

Saeed Kordany

# Stukeley Dental Surgery

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 12 April 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**

Stukeley Dental Surgery is an established dental practice in Huntingdon. The service provides a range of dental services to NHS and private patients of all ages. The practice has its own small car park and is situated close to a small retail park with additional parking. The practice has three dental treatment rooms, a reception area and waiting area on the ground floor, although one treatment room has step access and may not be accessible to some patients with limited mobility.

The practice opens Monday, Tuesday and Thursday: 9 am to 5:30 pm; Wednesday: 9 am to 6:30 pm; Friday 9 am to 1 pm. The practice sees private patients from 3:30 pm onwards. The practice is closed at the weekends. Two principal dentists run the practice with assistance from one part-time dentist, a lead dental nurse/practice manager, two dental nurses (one of whom is a trainee) and a receptionist who covers one day each week. The practice employs three dentists and one dental hygienist.

The lead nurse/practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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. However, at the time of the inspection, the registered manager had discussed her

# Summary of findings

decision to discontinue as practice manager/registered manager with the principal dentists. There was no clear plan on how the management responsibilities would be covered.

We received feedback from 40 patients either in person or on CQC comments cards from patients who had visited the practice in the two weeks before our inspection. The cards were all positive and commented about the caring and helpful attitude of the staff. Patients told us they were happy with the care and treatment they had received.

## Our key findings were:

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained. However the practice did not have access to an automated external defibrillator.
- Accidents were investigated and appropriate action was taken. Staff had not identified any incidents or significant events. However, we found an incident that had been well managed was not reported as an incident so that learning and improvement opportunities could be taken.
- Dentists provided dental care in accordance with current National Institute for Care Excellence (NICE) guidelines.
- The practice appeared clean and free from clutter.
- Staff received training and development although the system for annual appraisal was not well established.
- Patients told us they were able to get an appointment when they needed one and the staff were kind and helpful.
- Staff we spoke with felt well supported by the senior staff and were committed to providing a quality service to their patients.
- Information from 46 completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, caring, professional and high quality service.
- A complaints process was in place although the practice had not received any complaints in the last two years.

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

- Review staff training to include: first aid management so that at least one member of staff holds a current

first aid at work certificate and review staff awareness of the requirements and their responsibilities under the Mental Capacity Act (MCA) 2005. The consent policy should also be reviewed.

- Review the availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team. This should include a risk assessment of the decision not to hold an automatic external defibrillator at the practice.
- Review the incident reporting system so that it is used effectively to prevent further occurrences and ensure that improvements are made as a result.
- Review the recruitment process so that it is in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Check that systems are in place to support staff through clear job descriptions and regular performance reviews.
- Review the practice's protocols for completion of dental records having due regard for the guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping. This should include clear records of patient referrals.
- Review the procedures for the use of the X-ray equipment giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000 in relation to rectangular collimation to reduce the amount of radiation received by patients.
- Review the audit programme so that audits are completed regularly to help improve the quality of service. The practice should also check that all audits have documented learning points and the resulting improvements can be demonstrated.
- Review procedures in place to support staff through a performance management process.
- Review the fire risk assessment and mercury spillage policy.
- Review its responsibilities to the needs of people with a disability and the requirements of the equality Act 2010 and ensure a Disability Discrimination Act audit is undertaken for the premises.
- Review the systems in place to discuss quality and safety issues with staff so that learning and improvement is shared.

# 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.

Accidents were recorded and learning points were shared with staff although improvement was needed to ensure that staff recognised and acted upon significant events and incidents. The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts and took appropriate action including sharing information with staff. There were clear guidelines in place for reporting safeguarding concerns and staff had received relevant training.

The practice had appropriate emergency medicines and equipment available although they did not have access to an automated external defibrillator (AED) on the premises. The practice had infection control procedures to ensure that patients were protected from potential risks. Regular audits of the decontamination process were as recommended by the current guidance. Equipment used in the decontamination process was maintained by a specialist company and regular checks were carried out to ensure equipment was working properly and safely.

X-rays equipment was well maintained although record keeping in relation to X-rays taken were not always completed. A recommendation made in the report by the Radiation Protection Advisor required action.

### **Are services effective?**

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). However we found the dentists were not fully aware of the Faculty of General Dental Practice Guidelines, a professional membership body that supports standards of dentistry practice. Patients received a comprehensive assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood. Risks, benefits, options and costs were explained. Patients were referred to other services in a timely manner and staff followed appropriate guidelines for obtaining patient consent. Audits showed that records to support the assessment and treatment patients received, required some improvement.

