

Andrea Ubhi Limited

# Andrea Ubhi

## Inspection Report

22 Goodramgate  
York  
North Yorkshire  
YO1 7LG  
Tel:01904639667  
Website:www.andreaubhi.co.uk

Date of inspection visit: 22 June 2016  
Date of publication: 28/07/2016

### Overall summary

We carried out an announced comprehensive inspection on 22 June 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**

Andrea Ubhi – York is situated in the centre of York, North Yorkshire. It offers private dental treatments including dental implants, endodontics, cosmetic dental treatment, specialist orthodontics, conscious sedation and oral surgery.

The practice has four surgeries, a decontamination room, two waiting areas, three treatment co-ordinator pods; a separate room for the Orthopantomogram (OPT) machine and the cone beam computerised tomography (CBCT) scanner, a reception area and patient toilets. All facilities are located over three floors of the premises. There are staff facilities on the second floor of the premises and a seminar room used for staff meetings and training.

There is a company director, three dentists, two specialist Orthodontists, a dental hygienist, five dental nurses (two of which are trainees), three treatment co-ordinators, two receptionists, a practice manager and two marketing assistants.

The opening hours are Monday - Friday from 09:00 to 17:00.

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

# Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

During the inspection we received feedback from seven patients. The patients were positive about the care and treatment they received at the practice and they told us they were involved in all aspects of their care and found the staff to be very friendly, exceptionally caring, they provide a high standard of care and were always treated with dignity and respect.

## **Our key findings were:**

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- The practice appeared clean and hygienic.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in accordance with the published guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- Treatment was well planned and provided in line with current best practice guidelines.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The practice was well-led and staff felt involved and supported and worked well as a team.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services they provided.
- There were clearly defined leadership roles within the practice.

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

- Review the reporting protocol for using the reversal drug for sedation.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

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

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

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

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

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

We reviewed the legionella risk assessment dated August 2015. Evidence of regular water testing was being carried out in accordance with the assessment.

### **Are services effective?**

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made in house referrals for specialist treatment or investigations where indicated.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), guidance from the British Orthodontic Society (BOS), Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD) and guidance from the British Society of Periodontology (BSP).

Staff were encouraged to complete training relevant to their roles and this was monitored by the practice manager. The clinical staff were up to date with their continuing professional development (CPD).

The practice liaised with the any external referring practitioners effectively to keep them informed of treatment decisions which had been made and also any after care which would be required.

### **Are services caring?**

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

During the inspection we received feedback from seven patients. The patients were very positive about the care and treatment they received at the practice. Comments included that the staff were friendly, caring and professional. Patients also commented that they were greatly involved in treatment options and had a treatment co-ordinator allocated to them to help them through their patient journey. All discussions including the associated costs were explained thoroughly.

# Summary of findings

We observed patients being treated with respect and dignity during interactions at the reception desk, over the telephone and as they were escorted through the practice. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed staff to be welcoming and caring towards the patients.

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

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

The practice had an efficient appointment system in place to respond to patients' needs. Any patients requesting an emergency appointment would be seen the same day.

Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed. Any patients who had complicated procedures were given a direct contact number for one of the dentists so any questions or concerns could be discussed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice did not have disability access due to three steps to the ground floor surgery. They worked closely with another practice and utilised one of their ground floor surgeries if required to provide all treatments available at this practice. Reasonable adjustments had been made to the practice where possible including hand rails on the stairs and step free access to the reception area.

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

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

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

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning.

The practice conducted patient satisfaction surveys, collected patient testimonials and collated feedback from Facebook. There was also a comments box in the waiting room for patients to make suggestions to the practice.

Staff were encouraged to share ideas and feedback and also completed staff surveys as part of their appraisals and personal development plans.

The practice held monthly staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues.

# Andrea Ubhi

## Detailed findings

### Background to this inspection

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

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

During the inspection we received feedback from seven patients. We also spoke with two dentists, a specialist Orthodontist, four dental nurses, two receptionists, two

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

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. Staff were familiar with the importance of reporting significant events. We were told that incidents would be reported to the practice manager. Any incidents would be discussed at staff meetings in order to disseminate learning and to prevent it from happening again. We were told by staff that if a patient was involved then they would be given an apology and an explanation.

Staff understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. The practice manager was aware of the notifications which should be reported to the CQC.

