

Esteem Dental Care Limited

Chelwood Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 8 February 2017 to ask the practice the following key questions; are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Chelwood Dental Surgery is located on the first floor of the building, situated above shops within a residential

area of Liverpool. The practice comprises of two treatment rooms, a decontamination room, a reception area, waiting room, and toilet and storage area. Access to the practice is by stairs only and patients who have mobility problems are directed to use other dental services within the area which are more accessible. There is parking available in the adjacent car park and on nearby streets.

The practice provides general dental treatment to patients predominantly on an NHS basis but also patients on a private basis. The opening times are:

Monday-Friday 9:00am -12:30pm and 2pm - 5:30pm

The practice is staffed by three dentists, two dental hygiene therapists, and four dental nurses, two of whom are trainees. The dental nurses also carry out reception duties.

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.

We received feedback from 26 people during the inspection about the services provided. Patients were positive about all aspects of the care and treatment. Patients commented that they found the practice very

Summary of findings

good and that staff were excellent, friendly, and caring. They said that they were always given helpful, honest explanations about dental treatment, and that the clinicians listened to them. Patients commented that the practice was clean and comfortable. Treatments were described by patients as excellent and appointments were always easy to obtain, including emergency appointments. Patients commented they were made to feel at ease, particularly when they were anxious about visiting the dentist.

Our key findings were:

- The practice had procedures in place to record accidents and incidents, however significant events were not always recorded and analysed and learning from them was not always shared with staff.
- Staff demonstrated knowledge and awareness of safeguarding, some had received appropriate training, and they knew the processes to follow to raise concerns. Safeguarding policies and procedures were in need of updating to reflect relevant legislation and guidance.
- There were sufficient numbers of suitably qualified and skilled staff to meet the needs of patients.
- The premises were clean and secure.
- Staff followed current infection control guidelines for decontaminating and sterilising instruments.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards, and guidance.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care.
- Patients were treated with kindness, dignity, and respect, and their confidentiality was maintained.
- The appointment system met the needs of patients, and emergency appointments were available.
- The practice gathered the views of patients and took their views into account.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available and checked for working order and expiry dates
- The practice lacked good governance arrangements. Policies and procedures were not regularly updated, individual training plans were not evident and training was not monitored.
- Risks were assessed, however the risk assessments were not always up to date and actions to mitigate these risks were not evident.
- Audits were not effective as they did not demonstrate actions or improvements.

We identified a regulation that was not being met and the provider must:

- Ensure that practice policies and procedures are regularly reviewed and updates disseminated to staff, including health and safety, safeguarding and infection control policies and procedures.
- Ensure that risks are assessed, monitored and mitigated including health and safety, environmental, fire and Legionella.
- Ensure effective audits of various aspects of the service are undertaken at regular intervals to help improve the quality of service ensuring all audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure that their audit and governance systems improve and remain effective.

You can see full details of the regulation not being met at the end of this report.

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

- Review the significant event policy and procedures to include identification and analysis of events and lessons learnt are reviewed and disseminated.
- Review the system for dealing with patient safety alerts and notices to include documenting actions taken appropriately.
- Review complaints and significant events annually or more frequently in order to identify themes and trends.
- Review staff induction to include formal induction processes that are documented.
- Review the practice's safeguarding policy and staff training to ensure it is up to date and that all staff are trained to an appropriate level for their role and aware of their responsibilities.
- Review the implementation of staff meetings to ensure staff receive up to date information, training and dissemination of learning and that staff have an opportunity to share knowledge and ideas.

Summary of findings

- Review staff appraisals to include regular review of training and development needs and support for staff.
- Review the practice training plan to include monitoring of staff training to ensure staff are all up to date with relevant and mandatory training.
- Review fire safety to include undertaking fire evacuation drills on a regular basis for all staff.

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 provider had systems and processes in place to ensure care and treatment were carried out safely, for example, there were systems in place for infection prevention and control and dental radiography.

Staff were appropriately recruited, suitably qualified and skilled.

The practice had emergency medicines and equipment available, including an automated external defibrillator. Staff were trained in responding to medical emergencies.

We found the equipment used in the practice, including medical emergency and radiography equipment, was tested at regular intervals.

The practice was cleaned regularly and there was a cleaning schedule in place identifying tasks to be completed.

There was guidance for staff on the decontamination of dental instruments which they were following.

The practice was following current legislation and guidance in relation to X-rays, to protect patients and staff from unnecessary exposure to radiation.

