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Smith Dental Practice - Bakewell

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 9 September 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

The practice is located on the first floor premises in the centre of the market town of Bakewell in north Derbyshire. The practice provides mostly NHS dental treatments. With approximately 85% of the treatment provided to NHS patients. There is pay and display car parking close to the dental practice. There are three treatment rooms all of which are located on the first floor. Access is either by stairs or a passenger lift for patients with restricted mobility or pushchairs.

The practice provides regulated dental services to both adults and children. Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are – Monday to Thursday: 9 am to 5 pm; Friday: 8:30 am to 2 pm. The practice is closed for lunch: 12:45 pm to 1:45 pm. The practice is closed at the weekends.

Summary of findings

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message. Alternatively patients could telephone the NHS 111 telephone number.

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

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

The practice has three dentists; one qualified dental nurse/ clinical manager; two recently qualified dental nurses who are awaiting their registration with the General Dental Council (GDC); and two administrative members of staff. Dental nurses also worked on the reception desk.

We received positive feedback from 45 patients about the services provided. This was by speaking with patients and through comment cards left at the practice prior to the inspection.

Our key findings were:

- The premises were visibly clean and there were systems and processes in place to maintain the cleanliness.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients said they had no problem getting an appointment that suited their needs.
- Patients were able to access emergency treatment when they were in pain.

- Patients provided positive feedback about their experiences at the practice. Patients said they were treated with dignity and respect; and the dentist involved them in discussions about treatment options and answered questions.
- Patients' confidentiality was protected.
- There were systems to record accidents, significant events and complaints, and where learning points were identified these were shared with staff.
- The records showed that apologies had been given for any concerns or upset that patients had experienced at the practice.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns.
- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.

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

- Review the protocols and procedures for use of X-ray equipment giving due regard to guidance notes on the Safe use of X-ray Equipment. Particularly in respect of replacing the X-ray sensors within the practice.
- Review its responsibilities to the needs of people with a disability and the requirements of the Equality Act 2010 and consider installing a hearing induction loop to assist patients and visitors who used a hearing aid.

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 was visibly clean.

All staff had received up-to-date training in safeguarding vulnerable adults and children. There were clear guidelines for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary.

The practice had emergency medicines and oxygen available. A public automated external defibrillator (AED) was located opposite the practice. Regular checks were being completed to ensure the emergency equipment was in good working order.

Recruitment checks were completed on all new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role.

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.

X-ray equipment was regularly serviced to make sure it was safe for use.

No action



Are services effective?

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

All patients were clinically assessed by a dentist before any treatment began. The practice used a recognised assessment process to identify any potential areas of concern in a patient's mouth including their soft tissues (gums, cheeks and tongue).

The practice was following National Institute for Health and Care Excellence (NICE) guidelines for the care and treatment of dental patients. Particularly in respect of patient recalls, lower wisdom tooth removal and the prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart).

The practice had systems in place for making referrals to other dental professional when it was clinically necessary.

No action



Are services caring?

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

Patient confidentiality was maintained and electronic dental care records were password protected.

Feedback from patients identified staff were friendly, and treated patients with care and concern. Patients also said they were treated with dignity and respect.

No action



Summary of findings

There were systems for patients to be able to express their views and opinions.

Are services responsive to people's needs?

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

Patients who were in pain or in need of urgent treatment could usually get an appointment the same day.

The practice was located on the first floor with access via stairs or a passenger lift which allowed easy access for patients with restricted mobility. A disabled access audit in line with the Equality Act (2010) had been completed to consider the needs of patients with restricted mobility. The practice did not have an induction hearing loop to assist patients who used a hearing aid.

There were arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays which were clearly displayed in the waiting room, and the practice leaflet.

There were systems and processes to support patients to make formal complaints. Where complaints had been made these were acted upon, and apologies given when necessary.

No action



Are services well-led?

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

There was a clear management structure at the practice. Staff were aware of their roles and responsibilities within the dental team, and knew who to speak with if they had any concerns.

The practice had a system for carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided. Policies and procedures had been kept under review.

Patients were able to express their views and comments, and the practice listened to those views and acted upon them.

Staff said the practice was a friendly place to work, and they could speak with a senior colleague if they had any concerns.

No action



Smith Dental Practice - Bakewell

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.

We carried out an announced, comprehensive inspection on 9 September 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked for information to be sent, this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies.

We reviewed the information we held about the practice and found there were no areas of concern.