Staff were supported to complete core training and maintain their professional development. However, most staff had not received a performance appraisal to formally review their role and identify personal learning and development.

### **Are services caring?**

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

Staff treated patients with dignity and respect and ensured their privacy was maintained. Patient information and data was handled confidentially. Patients told us that staff were very considerate, listened to their needs and put them at ease. Treatment was clearly explained and they were provided with treatment plans and costs. Patients were given time to consider their treatment options and felt involved in their care and treatment.

### **Are services responsive to people's needs?**

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

Appointment times met the needs of patients and waiting times were kept to a minimum. Information about emergency treatment was made available to patients. A practice leaflet was available in reception to explain to patients about the services provided. The practice had made some adjustments to accommodate patients with a

# Summary of findings

disability although a the practice would benefit from completing a further review to update guidelines contained in the Equality Act (2010). Patients who had difficulty understanding care and treatment options were supported, although staff would benefit from a review of the Mental Capacity Act 2005 training. The practice had a complaints policy to deal with complaints in an open and transparent way and apologise when things went wrong.

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

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

Overall leadership of the practice was clear although staff job descriptions were not in place. A review of designated lead roles was required as the current registered manager planned to step down from the role. Staff met informally together but there was no regular formal structure in place to communicate changes in practice, share learning or quality monitoring issues. Staff told us they felt supported by the dentists and practice manager and they worked well together as a team.

There were systems in place to monitor the overall quality of the service although these required a review. For example there was no clear system to review policies on a regular basis and audits were not used frequently enough to help encourage improvement. Patient feedback was monitored and plans were in place to repeat the patient survey.

# Stukeley Dental Surgery

## Detailed findings

### Background to this inspection

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

This inspection took place on 12 April 2016 and was led by a CQC Inspector who was supported by a second CQC inspector. Before the inspection, we asked the practice to send us some information for review which included a summary of complaints received and general practice information.

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

During the inspection we spoke with two dentists, two dental nurses (one of whom was also the practice

manager) and a receptionist. We reviewed policies, procedures and other documents. We also obtained the views of three patients on the day of the inspection and received comment cards that we had provided for patients to complete during the two weeks leading up to the inspection.

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 kept records and investigated accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Records indicated the practice had an established culture of reporting accidents and addressing issues relating to safety at the practice. The last recorded accident was a sharps injury that had occurred in March 2015. A sharps injury is a puncture wound similar to one received by pricking or scraping with a needle or sharp instrument. The records showed the practice followed their sharps injury policy in dealing with the accident. A risk assessment was completed following the sharps injury to identify factors involved in the accident.

The practice had a policy for RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) which had been updated in July 2015. RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). Staff said there had been no RIDDOR notifications made although they were aware of the reporting process and guidelines within the policy.

The practice had an incident reporting procedure and supporting documents to record significant events. The records showed there had been no significant events recorded at the practice. However, we found that a significant event had occurred within the last year which had not been recognised as such. Although staff recorded the event in dental care records and took prompt action to ensure the patient's safety, the opportunity to review events and identify any learning or improvement had been missed.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. Alerts were received by email to a central practice email address, were checked by the practice manager, shared with staff if relevant and saved on the computer. The practice manager showed that the most recent alert had been received on 11 April 2016, although it was not relevant to dental practices.

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

The practice had an appropriate policy for safeguarding vulnerable adults and children. The policy identified the different types of abuse, how to respond to any concerns and how to escalate those concerns. Discussions with staff showed that they were aware of the safeguarding policy, knew who to contact and how to refer concerns to agencies outside of the practice when necessary. A poster with the relevant contact telephone numbers was on display in reception and in the safeguarding file.

The practice manager was the lead for safeguarding in the practice and had received enhanced training in child protection to support them in fulfilling that role. We saw the practice had a safeguarding file which contained all of the relevant information including the action to be taken by the practice if they needed to raise any concerns.

Staff training records showed that all staff at the practice had undertaken training in safeguarding adults and children. This had been completed on-line between September 2015 and April 2016.

The practice had a range of chemicals on the premises, and had completed assessments to assess risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Steps to reduce the risks included the use of personal protective equipment (gloves, aprons and masks) for staff, and the safe and secure storage of hazardous materials. There were data sheets from the manufacturer on file to inform staff what action to take if an accident occurred for example in the event of any spillage or a chemical being accidentally splashed onto the skin.