The practice had a system in place to record accidents and incidents. Not all significant events were recorded and analysed nor was learning from these disseminated to all staff. There was no overarching review of significant events and complaints in order to analyse themes and trends.

NHS prescriptions were stored securely and their numbers logged to assist with security.

No action



Are services effective?

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

The practice followed current guidelines when delivering dental care and treatment to patients.

Patients' medical history was recorded at their initial visit and updated at subsequent visits. Dentists then carried out an assessment of the patient's dental health. A treatment plan was discussed with patients which detailed the treatments considered and agreed, together with the fees involved. Patients' consent was obtained before treatment was provided; and treatment focused on the patients' individual needs.

No action



Summary of findings

Staff provided oral health advice to patients and monitored changes in their oral health. Patients were referred to other services, where necessary, in a timely manner.

Qualified staff were registered with their professional body, the General Dental Council, and were supported in meeting the requirements of their professional regulator. Staff maintained their own continuous professional development by on-going training in a variety of subjects to assist them in carrying out their roles.

Are services caring?

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

Patients commented that staff were caring and friendly. They told us they were treated with respect, and that they were happy with the care and treatment given.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed that staff were understanding and made them feel at ease.

We found that treatment was clearly explained, and patients were given time to decide before treatment was commenced.

No action



Are services responsive to people's needs?

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

Patients had good access to appointments and emergency appointments were available on the same day. Patients could request appointments by telephone or in person. The practice opening hours and the 'out of hours' information was provided at the practice, in the practice leaflet, but not on the practice website.

The practice captured social and lifestyle information on the medical history forms completed by patients which helped the dentists to identify patients' specific needs and direct treatment to ensure the best outcome was achieved for the patient.

The provider had taken into account the needs of different groups of people and put adjustments in place. For example, people with disabilities and wheelchair users were directed to other practices that could accommodate their needs due to stair access only at the practice. There were translation services available for patients whose first language was not English. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records.

The practice had a complaints policy and procedures in place which were displayed in the waiting room and on the practice website.

No action



Summary of findings

Are services well-led?

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

The practice had visible leadership that staff felt well supported by. Staff reported that the dentists were approachable and helpful, and took account of their views. Some staff had lead roles such as in infection prevention and control and decontamination.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete, accurate, and securely stored. Patient information was handled confidentially.

The provider lacked robust governance systems in order to monitor quality and safety at the practice and to ensure continuous improvement. For example, there was a lack of evident actions to ensure risks, where identified, were mitigated and monitored. There was a lack of documented analysis and learning from significant events and audits. Risk assessments were not up to date and did not include mitigating actions. Fire drills were not undertaken.

The provider lacked a practice or individual training plan and training was not monitored. Staff appraisals did not take place on a regular basis to identify practice and professional training and development needs.

The provider had a range of policies, procedures and protocols to guide staff in undertaking tasks and to ensure that the service was delivered safely. However we found that the updated versions were not accessible to staff and that out of date policies and procedures were used.

The practice did not hold regular staff meetings and there was limited opportunity for formal sharing of information, lessons learnt, implementation of new or updated policies and guidance/legislation.

Requirements notice

Chelwood 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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 8 February 2017 and was led by a CQC inspector and a dental specialist adviser.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included details of complaints they had received in the last 12 months, their latest statement of purpose, and staff details, including their qualifications and professional body registration number where appropriate. We also reviewed information we held about the practice.

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

During the inspection we spoke to the dentists and dental nurses. We reviewed policies, protocols and other documents and observed procedures. We also reviewed CQC comment cards which we had sent prior to the inspection for patients to complete about the services provided at the practice and spoke to patients attending the practice on the day of 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 provider had procedures in place to record accidents and incidents. There were procedures in place for the reporting, recording and analysis of significant events however there had been no reported such events. Staff were familiar with the accident reporting process. However some reported accidents should have been recorded and analysed as significant events and lessons learnt from these disseminated to all staff. There was no overarching review of complaints or significant events in order to identify themes and trends. The provider told us they would review the significant event procedures and educate staff on what constitutes a significant event and the process for learning from such events.

Staff had an understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 and were aware of how and what to report.

Staff understood their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs, and in accordance with the statutory duty, are given an apology and informed of any actions taken as a result.

The practice received safety alerts from the Medicines and Healthcare products Regulatory Agency and Department of Health Central Alerting System (CAS). These alerts identify problems or concerns relating to medicines or equipment, or detail protocols to follow, for example, in the event of an outbreak of pandemic influenza. We saw that copies of alerts were retained, however not all actions taken in response to them were recorded.