We reviewed policies, procedures and other documents. We received feedback from 45 patients about the dental service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems for recording and investigating accidents, significant events and complaints. This allowed them to be analysed and any learning points identified and shared with the staff. Documentation showed the last recorded accident had occurred in March 2013 this being a minor injury to a member of staff. The accident had been analysed and learning points recorded. Accident records went back over several years to demonstrate the practice had recorded and addressed issues relating to safety at the practice.

The practice had not made any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reports although staff said they were aware how to make these on-line.

Records at the practice showed there had been one significant event during 2016. The last recorded event had occurred in February 2016 when the fish and chip shop in the premises below the practice caught fire. The record showed this significant event had been handled appropriately, and an 'Events that stop the service' notification had been sent to the Care Quality Commission (CQC). There had been an in-depth analysis of the incident and learning points had been shared and discussed at a staff meeting.

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. These were received by the practice and analysed and discussed in staff meetings as appropriate. There had been two recent alerts. These related to: child safety plugs in electric sockets and information about an emergency medicine called Glucagon. We discussed these with the principal dentist and saw appropriate action had been taken as a result.

People who use services are told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result. The provider knows when and how to notify CQC of incidents which cause harm.

Reliable safety systems and processes (including safeguarding)

The practice had a policy for safeguarding vulnerable adults and children. The policy had been reviewed and updated in January 2016. The policy identified how to respond to and escalate any safeguarding concerns. The relevant contact telephone numbers and a flow chart were available for staff. Discussions with staff showed that they were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary. The principal dentist said there had been no safeguarding referrals made by the practice.

The principal dentist was the identified lead for safeguarding in the practice. They had received enhanced training in child protection to level two to support them in fulfilling that role. We saw evidence that all staff had completed safeguarding training during 2016.

The practice had information give staff guidance on Control Of Substances Hazardous to Health (COSHH) Regulations 2002. This identified the risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. There were hard copies of manufacturers' product data sheets and every computer in the practice had a link to on-line COSHH data sheets. Data sheets provided information on how to deal with spillages or accidental contact with chemicals and advised what protective clothing to wear.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 9 August 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a sharps policy which informed staff how to handle sharps (particularly needles and sharp dental instruments) safely. The policy had been reviewed in July 2016. 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. Practice policy was that only dentists handled sharp instruments. We saw there were devices in each clinical area for the safe removal and disposal of needles and sharps.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk

Are services safe?

of injury through cutting or pricking.) We saw the sharps bins were located in an elevated position in clinical areas which followed the guidance which indicated sharps bins should not be located on the floor, and should be out of reach of small children.

Discussions with a dentist and a review of patients' dental care records identified the dentists were using rubber dams when providing root canal treatment to patients. This was in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment (treatment involving the root canal of the tooth) is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured. We saw the practice had a supply of latex free rubber dam kits in the practice. The principal dentist described the practice as being latex safe with latex free gloves and rubber dams available throughout the practice.

Medical emergencies

The dental practice had equipment in preparation for any medical emergencies that might occur. 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. There were systems in place to check expiry dates and monitor that equipment was safe and working correctly.

There was a first aid box in the practice and we saw evidence the contents were being checked regularly. All staff had completed a first aid at work course in January 2016 and we saw certificates to evidence this.

There was a public automated external defibrillator (AED) situated opposite the practice. 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. The practice had noted how long it took to get the AED and this was 30 seconds. We checked the AED and saw that the battery was fully charged. The local council were responsible for maintaining and servicing the AED. This complied with the Resuscitation Council UK guidelines. However, the principal dentist said they were considering purchasing their own AED so they could be assured the AED

was working correctly and the defibrillator pads were within date. Following the inspection the practice sent a copy of the risk assessment which was in place with regard to the use of the public AED.

All staff at the practice had completed basic life support and resuscitation training on 9 January 2016.

Additional emergency equipment available at the practice included: airways to support breathing, oxygen masks for adults and children, manual resuscitation equipment (a bag valve mask) and portable suction.

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 files for four staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). 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 found that all members of staff had received a DBS check. We discussed the records that should be held in the recruitment files with the principal dentist and saw the regulations had been followed.

Monitoring health & safety and responding to risks

The principal dentist was the lead person who had responsibility within the practice for different areas of health and safety. Environmental risk assessments had been completed. For example there were risk assessments for: fire, infection control and hazardous substances.

Records showed that fire extinguishers had been serviced in February 2015. The practice had a fire risk assessment. We saw there was an automatic fire detection system installed within the premises. Records showed the practice

Are services safe?

held a fire drill twice a year, with the last one completed on 12 July 2016. The previous two evacuations (both during 2016) had been as a result of real fire situations caused by premises adjacent to the practice.

