or text depending on their preference, two days before their appointment.

Concerns & complaints

The practice had a complaints' policy which had been reviewed in January 2016. The policy explained how to complain and identified time scales for complaints to be responded to. Other agencies to contact if the complaint was not resolved to the patients satisfaction were identified within the policy.

Information about how to complain was displayed in the waiting room and in the practice leaflet but not on the practice website. The senior dental nurse was designated as the person responsible for dealing with complaints in the practice.

We were shown a summary of complaints and saw that there had three complaints received in the 12 months prior to our inspection. The documentation we reviewed showed the complaints had been resolved appropriately.

Are services well-led?

Our findings

Governance arrangements

During our inspection we found that the systems and processes within the practice had not always been operated effectively. Governance arrangements were in place but some areas identified during our inspection indicated a lack of oversight. For example: although there was a system for identifying, investigating and learning from significant events, not all incidents had been reported.

The system for dealing with safety alerts was not effective as not all published alerts had been acted upon.

Risk assessments had been carried out but the current fire risk assessment was not in line with The Regulatory Reform (Fire Safety) Order 2005. It had not identified the requirement for an Electrical Installation Condition Report and no consideration had been given to the evacuation of patients with disabilities.

Infection control procedures were not always in line with the requirements of the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health. For example ultrasonic baths were in use which had not been validated.

On the day of our inspection the evidence that annual mechanical and electrical tests had been done was not available.

The glucagon held by the practice for use in a medical emergency was not stored in accordance with national guidelines as it was kept in an unmonitored fridge. The medicines were not stored securely.

The practice had policies and procedures to provide guidance to staff. However we found that protocols were not always followed and some policies required updating.

Leadership, openness and transparency

The leadership team within the practice consisted of the practice manager who also managed a sister practice, with support from a senior dental nurse and an area manager. Overall accountability for the practice was held by the registered manager who was also the provider. They were not based at the practice but available remotely.

Staff told us they felt able to raise concerns within the practice and were listened to and supported if they did so. Staff we spoke with felt they were a cohesive team. However we found that the line management structure beyond the practice was not always effective as when issues had been raised with the provider there was sometimes a delay in them being acted upon. For example, we saw that requests had been made to the provider regarding the need for a dental chair repair and also non-validation of the ultrasonic baths. At the time of our inspection these had not been addressed. We also found that two of the associate dentists had not received an appraisal since July 2014 and July 2015.

The practice was aware of the duty of candour and this was demonstrated in the records we reviewed relating to incidents and complaints.

We saw evidence of regular staff meetings which staff were encouraged to participate in fully. The meetings had a set agenda, were minuted and were available for staff unable to attend.

Learning and improvement

There was a programme of clinical audits in place in order to monitor quality and to make improvements. We saw that infection control audits had been carried out at six monthly intervals, the last one having been undertaken in June 2016. However this had not identified the need for professional validation of the ultrasonic baths. The practice manager told us this was because they were carrying out their own testing on the efficiency of the equipment.

We also saw that the most recent audit of clinical record keeping had taken place in July 2016 and was comprehensive. Audits of the quality and justification of radiography (X-rays) were being carried out on a quarterly basis but related to each surgery rather than each practitioner. It was therefore more difficult to identify if there was a particular issue with an individual practitioner. We raised this with the practice manager who told us they would, as a minimum, include a full annual audit for each practitioner. Other audits we looked at related to disability access and clinical waste.

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We saw evidence that clinical staff were up to date with the recommended CPD requirements of the GDC.

Are services well-led?

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

We saw evidence that most staff had received appraisals in July 2016 and personal development plans were in place where appropriate in order to identify staff learning needs.

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

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

feedback from NHS patients, and to satisfy the requirements of NHS England. The results from October 2016 showed that 100% of NHS patients were extremely likely or likely to recommend the practice to friends and family.

There was a suggestion box in the waiting room and staff also recorded suggestions or passing negative comments made by patients in order to identify any themes or trends. We were told that patient feedback was discussed as a team at practice meetings and where possible changes been implemented. Patients were also able to leave feedback online through the practice website.

It was apparent from the staff we spoke with and the minutes of practice meetings that staff were able to raise issues for discussion and were supported to do so. Staff were also confident to discuss suggestions informally.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Cathedral View Dental Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>This included:</p> <ul style="list-style-type: none">• Not all infection control procedures were in line with the requirements of the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health. For example ultrasonic baths were in use which had not been validated.• The risks associated with fire had not been comprehensively assessed.• The system for dealing with significant events was not always effective as not all incidents had been reported.• Policies and procedures were available but not always followed. For example the practice's management of sharps protocol was not always followed.• Published safety alerts had not always been acted upon.• Medicines were not stored securely. <p>Regulation 17(1)</p>