Reliable safety systems and processes (including safeguarding)

We saw that the practice had systems, processes and practices in place to keep people safe from abuse.

The provider had a whistleblowing policy in place with an associated procedure to enable staff to raise issues and concerns.

The provider had policies for safeguarding children and vulnerable adults. The policies that the staff referred to were not up to date and did not include recent relevant legislation and guidance. One of the dentists undertook the

lead role for safeguarding and provided advice and support to staff where required. Local safeguarding authority's contact details for reporting concerns and suspected abuse were displayed in the treatment rooms. Most staff were trained to the appropriate level for their role in safeguarding, and were aware of how to identify abuse and follow up on concerns. The clinicians were assisted at all times by a dental nurse.

We observed that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Patients completed a medical history form at their first visit and this was reviewed by the clinician at subsequent visits. The dental care records we looked at were well structured and contained sufficient detail to demonstrate what treatment had been prescribed and completed, and what was due to be carried out.

We saw that staff followed recognised guidance and current practice to keep patients safe, for example, we reviewed the provider's protocols for root canal treatment. We checked whether the dentists used a rubber dam routinely. The dentist told us that a latex free rubber dam was routinely used to protect the patient's airway during root canal treatment. This was documented in the dental records we reviewed. A dental dam is a thin, rectangular sheet used in dentistry to isolate the operative site from the rest of the mouth.

Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. Staff had received training in medical emergencies and basic life support and this was updated annually. One of the staff was also trained in the provision of first aid.

The practice had emergency medicines and equipment available in accordance with the Resuscitation Council UK and British National Formulary guidelines. Staff had access to oxygen and an automated external defibrillator (AED) on the premises, in accordance with Resuscitation Council UK guidance and the General Dental Council standards for the dental team. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). We saw records to show that the medicines and equipment were checked regularly.

Are services safe?

The practice stored emergency medicines and equipment centrally and staff were able to tell us where they were located.

Staff recruitment

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, dental therapists/ hygienists and dental nurses, to deliver care in the best possible way for patients.

The practice had a recruitment policy and associated procedures in place which reflected the requirements of current legislation. The provider maintained recruitment records for each member of staff. We reviewed the record for the newest member of staff and saw all the required information was present. We also reviewed a number of records for longer term staff and saw these contained, where relevant, evidence of the following; qualifications, registration with their professional body, the General Dental Council, indemnity insurance, and evidence that Disclosure and Barring checks had been carried out.

Staff recruitment and employment records were stored securely to prevent unauthorised access.

The practice had an induction programme in place for new staff to familiarise themselves with practice policies and procedures. The most recently recruited member of staff confirmed a basic induction had taken place.

Monitoring health and safety and responding to risks

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments. A range of other policies, procedures, protocols and risk assessments were in place to inform and guide staff in the performance of their duties, and to manage risks at the practice. Most of these policies, procedures and risk assessments were not reviewed regularly or when changes in legislation and guidance occurred. There was no evidence of actions to mitigate the risks being taken or documented.

We reviewed the practice's control of substances hazardous to health risk assessment. Staff maintained records of products used at the practice, for example dental materials and cleaning products, and retained manufacturer's product safety details to inform staff what action to take in the event of, for example, spillage, accidental swallowing, or contact with the skin.

The provider had implemented a safer sharps system for the control of used needles. Sharps bins were suitably located in the clinical areas to allow appropriate disposal.

The sharps policy detailed procedures to follow in the event of an injury from a sharp instrument. These procedures were displayed in the treatment rooms for quick reference. Staff were familiar with the procedures and able to describe the action they would take should they sustain an injury.

The provider also ensured that clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

We saw that a fire risk assessment had been carried out in 2015; however there was no evidence of arrangements in place to mitigate the risks associated with fire. The provider showed us an email at the time of inspection that demonstrated they had contracted a company to undertake a fire risk assessment in one weeks' time. Fire-fighting equipment was available and regularly serviced. Staff received fire safety training. Fire evacuation drills were not carried out.

We saw the business continuity plan had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

Infection control

The practice had an overarching infection prevention and control policy in place, underpinned by policies and procedures which detailed decontamination and cleaning tasks. Some of the policies in use were not up to date and had no evidence of review dates.

One member of staff had a lead role for infection prevention and control and decontamination and provided guidance to staff where required.