The practice manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. Relevant alerts were discussed with staff, actioned and stored for future reference.

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

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

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

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments), the use of safer sharps or re-sheathing devices and a policy that only the dentists handle sharps.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. Rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.

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

### Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation, immediate life support and basic life support within the last 12 months.

The emergency medicines, emergency resuscitation kits and medical oxygen were stored in various locations around the practice. There was no portable suction or oropharyngeal airways in the emergency kit. This was brought to the attention of the practice manager and evidence of an order was seen on the day of the inspection.

Staff knew where the emergency kits were kept. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed weekly checks were carried out on the emergency medicines and daily checks were carried out on the medical oxygen cylinder and the AED. These checks

# Are services safe?

ensured the oxygen cylinder was sufficiently full, the AED was fully charged and the emergency medicines were in date. We saw that the oxygen cylinder was serviced on an annual basis.

## Staff recruitment

The practice had a recruitment policy in place and this process had been followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and seeking references. We reviewed the newest member of staff's recruitment file which confirmed the processes had been followed. All personal information was stored securely in the office.

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

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

## Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw this policy was reviewed in January 2016.

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

We noted there had been an internal fire risk assessment completed for the premises in 2015. We saw as part of the checks by the team the smoke alarms were tested and the fire extinguishers were regularly serviced. There was

evidence that a fire drill had been undertaken with staff and discussion about the process reviewed at practice meetings. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

## Infection control

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

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

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were manually cleaned, where necessary, placed in an ultrasonic bath, examined under illuminated magnification and sterilised in an autoclave (a device for sterilising dental and medical instruments). Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes.

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly. Staff had received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients

# Are services safe?

and staff. New members of staff new to healthcare had received the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff.

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection prevention and control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. The practice employed a cleaner to clean the non-clinical areas of the practice and a cleaning schedule was in place.

There were hand washing facilities in the treatment rooms and decontamination room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in April 2016 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

Records showed the practice had completed a Legionella risk assessment in August 2015. The practice undertook processes to reduce the likelihood of Legionella developing which included running the dental unit water lines in the treatment rooms at the beginning and end of each session and between patients, the use of purified water, monitoring hot and cold water temperatures. Dip slide testing had been completed in house and a log was kept of the results. Staff had received Legionella training to raise their awareness. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

## Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the compressors. We saw evidence of installation written schedules for the autoclave and the compressor.

Portable appliance testing (PAT) had been completed in January 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

The practice dispensed antibiotics and painkillers for patients where indicated. They also kept drugs used in the provision of conscious sedation. These were stored securely in a locked cabinet in one of the surgeries. We saw a log was kept of these medicines to ensure the medicines were not being abused, there was sufficient stock available and medicines were in date.

## Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated the X-ray equipment was newly installed and evidence of an acceptance test certificate was available. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only.

We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries, in the X-ray room and within the radiation protection folder for staff to reference if needed. We saw that a justification, a grade and a report was documented in the dental care records for all X-rays which had been taken.

The practice had a cone beam computed tomography (CBCT) machine. CBCT is an X-ray based imaging technique which provides high resolution visualisation of bony anatomical structures in three dimensions. We saw the appropriate monthly quality assurance tests were being carried out on the machine to ensure it remained safe to use. Staff were appropriately trained in the use of the machine.

The practice had devised a written CBCT protocol. This included details of which members of staff were able to undertake particular procedures. These included a legal person (an individual who is responsible for the safe use of the equipment), practitioners (those allowed to authorise an image) and operators (those allowed to take an image).

Intra-oral X-ray audits were carried out by the practice every six months. The audit and the results were not in line with the National Radiological Protection Board (NRPB)

## Are services safe?

guidance. This was because reasons why an X-ray was a grade two or three had not been recorded and overall percentages of grades had not been calculated in order to compare against target.

The practice had not undertaken an audit of images taking using the CBCT machine to date. This would help the practitioners to identify the most appropriate diagnostic reference level (DRL). This would mean the dose to patients could be kept to an absolute minimum.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists and specialists carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), guidance from the British Orthodontic Society (BOS), Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD) and guidance from the British Society of Periodontology (BSP). This was repeated at each examination if required in order to monitor any changes in the patient's oral health.

The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such as smoking and alcohol consumption and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

We saw that patient dental care records had been audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice. The last audit was undertaken in January 2016 whereby action plans were in place, this helps address any issues that arise and sets out learning outcomes more easily.