The practice had a health and safety law poster; however this had been damaged during the fire earlier in the year. A replacement had been ordered but had not arrived at the time of the inspection. 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. We were informed after the inspection that a new poster had arrived and been put on display in the staff locker room.

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 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 which had been updated and reviewed on 1 April 2016. A copy of the policy was available to staff in the decontamination room and policy file. 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. This was as recommended in the guidance HTM 01-05. The last audit was completed on 31 August 2016. We also saw an action plan which had been produced following this audit with timeframes for action.

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 practice had a contract with a second company for 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 mercury and bodily fluids. Both spillage kits were within their use by date.

There was one decontamination room. This was where dental instruments were cleaned and sterilised. 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. The practice used latex free gloves to avoid any potential latex allergy.

A dental nurse demonstrated the decontamination process. We saw the procedures were as outlined in the published guidance (HTM 01-05).

The practice had one ultrasonic bath. An ultrasonic bath is a piece of equipment specifically designed to clean dental instruments through the use of ultrasound and a liquid. After cleaning instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in the practice's autoclave (a device for sterilising dental and medical instruments). The practice had one steam which was designed to sterilise unwrapped or solid dental instruments. At the completion of the sterilising process, all instruments were dried, placed in pouches and dated with a use by 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 records to demonstrate this and that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

The practice had a policy for dealing with blood borne viruses. There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received blood tests to check the effectiveness of that inoculation. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

On the day of the inspection an external contractor visited the practice to carry out a Legionella risk assessment. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice was aware of the risks associated with Legionella and had taken steps to reduce them with regular flushing of dental water lines as identified in the relevant guidance. In addition the practice was using an appropriate agent to reduce the risk of bacteria growing in the water system.

Are services safe?

Equipment and medicines

The practice kept 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 in January 2016 with the certificate valid for three years. The pressure vessel checks on the compressor which produced the compressed air for the dental drills had been completed in September 2016. Records showed the autoclaves had been serviced in November 2015.

The practice had all of the medicines needed for an emergency situation, as recommended in the British National Formulary (BNF).

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

Radiography (X-rays)

There was a Radiation Protection file which contained the relevant information and records relating to the X-ray machines and their safe use on the premises.

The practice had three intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth). If patients required an orthopantomogram (known as an OPG for taking X-rays of the entire jaw and lower skull) they were usually referred to the maxillofacial department at Chesterfield hospital.

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 Radiation Protection file identified the practice had a radiation protection supervisor (RPS) this being the dentist and the dental hygiene therapist. The provider had appointed an external radiation protection advisor (RPA). This 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 be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and by qualified staff only.

The practice only had critical examination documentation for two of the X-ray machines. Critical examinations are completed when X-ray machines are installed to document they have been installed and are working correctly. The documentation for the third which was the oldest machine had been lost during the change of ownership of the practice. However, all three machines were being inspected regularly within the expected time frames as identified in the regulations (see below) and staff were assured all of the X-ray machines were working safely and correctly.

Records showed the X-ray equipment had been inspected in September 2016. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years. The regulations also required providers to inform the Health and Safety Executive (HSE) that X-rays were being carried out on the premises. Documentary evidence dated 1 August 2014 confirmed this had been completed. Following the inspection we were sent copies the critical examination documents for each machine. These certified the machines had been installed safely and correctly.

The practice used digital X-rays, which allowed the image to be viewed almost immediately, and relied on lower doses of radiation. This therefore reduced the risks to both the patients and staff. However, the practice only had one set of X-ray sensors and these require replacing as they were scratched.

All patients were required to complete a medical history form 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.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings. We saw that the Faculty of General Dental Practice (FGDP UK) guidelines: 'selection criteria for dental radiography' (2013) were being followed.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice held electronic dental care records for each patient. Dental care records contained information about the assessment, diagnosis, and treatment and also recorded the discussion and advice given to patients by dental healthcare professionals. The care records showed a thorough examination had been completed, and identified with risk factors such as smoking and diet for each patient.

Patients at the practice completed a medical history form which was repeated every two years. A form was used to capture any changes at visits within the two year window. If there were any significant changes patients were asked to complete a new medical history form. The patients' medical histories included any health conditions, medicines being taken and whether the patient had any allergies.

The dental care records showed that dentists assessed the patients' periodontal tissues (the gums) and soft tissues of the mouth. The dentists used the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.

