

City Health Care Partnership CIC

# City Health Care Dental Services - Highlands Health Centre

## Inspection Report

Lothian Way  
Bransholme  
Hull  
North Humberside  
HU7 5DD  
Tel: 01482 336000  
Website: [www.chcpcic.org.uk](http://www.chcpcic.org.uk)

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## Overall summary

We carried out an announced comprehensive inspection on 1 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

### Our findings were:

#### Are services safe?

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

#### Are services effective?

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

#### Are services caring?

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

#### Are services responsive?

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

### Are services well-led?

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

### Background

City Healthcare Dental Services provide specialist dental care from their facility within The Highlands Health Centre, Bransholme, Hull. The location has good public transport links and adequate onsite parking. The health centre is situated next to a school and in a residential area.

The practice has four treatment rooms all on the ground floor, a waiting area, a reception area, an X-ray room, an X-ray developing room, a sterilisation room and a decontamination room connected by a hatch and a store room.

There is a ramp and automatic doors to enter the practice to help anyone with mobility requirements. There is one consultant in paediatric dentistry, a specialist in

# Summary of findings

paediatric dentistry, a dental hygiene therapist, a senior nurse, a deputy team leader, three dental nurses, a secretary, an administration assistant and a full team of support through the company structure.

The practice offers specialist dental treatments under the NHS for children, including preventative advice, restorative dental care, inhalation sedation and all children who require general anaesthetics are triaged here to ensure all treatment is appropriate before sending for the general anaesthetic appointment.

The practice is open:

Monday – Thursday 08.30-17.00

Friday 08.30-16.30

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

On the day of inspection we received 17 CQC comment cards providing feedback. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be wonderful, informative, polite, and helpful and they were treated with dignity and respect in a clean and tidy environment.

## Our key findings were:

- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had very good systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.

- Staff had been trained to manage medical emergencies.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services they provided.

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

- Review the practice's audit protocol of various aspects of the service, such as infection prevention and control and dental care records at regular intervals to help improve the quality of service. Practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.
- Review the practice's procedure for the transporting of instruments between the decontamination room and the surgery suitable 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'.
- Review the practice's protocol for the recording of fridge temperatures where dental materials are stored.
- Review the practice's protocol for the validation of the ultrasonic bath and record this appropriately.
- Review the process for checking the emergency medicines and equipment to ensure this is done weekly and recorded.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

The practice had effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. Weekly checks needed to be implemented and recorded for the emergency oxygen and Automated External Defibrillator.

We saw all staff had received a variety of training in infection control. There were two decontamination rooms connected by a hatch and guidance for staff on effective decontamination of dental instruments.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

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

We reviewed the Legionella risk assessment dated November 2010, evidence of regular water testing was being carried out by an estates nominated individual in accordance with the assessment and the practice had annual dip slide testing was in place.

### **Are services effective?**

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

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE). The practice focused strongly on prevention and the staff were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Patients dental care records provided information about their current dental needs. The dental care records we looked at included discussions about treatment options, relevant X-rays including grading and justification. The practice monitored any changes to the patients' oral health and made changes to any treatment plans to suit the patients' individual needs.

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

### **Are services caring?**

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

Staff explained enough time was allocated in order to ensure the treatment and care was fully explained to all patients in a way which patients understood.

# Summary of findings

Comments on the 17 completed CQC comment cards we received included statements saying they were involved in all aspects of their care and found the staff to be wonderful, informative, polite, and helpful and they were treated with dignity and respect in a clean and tidy environment.

We observed patients being treated with respect and dignity during interactions over the telephone. Privacy and confidentiality were maintained for patients using the service.

## **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 disability access and the practice had a ramp and automatic doors to help patients with mobility difficulties to access care.

The practice had a complaints process which was not easily accessible to patients who wished to make a complaint. This was brought to the senior nurse's attention on the day of the inspection and a copy was placed within the waiting area. Staff recorded complaints and cascaded learning to staff. Patient advice leaflets and practice information leaflets were available on reception.

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

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The senior nurse was responsible for the day to day running of the practice.

The practice held various staff meetings across the organisation which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection prevention and control, X-rays and a general anaesthetics assessment audit. The X-ray audit findings were within the guidelines of the National Radiological Protection Board (NRPB).

They conducted patient satisfaction surveys, were currently undertaking the NHS Friends and Family Test (FFT) and there was a comments box in the waiting room for patients to make suggestions to the practice.