The Orthodontists carried out a detailed assessment in line with recognised guidance from the British Orthodontic Society (BOS). This included an assessment of the patient's oral hygiene and diet. Patients were recalled at suitable intervals for reviews of the treatment. After finishing their orthodontic treatment patients were recalled at specific intervals to ensure the patient was complying with the post-orthodontic care (wearing retainers).

We saw the process involved in providing conscious sedation was in line with those set out in the Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD). Patients were assessed for their suitability for conscious

sedation at an initial consultation. We were told that other forms of anxiety management were discussed with patients at the initial appointment, although this was not always recorded.

Prior to the induction of conscious sedation the patient's blood oxygen saturation, blood pressure and heart rate (base level observations) were checked to ensure they were medically suitable for conscious sedation. Throughout the procedure these vital signs were regularly checked and documented in a sedation record. We saw the dose of sedative medicines were titrated to effect to ensure the patient was not over-sedated. These doses were documented in the sedation records. We saw that a reversal agent to the sedative medicines was readily available if needed. After the procedure the patient's escort would be suitably briefed with regards to post-operative care. Patients would be kept at the practice for however long they required after the procedure to ensure they were safe to discharge.

The practice provided dental implants, bone grafts and sinus lifts. The treatment co-ordinators explained the process which patients underwent prior to undertaking implant treatment. This included using X-rays and where justified CBCT was used to assess the quality and volume of the bone and whether there were any important structures close to where the implant was being placed. We saw evidence these X-rays were analysed to ensure the implant work was undertaken safely and effectively. We also saw that patients gum health was thoroughly assessed prior to any implants being placed. If the patient had any sign of gum disease then they underwent a course of periodontal treatment. After the implant placement the patient would be followed up at regular intervals by the treatment co-ordinators to ensure the implant was healing and integrating well and a direct contact number for the dentist was provided if they had any questions or concerns. All of these measures greatly improved the outcome for patients.

We spoke with the hygienist who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition. Patients were made aware that successful treatment hinged upon their own compliance and were provided with patient specific

# Are services effective?

(for example, treatment is effective)

prevention advice regimes. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and reinforced home care preventative advice.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients. The dentists would have informal chats during the day to get each other's opinions about cases and each dentist had an allocated treatment co-ordinator to support the patient journey.

## Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental decay. Staff told us that the dentists would always provide oral hygiene advice to patients where appropriate or refer to the hygienist for a more detailed treatment plan and advice.

The practice had a selection of dental products on sale in the reception area and treatment co-ordinator pods to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that smoking cessation advice was given to patients who smoked. Patients would also be made aware if their alcohol consumption was above the national recommended limit. There were health promotion leaflets available in the waiting room to support patients and the treatment co-ordinators also provided supporting information for patients.

## Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included making the new member of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the induction files.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice manager regularly held in house training sessions and also invited local practices and dental care professional to attend sessions. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Staff told us they had bi-annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents. Staff also felt they could approach the company director or practice manager at any time to discuss continuing training and development as the need arose. Staff told us they were actively encouraged to pursue further qualifications including sedation training, radiography and oral health promotion.

## Working with other services

The practice had a detailed referral policy which outlined the processes for referring patients out of the practice and also accepting referrals. For example, referrals were made to the hospital for the urgent referral of patients with a suspected malignancy.

The practice received referrals for implants, oral surgery and orthodontics. Upon receiving a referral letter the relevant dentist and treatment co-ordinator reviewed the letter and then the patient was contacted by providing a welcome pack specific to the treatment they were interested in or referred for.

When attending the initial consultation the treatment co-ordinator and dentist would make the patient aware of the proposed treatment and the timescales involved, the fact that treatment is on a private basis, the estimated costs involved, finance options and when payment for the treatment should be made, arrangements for out-of-hours emergency care during the course of the treatment and the practice's contact details.

Once treatment had been completed the patient was sent back to the referring dentist for on-going treatment. A letter would be sent back to the referring dentist with advice about what treatment had been provided and advice about on-going treatment which related to the treatment provided.

## Consent to care and treatment

# Are services effective?

(for example, treatment is effective)

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

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

Patients undergoing treatment were provided with an individualised treatment plan. This would outline the other options available and also the risks and benefits of each option. Costs were clearly stated on this treatment plan. Patients told us that they were made very aware of what the cost was prior to undertaking any treatment and time was given for patients to review all the information provided.