We saw the dentist used national guidelines on which to base treatments and develop treatment plans for managing patients' oral health. Discussions with the dentist showed they were aware of National Institute for Health and Care Excellence (NICE) guidelines, particularly in respect of recalls of patients, prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart) and lower wisdom tooth removal. A review of the records identified that the dentists were following NICE guidelines in their treatment of patients.

Health promotion & prevention

The practice had one waiting room leaflets relating to good oral health and hygiene were available. A dentist demonstrated a number of visual aids used to demonstrate good tooth brushing technique.

Children seen at the practice were offered fluoride varnish application and fluoride toothpaste if they were identified as being at risk. This was in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' This has been

produced to support dental teams in improving patients' oral and general health. Discussions with the dentists showed they had a good knowledge and understanding of 'delivering better oral health' toolkit. We saw a copy of this document in the practice. Advice given to patients included: brushing twice a day, using interdental brushes or floss and avoiding alcohol and tobacco.

We saw several examples in patients' dental care records that the dentist had provided advice on the harmful effects of smoking, alcohol and diet and their effect on oral health. With regard to smoking, the dentist had particularly highlighted the risk of dental disease and oral cancer. The dental care records contained an oral cancer risk assessment.

Staffing

The practice had three dentists; one qualified dental nurse/clinical manager; two recently qualified dental nurses who were awaiting their registration with the General Dental Council (GDC); and two administrative members of staff. Dental nurses also worked on the reception desk. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Records within the practice showed there were sufficient numbers of staff to meet the needs of patients attending the practice for treatment. Discussions with staff identified that the practice used locum staff if there were shortages of either dentists or dental nurses. This was through a local nursing agency.

We looked at staff training records for three staff members and these showed that staff were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. Examples of training completed included: radiography (X-rays), medical emergencies, infection control, and safeguarding.

Records at the practice showed that all staff had an annual appraisal. As part of the appraisal process staff completed a review of their own learning objectives and these were

Are services effective?

(for example, treatment is effective)

discussed during the process. The practice had an induction policy which had been reviewed in September 2016. We saw evidence of new members of staff having followed the practice induction programme.

Working with other services

The practice made referrals to other dental professionals based on risks or if a service was required that was not offered at the practice. We saw the practice referred to other local dental services for example two local hospitals, the dental Hospital in Sheffield and the maxilla-facial department in Chesterfield.

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere. This was usually to a private dental service or to hospital.

The practice referral system was monitored through a log kept on the computer system. Any patients with suspected cancer were fast tracked with referrals being sent to the hospital by FAX.

Consent to care and treatment

The practice had a consent policy which had been reviewed in May 2016. The practice also had a copy of the

British Dental Association (BDA) 'Assessing mental capacity'. These guidelines explored the Mental Capacity Act 2005 (MCA) and its relevance to dentistry. The issue of capacity within the guidelines included making best interest decisions as identified in the MCA. The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves.

We saw how consent was recorded in the patients' dental care records. The records showed the dentist had discussed the treatment plan with the patients, which allowed patients to give their informed consent. As most patients received NHS treatment the FP17 DC form which was the standard NHS consent form used to record consent.

The consent policy made reference to obtaining consent from children under the age of 18. We talked with a dentist about this and identified they were aware of Gillick competency. This refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During the inspection we observed a number of staff speaking with patients. We saw that staff were polite, and engaging with patients. We saw professional approach and that staff spoke with patients with due regard to dignity and respect.

The reception desk was located within the waiting room. We asked reception staff how patient confidentiality was maintained at reception. Staff said that details of patients' individual treatment were never discussed at the reception desk. In addition if it were necessary to discuss a confidential matter, there were staff areas of the practice where this could happen.

We saw examples that showed patient confidentiality was maintained at the practice. For example we saw that computer screens could not be overlooked at the reception desk. Patients' dental care records were password protected and held securely. We spoke with one patient about confidentiality and they said they were confident their confidentiality was protected at the practice.

Involvement in decisions about care and treatment

We received positive feedback from 45 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by speaking to patients in the practice.

The practice offered mostly NHS treatments and the costs were clearly displayed in the practice, in treatment rooms and in reception. The fees for private treatment were also on display in the reception area.

We spoke with a dentist about how patients had their diagnosis and dental treatment discussed with them. The dentist demonstrated in the patient care records how the treatment options and costs were explained and recorded. Patients were given a written copy of the treatment plan which included the costs. We noted that patients' dental care records identified the diagnosis and treatment options discussed with patients.