Staff undertook infection prevention control training annually and as part of their continuing professional development. They carried out an infection prevention and control audit every six months. However there was no evidence of reporting on the audit in order to identify any areas for improvement and no evidence of actions to be

Are services safe?

taken following the audits. Following the inspection the practice responded and sent us evidence of action planning for the last audit they had undertaken in February 2017.

We observed that there were adequate hand washing facilities available in the treatment rooms and the decontamination room. Hand washing protocols were displayed appropriately near hand washing sinks.

We observed the decontamination process and found it to be in accordance with the Department of Health's guidance, Health Technical Memorandum 01-05 Decontamination in primary care dental practices, (HTM 01-05).

The practice had a dedicated decontamination room which was designated for staff only and secured by a key pad lock to prevent unauthorised access. Appropriate controls were in place to minimise the risks from the decontamination process including protective personal equipment and defined clean and dirty zones. This was in accordance with recommended guidance in HTM01 05. Staff used sealed containers to transfer used instruments from treatment rooms to the decontamination room. Staff followed a process of cleaning, inspecting, sterilising, packaging and storing of instruments to minimise the risk of infection.

We observed that instruments were stored in drawers in the treatment rooms. We looked at the packaged instruments in these drawers and found that the packages were sealed and marked with the expiry date.

Staff showed us the systems in place to ensure the decontamination process was tested, and decontamination equipment was checked, tested, and maintained in accordance with the manufacturer's instructions and HTM 01-05. We saw records of these checks and tests.

The provider had an out of date Legionella risk assessment carried prior to alterations to the premises (2014). (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). There was no evidence of some of the actions to be taken to reduce the likelihood of Legionella developing having been carried out. For example monitoring of the temperatures of the sentinel taps were identified in the assessment however they were no records that these had been carried out by staff. On the day of the inspection the provider showed us

evidence that a contractor and suitably competent person would carry out a full Legionella risk assessment the following week and the provider assured us that identified actions would be carried out and documented.

Staff described to us the procedures for the cleaning and disinfecting of the dental water lines and suction equipment. This was in accordance with guidance to prevent the growth and spread of Legionella bacteria.

The treatment rooms had sufficient supplies of personal protective equipment for staff and patient use.

The practice had a cleaning policy in place, with an associated cleaning schedule identifying tasks to be completed and timescales for their completion. Cleaning of the non-clinical areas was the responsibility of the dental staff and the dental nurses were also responsible for cleaning the clinical areas in between patients. We observed that the practice was clean, and treatment rooms and the decontamination room were clean and uncluttered.

The segregation and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. The practice had arrangements for clinical waste to be removed from the premises to another site where it was then removed by a contractor.

Equipment and medicines

We saw that the provider had systems, processes and practices in place to protect people from the unsafe use of materials, medicines and equipment used in the practice.

We saw contracts for the maintenance of equipment, and recent test certificates for the

decontamination equipment, the air compressor and the X-ray machines. We saw records to demonstrate that fire detection and fire-fighting equipment, for example, the fire alarm and extinguishers were regularly tested.

We saw that the practice was storing NHS prescription pads securely in accordance with current guidance. We saw that they maintained records of the serial numbers for prescriptions issued and void.

Radiography (X-rays)

Are services safe?

We saw that the provider was acting in compliance with the Ionising Radiations (Medical Exposure) Regulations 2000, IR(ME)R, current guidelines from the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines.

The practice maintained a radiation protection file which contained the required information.

The provider had appointed a Radiation Protection Advisor and a Radiation Protection Supervisor. We saw that the Health and Safety Executive had been notified of the use of X-ray equipment on the premises.

We saw a critical examination pack for the X-ray machines. Routine testing and servicing of the X-ray machines had been carried out in accordance with the current recommended maximum interval of three years.

We observed that local rules were displayed in areas where X-rays were carried out. These included specific working instructions for staff using the X-ray equipment.

Dental care records confirmed that X-rays were justified, graded and reported on. We saw evidence of regular auditing of the quality of the X-ray images.

We saw evidence of recent radiology training for relevant staff in accordance with IR(ME)R requirements.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists carried out consultations, assessments, and treatment in line with current National Institute for Health and Care Excellence guidelines (NICE), Faculty of General Dental Practice, (FGDP), guidelines, the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention', and General Dental Council guidelines. The dentists described to us how examinations and assessments were carried out. Patients completed a medical history form with details of their health conditions, medicines being taken, and allergies, as well as details of their dental and social history. The dentists then carried out an examination. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Following the examination the diagnosis was discussed with the patient and treatment options and costs explained. Follow-up appointments were scheduled to individual requirements.