# City Health Care Dental Services - Highlands Health Centre

## Detailed findings

### Background to this inspection

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

The inspection was carried out on 1 March 2016 and was led by a CQC Inspector and a specialist advisor.

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

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

During the inspection we spoke with the Clinical Director, three dental nurses, a receptionist and a human resources advisor. Feedback from the dentist was sought after the inspection. We saw policies, procedures and other records relating to the management of the service. We reviewed 17 CQC comment cards that had been completed.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints this was also shared centrally with in the organisation to help prevent any similar significant event occurring where possible. Staff were aware of the reporting procedures in place and were encouraged to raise safety issues to the attention of colleagues and the central team.

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The senior nurse told us any accident or incidents would be discussed at practice meetings or whenever they arose and shared centrally. We saw the practice had an accident book which had two entries recorded in the last 12 months. Both of these had been responded to in line with the practice guidelines.

The Clinical Director told us they received alerts centrally by email from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were shared with the practice and discussed with staff, actioned and stored for future reference.

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

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The policies were readily available to staff. The organisation had a lead for safeguarding and the specialist paediatric dentist was the in-house contact. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

The practice staff were passionate about safeguarding and although patients came to them through a referral system from other healthcare professionals including GPs, health visitors and school nurses, the team responded quickly and

efficiently to report any concerns about a child if this had not been done before. The staff gave numerous examples of safeguarding cases and how these had been dealt with in the practice. They worked with external organisations to ensure the right person attended the appointment to give valid consent.

We saw all staff had received safeguarding training in vulnerable adults and children. Staff could easily access the safeguarding policy. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The staff told us they routinely used a rubber dam when providing root canal treatment to patients. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident that they could raise concerns about colleagues without fear of recriminations. Staff told us they felt they all had an open and transparent relationship and they felt all staff would have someone to go to if they had any concerns at all.

### Medical emergencies

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

The practice kept medicines and equipment for use in a medical emergency. These were all in line with the Resuscitation Council UK and British National Formulary (BNF) guidelines. All staff knew where these items were kept.

We saw the practice kept did not keep logs which indicated when the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked. This would help ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates.

# Are services safe?

We brought this to the attention of the senior dental nurse and they said this would be carried out from now onwards. We checked the emergency medicines and found they were of the recommended type and were all in date.

## Staff recruitment

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed the newest members of staff's recruitment file which confirmed the processes had been followed. All personal information was stored securely in a central location on line.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

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

## Monitoring health & safety and responding to risks

The central team had undertaken a number of risk assessments to cover the health and safety concerns that may arise in providing dental services generally and those that were particular to the practice; however these were not easily available on the day of the inspection as they were held centrally. The practice had a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw that this policy was reviewed in September 2014. This was due for renewal in September 2016.

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

We noted there had been a specific fire risk assessment completed for the premises as the building was shared with other service users including a GP practice. We saw as part of the checks by the estates team the smoke alarms were tested and the fire extinguishers were regularly serviced. There was evidence a fire drill had been undertaken with staff and discussion about the process reviewed at practice meetings. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

## Infection control

The practice had a decontamination room and a sterilisation room which were connected by a hatch that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices.

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

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were placed in an ultra sonic bath, examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes. We noted that clean instruments were not transported in a secure container back to the surgery.

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



# Are services safe?

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

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

We saw all sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was stored securely for collection in a container outside of the practice. The organisation had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. New members of staff new to healthcare had received the required checks as stated in the Green Book, Chapter 12, Immunisation for healthcare and laboratory staff.

We reviewed the last legionella risk assessment report dated November 2010. All recommended testing including hot and cold water temperature checks were being carried out by the estates team in accordance to the risk assessment. The estates team lead was responsible for the testing and reporting of any concerns. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

## Equipment and medicines

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

Fridges where dental materials were stored did not have daily temperature checks in place, this was brought to the attention of the senior nurse on the day of the inspection.

We saw the fire extinguishers had been checked in April 2015 to ensure they were suitable for use if required.

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

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. The prescription pads were stored securely and a log was in place to review who had taken the last pad.

