

Rodericks Dental Limited

# Aldridge Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 22 September 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

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

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

#### **Background**

Aldridge Dental Practice is a dental practice providing general dental services on a NHS and private basis. The service is provided by five dentists. They are supported by five dental nurses (three of whom are trainees), a practice manager and two receptionists. A sixth dentist visits the practice on a monthly basis to provide dental implants and other oral surgery procedures.

The practice is located on a main road near local amenities and bus routes. There is wheelchair access to the practice and car parking facilities. The premises consist of a waiting room, a reception area, an office, four treatment rooms, two decontamination rooms, a staff room, an X-ray room, storage rooms and toilet facilities for patients with disabilities. Opening hours are from 8am to 8pm every Wednesday and from 8:30am to 5:30pm on all other weekdays.

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

Fourteen patients provided feedback about the practice. We looked at comment cards patients had completed prior to the inspection and we also spoke with three

# Summary of findings

patients. The information from patients was generally complimentary. Patients were positive about their experience and they commented that staff were friendly and caring.

## **Our key findings were:**

- The practice was organised and appeared clean and tidy on the day of our visit. Many patients also commented that this was their experience.
- Patients told us they found the staff polite and friendly.
- An infection prevention and control policy was in place. We saw the decontamination procedures followed recommended guidance.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Staff received training appropriate to their roles.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with. Documentation of complaints required improvements.
- Staff told us they felt well supported and comfortable to raise concerns or make suggestions.
- Practice meetings were used for shared learning.
- The practice demonstrated that they regularly undertook audits in infection control, radiography and dental care record keeping; however, the infection control audits were not being carried out every six months as per guidance.

- The practice had systems to assess and manage risks to patients, including health and safety, safeguarding, safe staff recruitment and the management of medical emergencies. Some of these required improvements.
- Patients were able to make routine and emergency appointments when needed; however, some patients commented they had to wait lengthy periods before getting an appointment at their preferred time.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as Public Health England (PHE).
- Review availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team. These should extend to domiciliary visits too. The practice should review stocks of medicines and equipment and the system for identifying and disposing of expired stock.
- Review the practice's audit protocols of various aspects of the service such as infection control at regular intervals to help improve the quality of service.
- Review the practice's procedures for documenting safeguarding incidents and complaints to ensure that all are recorded in sufficient detail.

# 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 systems to assess and manage risks to patients. These included whistleblowing, complaints, safeguarding and the management of medical emergencies. It also had a recruitment process to help ensure the safe recruitment of staff. We identified some necessary improvements on the day of our visit.

Patients' medical histories were obtained before any treatment took place. The dentist was aware of any health or medicines issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. Emergency equipment and medicines were available and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. These arrangements did not extend to domiciliary visits.

The practice was carrying out infection control procedures as described in the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary dental practices'.

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

No  
action  


### Are services effective?

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

The practice monitored any changes to the patients' oral health and made referrals for specialist treatment or investigations where indicated. Explanations were given to patients in a way they understood and risks, benefits and options were explained. Record keeping was in line with guidance issued by the Faculty of General Dental Practice (FGDP).

The dentists followed national guidelines when delivering dental care. These included FGDP and National Institute for Health and Care Excellence (NICE). We found that preventative advice was given to patients in line with the guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

No  
action  


### Are services caring?

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

On the day of the inspection we observed privacy and confidentiality were maintained for patients using the service. Patient feedback was mostly positive about the care they received from the practice. Patients described staff as friendly and polite. Patients commented they felt involved in their treatment and it was fully explained to them. Nervous patients said they felt at ease here and the staff were supportive and understanding. Several patients commented that the practice was child-friendly.

No  
action  


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

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

No  
action  


# Summary of findings

The practice was usually able to accommodate patients requiring urgent treatment within 24 hours. Patients were able to obtain information when the practice was closed and arrangements were subsequently made for these patients requiring emergency dental care.

The practice had a complaints process.

The practice offered access for patients with limited mobility.

## **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 staff we spoke with felt supported in their own particular roles.

There were systems in place to monitor the quality of the service including various audits. The practice used several methods to successfully gain feedback from patients. Staff meetings took place on a regular basis.

The practice carried out audits such as radiography and dental care record keeping at regular intervals to help improve the quality of service. Infection control audits were carried out annually but these are recommended every six months. All audits had documented learning points with action plans.

**No  
action**  


# Aldridge Dental Practice

## Detailed findings

### Background to this inspection

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

We inspected Aldridge Dental Practice on 22 September 2016. The inspection was carried out by a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider from various sources. We informed NHS England that we were inspecting the practice. We also requested details from the provider in advance of the inspection. This included their latest statement of purpose describing their values and objectives and a record of patient complaints received in the last 12 months.

During the inspection we toured the premises, spoke with two dentists, the current practice manager, the previous practice manager, the area manager and two dental nurses. We also reviewed CQC comment cards which patients had completed and spoke with patients. We reviewed a range of practice policies and practice 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 systems in place for staff to report accidents and incidents. We saw records of incidents and accidents and these were completed with sufficient details about what happened and any actions subsequently taken. Discussing and sharing incidents is an excellent opportunity for staff to learn from the strengths and weakness in the services they offer.

Staff we spoke with understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). No RIDDOR reportable incidents had taken place at the practice in the last 12 months.