The practice had an up to date employers' liability insurance certificate which was due for renewal on 21 June 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The sharps policy directed staff in the safe management of sharp instruments. Copies of the practice's sharps policy and how to deal with sharps injuries were displayed in the clinical areas of the practice. We saw the practice used a recognised system for handling sharps safely in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and practice policy. Staff we spoke with could outline the steps they would take to reduce the risks of sharps injuries. There were sharps bins (secure bins for the disposal of needles, blades or any other



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instrument that posed a risk of injury through cutting or pricking) located in each treatment room. The guidance indicated sharps bins should ideally be fixed to the wall. We discussed this with a dentist who said they would look into having the bins wall mounted. The Health and safety Executive (HSE) guidance: 'Health and Safety (Sharp Instruments in Healthcare) Regulations 2013', were being followed.

Discussions with the principal dentist and review of patients' dental care records identified the dentists were using rubber dams when completing root canal treatments. Guidelines from the British Endodontic Society say that dentists should be using rubber dams. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

## Medical emergencies

The dental practice had access to equipment that may be required in the event of a medical emergency. This included emergency medicines and oxygen which were located in a secure central location. We checked the medicines and found they were all in date. We saw there was a system in place for checking and recording expiry dates of medicines, and replacing them when necessary.

The practice did not have an automated external defibrillator (AED) available. 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. This was not in line with the Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. The practice had not completed a risk assessment to analyse the risks of not having an AED. Records showed staff had completed basic life support and resuscitation training in March 2016.

There was a first aid box in the practice and we saw that the contents were in date. However, staff at the practice had not completed first aid at work training.

Additional emergency equipment available at the practice included: airways to support breathing, manual resuscitation equipment (a bag valve mask) and portable suction. We saw that where dated, this equipment was within its use by date.

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

## Staff recruitment

We looked at the staff recruitment file for the only member of staff recruited since the practice had registered with CQC. We found there were gaps in the records to demonstrate that a safe recruitment process had been followed. For example there was no recorded work history, references, or proof of identity. This did not follow the practice's own recruitment policy.

We found that all relevant members of staff had received a Disclosure and Barring Service check (DBS). 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 discussed the records that should be held in the recruitment files with the practice manager.

## Monitoring health & safety and responding to risks

The practice had a health and safety policy and environmental risk assessments in place. Risks to staff and patients had been identified and assessed, and the practice had measures in place to reduce those risks. For example: access to the practice.

Records showed that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested. The fire risk assessment was due to be reviewed in October 2016. Records showed the last fire drill for staff had been in March 2016.

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

## Infection control

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of

# Are services safe?

equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

The practice had an infection control policy that had been reviewed in March 2016. The policy was readily available to staff working in the practice. The policy made reference to HTM 01-05 and dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures.

Records showed that regular six monthly infection control audits had been completed as identified in the guidance HTM 01-05. The last audit in March 2016 did not require an action plan.

The practice had a clinical waste contract, and waste matter was collected regularly. Clinical waste was stored securely away from patient areas while awaiting collection. The clinical waste contract also covered the collection of amalgam, a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had spillage kits for both mercury and bodily fluids. The mercury spillage kit was not dated. The bodily fluids spillage kits were in date. A separate policy for managing mercury spillage was dated 2011 and required a review.

The practice did not have a dedicated decontamination room. Dental instruments were manually cleaned in the treatment rooms and sterilized in an autoclave in a staff area of the practice. Within the treatment rooms there were dirty and clean areas, and there was a clear flow between to reduce the risk of cross contamination and infection. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). The practice manager demonstrated the decontamination process, and we saw the procedures used followed the practice policy.

The practice was manually cleaning the dental instruments, following the guidance for manual cleaning contained in HTM 01-05. After cleaning the dental instruments were rinsed and examined using an

illuminated magnifying glass. Finally the instruments were sterilised in an autoclave (a device for sterilising dental and medical instruments). At the completion of the sterilising process, instruments were dried, packaged, sealed, stored and dated with an expiry date.

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

We examined a sample of dental instruments that had been cleaned and sterilised using an illuminated magnifying glass. We found the instruments to be clean and undamaged.

Records showed us that staff had received inoculations against Hepatitis B and had received regular blood tests to check the effectiveness of that inoculation. Health professionals who are likely to come into contact with blood products, or are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting this blood borne infection.

The practice had a policy for assessing the risks of Legionella; this had been updated in November 2014. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The risk assessment identified the practice was a low risk with regard to Legionella.