## Radiography (X-rays)

The X-ray equipment was located in two of the surgeries and there was a separate X-ray room for the Orthopantomogram (OPT) machine (an OPT machine is a panoramic scanning dental X-ray of the upper and lower jaw). One surgery was due for refurbishment so the X-ray equipment had been decommissioned. X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

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

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The Clinical Director told us they undertook annual quality audits of the X-rays taken. We saw the results of the July 2014 audit and the results were in accordance with the National Radiological Protection Board (NRPB). Action plans and learning outcomes were in place to continuously improve the procedure and reduce future risks. We were told on the day of the inspection the audit had been redone in January 2016 however the results had yet to be collated and shared.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed paper dental care records. They contained information about the patient's current dental needs and referral requirements. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each appointment in order to monitor any changes in the patient's oral health. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, the staff told us they discussed patients' lifestyle and behaviour such as a social history including diet advice and daily oral hygiene routines and where appropriate offered them health promotion advice or referral to the dental hygiene therapist, this was recorded in the patients' dental care records.

During the course of our inspection we discussed patient dental care records with the staff and reviewed dental care records to confirm the findings. We found they were in accordance with the guidance provided by the Faculty of General Dental Practice. For example, evidence of a discussion of treatment needs with the patient was routinely recorded. The practice recorded medical histories had been up dated prior to treatment. Soft tissue examinations, diagnosis and a full assessment of each patients needs had also been recorded.

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

The staff told us they always discussed the diagnosis with their patients and parents or guardian and, where appropriate, offered them any options available for treatment and explained the costs if required. By reviewing the dental care records we found these discussions were recorded and signed treatment plans were stored in the patients' dental care records.

Patients' oral health was monitored throughout the practice including referrals to the dental hygiene therapist. This was followed up accordingly; these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray, a grade of each X-ray and a detailed report was recorded in the patient's dental care record.

Patients were referred to these services for specialist treatments that were not available at the registered dental practice such as inhalation sedation or an assessment of the patient's need for GA. Their oral health was then monitored and recommendations were put in place to refer back to the patient's general dental practitioner. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes. Some patients were registered with the services long term to ensure their needs are met and continuity of treatment is maintained.

### Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice and the NHS fees for treatment. Staff told us they offered patients information about effective dental hygiene and oral care in the surgeries and there was a dental hygienist therapist to help support this.

The staff told us they offered patients oral health advice and provided treatment in accordance with the Department of Health's policy, the 'Delivering Better Oral Health' toolkit, this included fluoride applications. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay.

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

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

The practice had a display located in the waiting room to show patients how much sugar was in certain drinks. This

# Are services effective?

## (for example, treatment is effective)

included information about flavoured water and yogurt drinks. The staff told us this sparked up a lot of conversation with patients to raise awareness of how much hidden sugars were in some drinks they saw as healthy.

### **Staffing**

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included a four day programme including introduction and awareness of the practice's policies, information governance training, COSHH awareness, equality and diversity training and display screen equipment assessments. We saw evidence of completed induction checklists in the recruitment files.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised training days through the organisations training department for core and statutory training including medical emergencies and infection control. This was in place to help staff keep up to date with current guidance and new requirements. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents. Staff also felt they could approach the senior dental nurse or HR team at any time to discuss continuing training and development as the need arose.

### **Working with other services**

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with NICE guidelines where appropriate. For example, referrals were made to these specialist dental services for further investigations or specialist treatment including paediatric dentistry, general anaesthetic assessments and inhalation sedation. Referrals could be sent from any healthcare professional including dentists, GPs, school nurses, health visitors and a children's charity. Patients could also self-refer if required. All referrals would be collated centrally and directed to the right location and service for the patients.

The practice provided a selection of detailed proformas to potential referring professionals to ensure they had all the relevant information required. A central office was responsible for triaging referrals to ensure the patient was seen by the correct service. A copy of the referral letter was kept in the patient's dental care records. Letters were sent back once all treatment had been completed to the origin of the referral.

The practice had a process for urgent referrals for suspected malignancies. We also saw when a patient was referred internally to see the dental hygiene therapist a detailed treatment plan was documented to ensure the hygiene therapist was aware of what treatment needed doing.

### **Consent to care and treatment**

Patients and their parents or guardians were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients and their parents or guardians had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and guardians might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. All staff were aware of Gillick competency.

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

Staff ensured that consent was obtained before treatment began and a treatment plan was signed by the patient, parent or guardian. We saw within the patient dental care records individual treatment options, risks, benefits and costs had been discussed. Patients, parents or guardians were given time to consider and make informed decisions about which option they preferred. The practice also gave patients with complicated or detailed treatment requirements more time to consider and ask any questions about all options, risks and costs associated with their treatment.

# Are services caring?

## Our findings

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

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

Privacy and confidentiality were maintained for patients who used the service; staff were helpful, discreet and respectful to patients. Staff said if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' dental care records were securely stored in locked cabinets.