# Are services caring?

## Our findings

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

Feedback from patients was very positive and they commented they were treated with care, respect and dignity. We observed staff were always interacting with patients in a respectful, appropriate and kind manner and to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. The layout of the waiting area was conducive to maintaining confidentiality as conversations at the reception desk could not be overheard by those in the waiting area. Treatment co-ordinator pods were available on the ground floor and first floor for private conversations.

Dental care records were not visible to the public on the reception desk. Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper records were securely stored in a locked cabinet.

Music was played throughout the practice for patients and a selection of magazines were available. A hot drink machine was available in the waiting room and cool water.

Close Circuit Television (CCTV) cameras were in operation throughout the practice apart from clinical areas. During

the inspection we found CCTV signage was in place to ensure patients were aware of this. The practice had a policy, risk assessment and registration with the Information Commissioning Office (ICO) and records were stored appropriately and securely.

Information folders and patient testimonials were available and a selection of leaflets for patients to take home.

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

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

Each surgery had a ceiling mounted television which was due to be operational in the near future for all patients. Other patient screens were available to show X-ray findings and discuss treatment options. All computers had access to the internet and videos could be used to explain treatment options to patients with more complex treatment.

Testimonials were available with before and after pictures of various treatments that had been completed at the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. For example, the practice opened Monday –Friday 09:00 – 17:00 and the practice would also extend the opening hours if required to suit patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We were told the patients were given sufficient time during their appointment so they would not feel rushed. For example, patients who were having conscious sedation would be given longer appointments to ensure the appropriate aftercare was provided. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

The practice had an information leaflet and a website. The information leaflet included details of the staff (including special interests and qualifications), treatments which are available and a description of the facilities. The practice's website provided patients with information about the range of treatments which were available at the practice. This included orthodontics, oral surgery, conscious sedation, dental implants, treatments for gum disease and crowns. There was information for referring practices to access also.

### Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included a permanent ramp to access the premises and a ground floor surgery although step free access was not available to this surgery.

The practice worked closely with a local practice where by all treatments offered at the practice could be provided in one of the ground floor surgeries that had step free access. We also saw the consent forms could be made available in a large print version and the practice had access to translation services for those whose first language was not English.

### Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet and on the practice website. The opening hours are: Monday - Friday from 09:00 to 17:00.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so that no patient was turned away. The patients told us when they had required an emergency appointment this had been organised the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. All patients were signposted to the practices out of hour's number to call that provided all private patients' access to emergency care. The number was also given to all patients who had completed complex treatment.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting rooms and in the practice information leaflet.

The practice manager was responsible for dealing with complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within three working days and providing a formal response within 10 working days. If the practice was unable to provide a response within 10 working days then the patient would be made aware of this.

The practice had received five complaints in the last 12 months. We reviewed the complaints and saw they had been dealt with in line with the practice's policy. This included acknowledging the complaint and providing a formal response and discussing the complaints during staff meeting to learn and prevent future complaints.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice was a member of a certification programme for dentists to demonstrate excellence in quality assurance, patient care and communication.

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

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

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

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

### **Leadership, openness and transparency**

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

The practice held monthly staff meetings involving all staff members and also had daily informal morning meetings to ensure everyone had a role for the day and could raise any concerns if required. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

All staff were aware of whom to raise any issue with and told us the practice manager was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice.

### **Learning and improvement**

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as dental care records, X-rays, sedation and infection prevention and control.

We looked at the sedation audit which had been completed. The Intercollegiate Advisory Committee for Sedation in Dentistry IACSD states that an audit relating to the provision of sedation should be completed. The practice had used the reversal agent for the sedative drug had only been required twice since the practice had opened in August 2015. The practice had not recorded this as a significant event and this was brought to the attention of the practice manager.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies, immediate life support and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

All staff had bi-annual appraisals at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out annual patient satisfaction surveys and a comment card in the waiting rooms. The satisfaction survey included questions about the patients' overall satisfaction, the cleanliness of the premises, accessibility and length of time waiting. The most recent patient survey showed a high level of satisfaction with the quality of the service provided. The practice asked patients for post treatment comments and testimonials and these were posted on their website and on Facebook.