The practice was flushing the dental unit water lines used in the treatment rooms. This was done for two minutes at the start of the day, and for 30 seconds between patients, and again at the end of the day. A concentrated chemical was used for the continuous decontamination of dental unit water lines to reduce the risk of Legionella bacterium developing in the dental unit water lines. This followed the published guidance for reducing risks.

## Equipment and medicines

The practice maintained a file of records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing (PAT) had been completed on electrical equipment at the practice during July 2014. We saw that



# Are services safe?

this had been booked to be repeated in June 2016. Fire extinguishers were checked and serviced by an external company and staff had been trained in the use of equipment and evacuation procedures.

The dental compressor used to generate the compressed air to run the dental instruments had been valve checked in May 2015.

The practice had all of the medicines needed for an emergency situation, as identified in the current guidance. Medicines were stored securely and there were sufficient stocks available for use. Medicines used at the practice were stored and disposed of in line with published guidance.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

## **Radiography (X-rays)**

The dental practice had three intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth). There was also one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the entire jaw and lower skull. X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

The local rules identified that two of the dentists acted as the radiation protection supervisors (RPS). The radiation protection advisor (RPA) was a company specialising in servicing and maintaining X-ray equipment, who were available for technical advice regarding the machinery. The

Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS are appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and by qualified staff only.

Records showed the X-ray equipment had last been inspected in October 2014. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years.

The three intraoral X-ray machines had not been fitted with rectangular collimation. This had been identified in the critical examination report by the RPA, although no recommendation or comments had been added. The Ionising Radiation Regulations (Medical Exposure) Regulations 2000 recommend the use of rectangular collimation to limit the radiation dose a patient receives during routine dental X-rays. Rectangular collimation is a specialised metal barrier attached to the head of the X-ray machine. The barrier has a hole in the middle used to reduce the size and shape of the X-ray beam, thereby reducing the amount of radiation the patient received and the size of the area affected.

All patients were required to complete medical history forms and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant. There were risk assessments in place for pregnant and nursing mothers.

Guidance from the Ionising Radiation (Medical Exposure) Regulations 2000 identified that dental care records should include grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings. Dental care records we saw contained the relevant information.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice asked patients to supply them with an assessment of their medical history, current health, medication being taken and any allergies. The information was reviewed at appropriate intervals to ensure that any potential health issues were considered as part of their dental assessment and treatment plan.

Patients dental assessments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

The dentist we spoke with was not aware of the guidance from the Faculty of General Dental Practice to ensure that X-rays were justified prior to completing them although they completed adequate assessments to meet this need. A diagnosis was then discussed with the patient and treatment options explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice, alcohol consumption guidance and dietary advice and general dental hygiene procedures such as prescribing dental fluoride treatments. The patient notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations.

Patients requiring specialised treatment such as conscious sedation were referred to other dental specialists. Their treatment was then monitored after being referred back to the practice once it had taken place to ensure they received a satisfactory outcome and all necessary post procedure care.

Dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth were recorded.

This is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums. Patients with high scores were offered specialist referrals and monitored by their dentist.

Patients spoken with and comments received on CQC comment cards reflected that patients were very satisfied with the assessments, information they received and the quality of the dental care they received.

### Health promotion & prevention

The practice promoted the maintenance of good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients.

The dentists also focused on treating and giving advice on the prevention of decay and gum disease. Dental care records we observed demonstrated that dentists had given oral health advice to patients. This included advice on tooth brushing techniques and oral hygiene products such as high fluoride toothpaste for adults at high risk of decay. There was some information leaflets available for patients about oral health care and health promotion information was displayed in the waiting rooms to guide patients on good dental health. A range of dental care products were also available for purchase.

CQC comment cards that we viewed and patients we spoke with confirmed that they had received helpful health promotion advice.

### Staffing

Three dentists worked at the practice although one dentist worked on a part-time basis only. In addition there was a lead dental nurse who also acted as the practice manager, a qualified dental nurse, one trainee dental nurse and a receptionist who worked one day a week.

Staff leave was planned in advance when possible so that workload and additional cover by colleagues could be arranged. A temporary unplanned staff absence had not been covered and this meant the dental nursing staff were working under pressure.

Staff had access to eLearning programmes and core training was arranged for staff attendance. This included responding to medical emergencies, infection prevention

# Are services effective?

(for example, treatment is effective)

and control, safeguarding and radiology. We saw that all registered dental professionals maintained their professional development to enable them to continue to practice.