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

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

Staff told us how the consultant and specialist would provide treatment options including benefits and possible risks of each option.

Patients were also informed of the range of treatments available in information leaflets in the waiting room. The practice's website provided patients with information about the range of treatments which were available at the practice. This included paediatric dental treatment under sedation and assessment for GA.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. We saw evidence in the appointment book there were dedicated days each week and specialist clinics available.

The staff told us they offered patient information leaflets on oral care and treatments in the surgery to aid the patients' understanding if required or requested. If the patient had attended with a translator the staff asked them to go through the leaflet with the patient in the surgery to make sure the patient understood the content of the leaflet.

### Tackling inequity and promoting equality

Reasonable adjustments had been made to the premises to accommodate disabled patients. These included step free access to the premises and an automatic door with a door opening button located at a level children and wheelchair user could access. The practice also had accessible ground floor toilet facilities. All surgeries were located on the ground floor of the building and had adequate room to provide access for a wheelchair or a pram.

The practice had an equality and diversity policy to support staff. Staff had undertaken annual training to help them understand the differing needs of patients. The practice also had access to translation services for those whose first language was not English. The practice also utilised these services if a patient had failed to attend (FTA) for an appointment, the translator phoned the patient whilst in the premises so the staff could ensure they had another appointment and did not have to start the referral process to the practice again. This helped to reduce FTA rates and reduce the cost for translation services.

### Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet and on the practice website. The opening hours are Monday – Thursday

08.30-17.00, Friday 08.30-16.30. Patients were sent a text message the day before an appointment and the practice also phoned them to ensure they could attend their appointments. This also helped reduce the FTA rate of patients.

The patients feedback said they were rarely kept waiting for their appointments. Any emergency treatment would be provided by the patients' registered dental practitioner.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The senior nurse and central team were in charge of dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the senior nurse to ensure responses were made in a timely manner.

We looked at the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The practice had received two complaints in the last year and we found these had been dealt with in line with the practice's procedure. This included acknowledging the complaint within three working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this. The complaints procedure was not displayed in the waiting room. This was brought to the attention of the Clinical Director and one was placed there immediately. The staff said there was also information about the complaints procedure on the practice's website.

The practice shared all the practice feedback and complaints to a central location where by annually this was collated and shared in a report. This report was also available on the website for the public to see.

# Are services well-led?

## Our findings

### Governance arrangements

The senior nurse was in charge of the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the use of equipment and infection control.

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example there was a recruitment policy, health and safety policy and an infection control policy. Staff were aware of their roles and responsibilities within the practice.

There was no evidence patient dental care records had been audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice. On the day of the inspection evidence of a review and audit in to Inhalation Sedation records was seen, this was due to commence in March 2016 over a period of three months. Other areas specific to the practice dental care records including GA assessment records could be reviewed to have full picture of all records held within the practice. This would help address any issues that arise and set out individual learning outcomes more easily.

We saw the results of the X-ray and infection prevention and control audit. All action plans and learning outcomes were in place to continuously improve the procedures and reduce future risks. The practice had not implemented a patient dental care record audit to date, this was brought to the attention of the Clinical Director and they said they would do this as soon as possible.

There was an effective management structure in place to ensure responsibilities of staff were clear. Staff told us that they felt supported and were clear about their roles and responsibilities.

### Leadership, openness and transparency

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

The practice held monthly staff meetings involving all staff members, two monthly meetings for all senior leads and full team meetings annually. There were also separate organisational meetings for the consultant, specialist and dental nurses if the need arose. These meetings were minuted and displayed in the office for those who were unable to attend. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter. The staff meetings involved peer review, audit results and also gave an opportunity for staff to share any specialist knowledge with others. One team member provided core continuing professional development training for sedation for the whole team and extended team annually.

All staff were aware of whom to raise any issue with and told us the HR team and senior dental nurse would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice and that the delivery of high quality care was part of the practice's ethos.

### Learning and improvement

The practice had quality assurance processes in place to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as X-rays and a general anaesthetic audit.

Staff told us they were encouraged to complete training relevant to their roles to ensure essential training was completed; this included medical emergencies and basic life support, infection prevention and control and radiography. All mandatory training was provided through the organisation and this could be accessed through on line and in house training sessions.

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

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

## Are services well-led?

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out annual patient satisfaction surveys and a comment box in the waiting room. The satisfaction survey included questions about whether the staff greeted them, helped them feel at ease, communicated well and answered any questions which they had.

The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

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