Where necessary the dentist gave patients information about preventing dental decay and gum disease. In particular the dentist had highlighted the risks associated with smoking and diet, and we saw examples of this recorded in the dental care records. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines. There were posters in the practice explaining the NICE guidelines in respect of recalls for appointments.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was located in premises in the centre of Bakewell in north Derbyshire. There was pay and display car parking close to the dental practice.

The practice had separate staff and patient areas, to assist with confidentiality and security.

We saw there was a good supply of dental instruments, and there were sufficient instruments to meet the needs of the practice.

Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient the same day. To facilitate this the practice made a specific appointment slots available for patients who were in pain.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist.

Tackling inequity and promoting equality

The practice had an equality and diversity policy which had been reviewed in January 2016.

All patient areas were situated on the first floor with access either by stairs or a passenger lift. This allowed patients with restricted mobility easy access treatment at the practice. The treatment rooms were large enough for patients to manoeuvre a wheelchair or push chair.

The practice had two toilets one of which had been adapted to meet the needs of patients with restricted mobility. The toilet was fitted with support bars and grab handles. This toilet also had a lever operated tap on the hand wash basin and both toilets had hot air hand dryers.

The practice had completed an access audit in line with the Equality Act (2010) this had been reviewed and updated in August 2016. The practice could accommodate patients

with restricted mobility; with level access from the street to the treatment rooms via the passenger lift. The practice did not have a hearing induction loop to assist patients who used a hearing aid. The Equality Act requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices.

The practice had access to a recognised company to provide telephone interpreters. Additionally NHS England provided information on accessing interpreters and this included the use of sign language.

Access to the service

The practice's opening hours were - Monday to Thursday: 9 am to 5 pm; Friday: 8:30 am to 2 pm. The practice was closed for lunch: 12:45 pm to 1:45 pm. The practice was closed at the weekends.

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

The practice operated a text message reminder service with patients receiving a text reminder the day before their appointment was due.

Concerns & complaints

The practice had a complaints procedure which had been reviewed in May 2016. The procedure explained how to complain and identified time scales for complaints to be responded to. The procedure identified other agencies to contact if the complaint was not resolved to the patients satisfaction.

Information about how to complain was displayed behind reception and a shorter version was included in the practice leaflet.

From information received before the inspection we saw that there had been a no formal complaints received in the 12 months prior to our inspection.

Are services well-led?

Our findings

Governance arrangements

We saw a number of policies and procedures at the practice and saw they had been reviewed and where relevant updated during 2016. The principal dentist identified that all policies were updated on an annual basis.

We spoke with staff who said they understood the structure of the practice. Staff said if they had any concerns they would raise these with either the practice manager or the principal dentists. We spoke with three members of staff who said they liked working at the practice and there was a close working team. Staff said there was a supportive approach from management at the practice and personal development was encouraged.

We saw a selection of dental care records to assess if they were complete, legible, accurate, and secure. The dental care records we saw contained sufficient detail and identified patients' needs, care and treatment.

Leadership, openness and transparency

We saw that full staff meetings were scheduled for once a month throughout the year. In addition there was a short lunch time staff huddle. The agenda for the full staff meeting covered areas such as: significant events, infection control, and health and safety. Staff meetings were minuted and minutes were available to all staff.

Discussions with staff showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

The practice had a whistleblowing policy which had been reviewed in July 2016. The whistleblowing policy identified how staff could raise any concerns they had about colleagues' under-performance, conduct or clinical practice. This was both internally and with identified external agencies.

Learning and improvement

We saw the practice completed a range of audits throughout the year. This was for clinical and non-clinical areas of the practice. The audits identified both areas for improvement, and where quality had been achieved.

Examples of completed audits included: Regular six monthly infection control audits with the last recorded in August 2016. X-ray (radiographs) audit had identified that new sensors were required as there was only one at the practice and this was scratched. Dental care records had been audited in June 2016.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals are required to complete 150 hours over the same period. We saw that key CPD topics such as IRMER (related to X-rays) and safeguarding had been completed by all relevant staff.

Documentation relating to accidents, significant events and complaints identified the culture of the practice encourages candour, openness and honesty.

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

The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box was being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS England. The latest information showed six patients had responded and 100% said they would recommend the practice to their family and friends.

There had been two patient reviews on the NHS Choices website in the year up to this inspection and eight in total. Reviews were mixed. We noted the practice had not responded to any of the patient comments on the NHS Choices website.

The practice operated its own satisfaction survey on an on-going basis. We saw the most recent audit was being analysed following the fire earlier in the year. Within the practice there were posters identifying patients could provide feedback about the practice using the QR reader app on their smartphones. This gave patients the opportunity to provide immediate feedback.