There was an appraisal system available to identify the training and development needs of staff. However, only one member of staff had received their appraisal and the lead dental nurse/practice manager told us they had never received an appraisal. We asked to see staff job descriptions but these were not in place. We also found there was no policy to performance manage staff although there was a procedure to support staff who returned from sick leave. We observed a friendly atmosphere at the practice and staff we spoke with told us the dentists and lead nurse were all very approachable and supportive. They told us they felt they received support to maintain their knowledge and skills.

Staff told us they were working under pressure due to staff sick leave. The part time receptionist had worked some additional hours to support the two remaining nurses although this cover was not available all of the time. This meant the dental nurses were covering reception duties as well as supporting the dentists in surgery. The lead nurse, who also had responsibility for being the practice manager had no designated time for the manager's role.

## **Working with other services**

When required, patients were referred to other dental specialists for assessment and treatment. The practice had a system in place for referring and recording patients for dental treatment and specialist procedures such as orthodontics, oral surgery and sedation. This ensured that patient's needs were followed up appropriately after their treatment and dental records were updated.

The dentists we spoke with referred patients to local specialist services if the treatment required was not

provided by the practice. This was always completed following discussion with the patient so that informed choices could be made where possible. Staff told us the care and treatment required was fully explained to the patient and referrals were completed promptly. We reviewed the referrals book and found the dates that referral letters were sent, were not always recorded. Patients were not routinely offered a copy of their referral letters.

## **Consent to care and treatment**

The practice always sought consent from patients before they received their care and treatment. Staff confirmed individual treatment options, risks and benefits were discussed with each patient who then received a detailed treatment plan and estimate of costs. Their signed consent was then obtained. Patients were given time to consider and make informed decisions about which option they wanted and their verbal consent was recorded in their dental care records.

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. Two members of staff confirmed they had received training in the MCA although one of them was not clear about the process they should follow when a patient did not have capacity to make their own treatment decisions or how to seek best interest decisions. Staff were familiar with the Gillick principles to ensure that children and young people were enabled to make their own decisions about their treatment if this was age appropriate.

We reviewed the practice consent policy dated 2010. This did not refer to the MCA or best interest decisions and required updating.

# Are services caring?

## Our findings

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

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patient's privacy. Patients' clinical records were stored electronically and in paper form. Computers were password protected and paper records were stored in a lockable records storage cabinet. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

Before the inspection, we sent Care Quality Commission (CQC) comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 36 completed CQC patient comment cards and obtained the views of four patients on the day of our visit. These provided a positive view of the service the practice

provided. All of the patients commented that the quality of care was very good, staff were considerate, listened to their needs and put them at ease. During the inspection, we observed staff in the reception area. We observed that they were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

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

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing NHS and private treatment costs was displayed in the waiting area. The dentist we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on the standard NHS treatment planning forms for dentistry where applicable. Patient feedback we received indicated that patients were satisfied with the level of information they were given to make treatment choices when relevant.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We saw that the practice waiting area displayed a variety of information including the practice information leaflet for NHS patients. The practice leaflet explained the opening times, access to the practice, the confidentiality policy and how to raise a complaint. The practice undertook NHS and some private treatments. Costs were displayed in the waiting room and were also explained to patients during their consultation. We looked at examples of information available to people in the waiting room. This included the aims of the service, the data security policy, and NICE guidelines on the use of antibiotic cover in dental care.

Staff reported (and we saw from the appointment records) the practice had a system in place to schedule enough time to assess and undertake patients' care and treatment. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

Emergency appointment slots for the dentists were held each day to ensure that some urgent requests from patients could be accommodated on the same day for patients experiencing dental pain and in need of prompt attention. Patients were also invited to come and sit and wait to be seen by a dentist if these slots had already been allocated. The dentists decided how long a patient's appointments needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

### Tackling inequity and promoting equality

Staff told us they treated everybody equally and welcomed patients from different backgrounds and cultures or with a disability. The practice made a note on patient's dental records to indicate whether a patient had particular needs, for example if they used a wheelchair and required an accessible treatment room or they had a learning disability and attended with a relative or carer.

The practice had completed a Disability Discrimination Act (1995) access audit in the past although the legislation had since been updated and replaced by the Equality Act (2010). The practice had not reviewed its access audit, or taken account of the new legislation. The practice did not have a portable hearing induction loop. The Equality Act requires where 'reasonably possible' hearing loops to be installed in public spaces, such as dental practices.