We checked dental care records to confirm what was described to us and found that the records were complete, clear, and contained sufficient detail about each patient's dental treatment. Details of medicines used in the dental treatments were recorded which would enable a specific batch of a medicine to be traced to the patient in the event of a safety recall or alert in relation to a medicine.

We saw evidence that the dentists used current guidelines issued by the NICE Dental checks: intervals between oral health reviews to assess each patient's risks and needs and to determine how frequently to recall them.

Health promotion and prevention

We saw that staff adhered to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. We saw that tailored preventive dental advice, and information on diet, and lifestyle was given to patients in order to improve their health outcomes. Where appropriate, fluoride treatments were prescribed. Information in leaflet form was available in the waiting room in relation to improving oral health and lifestyles, for example, smoking cessation and reduction in sugar consumption.

The practice had a focus on oral health promotion and prevention and dental hygiene therapists carried out a full range of preventive treatment to all patients where necessary. We observed good co-operation and treatment planning between the dentists and dental therapists.

Staffing

We observed that staff had the skills, knowledge, and experience to deliver effective care and treatment.

New staff and trainees had a basic induction and shadowed clinical staff before being allowed to carry out any duties at the practice unsupervised.

The provider did not carry out staff appraisals regularly for all staff and staff training and development needs were not identified formally or monitored through a practice training plan.

All qualified dental professionals are required to be registered with the General Dental Council, (GDC), in order to practice dentistry. Registration requires dental professionals to be appropriately qualified and to meet the requirements relating to continuing professional development, (CPD). We saw that the qualified dental professionals were registered with the GDC.

We saw staff were supported to meet the requirements of their professional registration. The GDC highly recommends certain core subjects for CPD, such as medical emergencies and life support, infection prevention and control, and radiology. The practice supported staff to access online learning. We reviewed a number of staff records and found these contained a variety of CPD, including the core GDC subjects.

Working with other services

We reviewed the practice's arrangements for referrals. Clinicians were aware of their own competencies and knew when to refer patients requiring treatment out with their competencies. Clinicians referred patients to a variety of secondary care and specialist options as appropriate. Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines.

We saw examples of internal referrals, for example, to the dental therapists, and these followed recognised guidelines.

Are services effective?

(for example, treatment is effective)

Referrals were made to secondary care services if the treatment required was not provided by the practice or in response to patient preference.

Consent to care and treatment

The clinicians described how they obtained valid, informed, consent from patients by explaining their findings to them and keeping records of the discussions. Patients' treatment plans were discussed with them after consultations and assessments, and prior to commencing dental treatment. The patient's dental care records were updated with the proposed treatment once this was finalised and agreed with the patient. Signed consent forms were retained in the patients' dental care records. The plan and discussions with the clinicians made it clear that a patient could withdraw consent at any time, and that they had received an explanation of the type of treatment, including the alternative options, risks, benefits, and costs.

The clinicians described to us how they obtained verbal consent at each subsequent treatment appointment. We saw this confirmed this in the dental care records we looked at.

NHS and private treatment costs were displayed in the waiting room along with information on dental treatments to assist patients with treatment choices.

The dentists explained that they would not normally provide treatment to patients on their examination appointment unless they were in pain, or their presenting condition dictated otherwise. We saw that the clinicians allowed patients time to think about the treatment options presented to them.

The clinicians told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken. Clinicians demonstrated an understanding of Gillick competency. (Gillick competency is a term used in

medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The clinicians had an understanding of the principles and application of the MCA.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Feedback given by patients we spoke with and on CQC comment cards demonstrated that patients felt they were always treated with kindness and respect, and staff were friendly, caring, and helpful. Treatment rooms were situated away from the main waiting area, and we saw that the doors were closed at all times when patients were with the clinicians. Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Several patients confirmed in CQC comment cards and verbally that staff put them at ease.

We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

Involvement in decisions about care and treatment

The dentists discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records. CQC comment cards we reviewed told us treatments were always explained in a language patients could understand. Patients commented that they were listened to. Patients confirmed that treatment options, risks, and benefits were discussed with them and that they were provided with helpful information to assist them in making an informed choice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw evidence that services were planned and delivered to meet the needs of people.

We saw that the clinicians tailored appointment lengths to patients' individual needs. They captured social and lifestyle information on the medical history forms completed by patients. This enabled clinicians to identify any specific needs and direct treatment to ensure the best outcome was achieved for the patient. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records which helped them treat patients individually.