### Access to the service

The practice's opening hours were: Monday, Tuesday and Thursday: 9 am to 5:30 pm; Wednesday: 9 am to 6:30 pm; Friday 9 am to 3:30 pm. The practice only saw private patients from 3:30 pm onwards. The practice was closed at the weekends. Patients we spoke with were satisfied with access to routine and emergency appointments.

Access for urgent treatment outside of opening hours was by telephoning the practice and following the instructions on the answerphone message. Alternatively patients could call the 111 telephone number for access to the NHS emergency dental service.

### Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. Information for patients about how to make a complaint was seen in the patient leaflet and in a separate leaflet available at the reception desk.

Patients we spoke with had not had need to raise any complaints and told us they felt comfortable raising any issues with any of the staff. The practice had not received any complaints in the last two years. Staff told us that in the event of a complaint they adopted a very proactive response to any patient concern by discussing the concern with the patient by telephone or face-to-face in an attempt to resolve the issue as soon as was practically possible. Patients would receive an immediate apology when things had not gone well.

# Are services well-led?

## Our findings

### Governance arrangements

The responsibility for governance and quality monitoring issues was shared by the dentists and the lead nurse/practice manager. However the practice manager planned to step down from this role in the near future and it was not clear how the role would be covered.

There was a range of policies and procedures in use at the practice. These included health and safety, infection prevention and control and recruitment. Staff we spoke with were aware of the policies, had easy access to them and could demonstrate knowledge of the policies used to support their practice. We looked at a range of policies and found that some required a review. There was no established system for reviewing policies.

The practice did not have regular practice meetings to discuss internal quality issues and review the service. Staff told us that issues were discussed as they arose and were shared on an informal basis.

Systems were in place to ensure the safety of the environment and of equipment such as machinery used in the decontamination process and fire safety equipment. Risk assessments were in place.

Records we reviewed demonstrated that audits took place for infection control, radiography and dental care records. Findings were discussed with staff but there was no process in place to follow up on any actions arising from the audits to ensure that actions had led to service improvement.

### Leadership, openness and transparency

There was a clear leadership structure in place and staff understood their roles and responsibilities within the practice. Most staff had worked at the practice for several years and the small size of the team helped them to communicate change or improvements very easily. However, there was no formal structure in place such as regular meetings so that records of discussions about safety and the quality of the service could be evidenced.

The lead nurse/practice manager had informed the dentists that she no longer wanted the responsibility of being the practice manager. At the time of the inspection, there was no clear plan on how the management responsibilities would be covered.

All staff knew how to raise any issues or concerns and were confident that action would be taken by the practice manager without fear of discrimination. They told us they had an open culture and they prioritised the delivery of high quality care.

It was apparent through our discussions with the staff that the patient was at the heart of the practice. We found staff to be hard working, caring and committed to the work they did. All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and were proud of the service they provided to patients. They recognised their decontamination facilities were not ideal and these required an upgrade in line with best practice standards.

### Learning and improvement

Staff had access to, and were supported to receive core training such as safeguarding, infection control and medical emergencies. We saw evidence that registered dental professionals maintained their professional development, as required through the General Dental Council (GDC), through completion of eLearning updates and attendance at dental training updates. Records demonstrated that these staff all had a valid GDC registration.

Although the practice had an appraisal system, it was not well established. One member of staff had received an appraisal in the last year. The practice manager/lead nurse told us she had never received an appraisal.

We found that some audits had been completed at the practice. These included infection control, dental records and X-ray quality. There was evidence of repeat audits at appropriate intervals for infection control and these reflected standards and improvements were being maintained. However, records audits which had been completed in January 2015 and again in February 2016 identified the same areas that required improvement. For example half of the records reviewed did not have a record that treatment options were discussed with the patient. One X-ray grading audit did not have an action plan and there was no record that this had been repeated since 2014.

Accidents had been reported and acted upon although further development was needed to ensure that staff recognised other incidents or significant events that were a risk to, or caused disruption to the day to day running of



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the service. We found that one significant event had not been identified, recorded and investigated for quality monitoring purposes to ensure the management of further risks.

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

The practice had gathered feedback from patients through a patient survey in April 2014. 80 patients were surveyed and the results had been reviewed and the recommendations considered and acted upon. The

responses to the NHS Family and Friends Test were low in numbers although results showed that patients were either highly likely or likely to recommend the service to family and friends. The practice had received mixed feedback on the NHS Choices website although they had not given any response to the comments that had been posted.

All of the staff told us they felt included in the running of the practice and the practice manager listened to their opinions and respected their input at meetings. Staff told us they felt valued and were proud to be part of the team.