We saw that the provider gathered the views of patients when planning and delivering the service via regular patient surveys, comments and feedback.

Tackling inequity and promoting equality

The provider had carried out a Disability Discrimination Act audit in 2015 and was due to be reviewed this month. The practice was not accessible to people with disabilities, mobility difficulties, or wheelchair users. The practice was on the first floor of the building with stair only access. Parking was available on streets and in car parks near the premises. The practice referred patients who could not access the practice to other nearby more suitable dental practices.

The practice provided translation services for people whose first language was not English.

The practice made provision for patients to arrange appointments by telephone or in person. Where patients failed to attend their dental appointments, staff contacted them to re-arrange the appointment and to establish if the practice could assist by providing adjustments to enable patients to receive their treatment.

Access to the service

We saw that patients could access treatment and care in a timely way. The practice opening hours, and the 'out of hours' appointment information, were displayed in the practice and were provided in the practice leaflet. Emergency appointments were available daily.

Concerns and complaints

The practice had a complaints policy and procedure which was displayed in the waiting room, on the website and in the practice leaflet. A patient leaflet regarding how to complain was made available to patients. This detailed the further steps people could take should they be dissatisfied with the practice's response to their complaint. The practice had received one complaint in the last 12 months and we saw that they followed the process and policies in the event of complaints arising.

Are services well-led?

Our findings

Governance arrangements

We reviewed the provider's systems and processes for monitoring and improving the services provided for patients and found these were not operating effectively.

The provider had a range of policies and procedures however there was no effective system in place to ensure these were reviewed and monitored or updated to reflect relevant legislation and guidance. Updated policies were not readily available to staff and they had out of date policies in operation, for example, safeguarding policies and procedures. The policies were not reviewed or audited on a regular basis.

The provider had some risk assessments in place. These did not identify measures or actions to be taken in order to mitigate risks. For example, general health and safety, fire risk assessment and Legionella risk assessment. Fire evacuation drills were not undertaken.

The provider carried out a number of audits including infection control, X-rays and record keeping.

However we found that most of these audits did not include action plans or documented areas for improvements to be taken where they were identified.

Staff were supported to meet the dental professionals' continuing professional development requirements by the provision of training and access to online training. However training was not monitored to ensure all staff had received mandatory training relevant to the practice and their role.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained electronically. Electronic records were password protected and data was backed up daily.

Leadership, openness and transparency

The practice was managed by the principal dentist, and some staff had lead roles. The principal dentists provided leadership and staff felt supported. Appraisals did not take

place on a regular basis in order to support, supervise and identify training and development needs. The provider told us these had lapsed and would be started again soon. Staff were aware of their own competencies, skills, and abilities.

The culture of the practice encouraged candour, openness and honesty. Staff said they could speak to the dentists if they had any concerns, and that they were approachable and helpful. Staff confirmed their colleagues were supportive.

Learning and improvement

The provider gathered information on the quality of care from a range of sources, including patient feedback, surveys and the NHS Friends and Family Test. They also analysed their performance in relation to their service provision via the NHS Vital Signs reports.

The practice did not hold regular documented staff meetings. There were limited opportunities to formally discuss and share information such as clinical and non-clinical issues, learning from significant events, complaints, audits and patient feedback. Meetings would also be useful to deliver updates on policies, procedures and guidance and to deliver training.

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

The provider had a system in place to seek the views of patients about all areas of service delivery, carried out regular patient surveys, and looked at the results to identify areas for improvement.

The provider made NHS Friends and Family Test forms and the practice's own survey forms available in the waiting room for patients to indicate how likely they were to recommend the practice.

Staff told us they would like to be more involved and encouraged to offer suggestions for improvements to the service. They said some suggestions they had made were listened to and had been acted upon but felt they could be more involved in monitoring and improving service and contribute to service developments.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Chelwood Dental practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not have effective systems in place to assess, monitor and improve the quality and safety of services, such as by effective audit systems.• The provider did not have effective systems in place to assess, monitor, manage and mitigate the risks relating to the health, safety and welfare of patients and others, such as by effective risk assessments that were reviewed regularly and mitigating actions evident.• The provider did not have effective systems in place to ensure their audit and governance systems remained effective, including an effective system to monitor, review and implement up to date policies and procedures. <p>Regulation 17 (1) (2 a) (2 b) (2 f)</p>