The practice responded to national patient safety and medicines alerts that affected the dental profession. We were told that the clinical director received any relevant alerts and emailed these to the practice manager who then disseminated this information to staff during staff meetings. However, staff were unaware of relevant alerts that had been circulated in the past few months. Within two working days, the practice manager informed us to state that the clinical director had forwarded all relevant alerts and information about these was now held at the practice.

The practice managers were not aware of the practice's arrangements for staff to report any adverse drug reactions. The practice manager informed us that a staff meeting had been scheduled for the week after our visit and this information would be discussed with all staff.

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

The practice had child protection and vulnerable adult procedures in place. These policies were readily available and provided staff with information about identifying, reporting and dealing with suspected abuse. Staff had access to contact details for local safeguarding teams. The practice manager was the safeguarding lead in the practice. Staff members we spoke with were all knowledgeable about safeguarding. The practice manager shared examples of safeguarding referrals that staff had made to the local safeguarding team. These showed that all (apart from one) had been documented appropriately and in sufficient detail. One of these referrals contained very brief

details of the referral – this was discussed with the practice manager. Within two working days, the practice manager explained that a staff meeting had been scheduled to discuss the importance and systems for documenting this.

Training records showed that the practice manager had completed level three (enhanced) training in March 2015. We also reviewed training certificates for other staff members and saw that they had completed satisfactory training too.

The British Endodontic Society recommends the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a rectangular sheet of latex used by dentists for effective isolation of the root canal, operating field and airway. We were told that all dentists used these when carrying out root canal treatment whenever practically possible.

All staff members we spoke with were aware of the whistleblowing process within the practice and there was a policy present. All dental professionals have a professional responsibility to speak up if they witness treatment or behaviour which poses a risk to patients or colleagues.

Never events are serious incidents that are wholly preventable. Staff members we spoke with were not aware of 'never events' and the practice did not have written processes to follow to prevent these happening. For example, there was no written process to make sure they did not extract the wrong tooth. However, staff described to us the methods they used to prevent such incidents from occurring.

The practice had processes in place for the safe use of needles and other sharp instruments.

### Medical emergencies

Within the practice, the arrangements for dealing with medical emergencies in the practice were mostly in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). However, these did not extend to dental visits made by staff to nursing homes. Staff undertaking the external visits did not take emergency equipment or medicines with them. We discussed this with the practice managers and they told us they would discuss these arrangements with the clinical director at the earliest opportunity.

The practice had access to emergency resuscitation kits, oxygen and emergency medicines. There was an

# Are services safe?

automated external defibrillator (AED) present. 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.

Staff received annual training in the management of medical emergencies. The practice took responsibility for ensuring that all of their staff received annual training in this area. All equipment and medicines were stored in a secure but accessible area.

Staff undertook regular checks of the equipment and emergency medicines to ensure they were safe to use. They documented daily checks of the emergency oxygen and AED and weekly checks of the emergency medicines. However, we noted that the pads (part of the AED) had expired. Glucagon (one type of emergency medicine) was stored in the fridge and the temperature was monitored and documented on a daily basis. There were two separate Glucagon medicines stored in the fridge and one of these had expired. Staff disposed of this as soon as this was brought to their attention; however, the practice needed to adopt more robust processes to ensure that expired emergency equipment and medicines were disposed of in a timely manner. Within two working days, the practice manager informed us that they had ordered new AED pads the day after our visit.

All staff we spoke with were aware of the location of this equipment and equipment and medicines were stored in purposely designed storage containers.

## Staff recruitment

The practice had a recruitment policy for the safe recruitment of staff. We looked at the recruitment records for three members of the practice team. The records we saw contained evidence of employment contracts, curricula vitae, staff identity verification and written references. One of the staff files did not have an induction plan. Where relevant, the files contained copies of staff's dental indemnity and General dental Council (GDC) registration certificates.

There were also Disclosure and Barring Service (DBS) checks present for the staff members. The DBS carries out checks to 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 vulnerable adults.

The practice had a system in place to monitor the professional registration and dental indemnity of its clinical staff members.

## Monitoring health & safety and responding to risks

We saw evidence of a business continuity plan which described situations which might interfere with the day to day running of the practice. This included extreme situations such as loss of the premises due to fire. We reviewed the plan and found that it had all relevant contact details in the event of an emergency.

The practice had arrangements in place to monitor health and safety. We reviewed several risk management policies and saw that an external contractor carried out a risk assessment in health and safety. This concluded that the practice was very low risk and no recommendations were required. Fire awareness training was carried out in October 2015 and the fire extinguishers were serviced in May 2016. Fire drills took place annually to ensure staff were rehearsed in evacuation procedures. Staff carried out and recorded weekly fire alarm tests and an external contractor serviced these every six months. There were two fire exits on the ground floor and there was clear signage to show where the evacuation point was.

Information on COSHH (Control of Substances Hazardous to Health 2002) was available for all staff to access. We looked at the COSHH file and found this to be comprehensive where risks associated with substances hazardous to health had been identified and actions taken to minimise them.

## Infection control

There was an infection control policy and procedures to keep patients and staff safe. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05)'. The practice had a nominated infection control lead that was responsible for ensuring infection prevention and control measures were followed.

We reviewed a selection of staff files and saw evidence that clinical staff were immunised against Hepatitis B to ensure the safety of patients and staff. However, not all of the records showed that the staff had adequately responded to the immunisation. Within two working days, the practice

# Are services safe?

manager contacted us to state that all staff (where relevant) have been ordered to contact their occupational health physician to obtain evidence that they have satisfactorily responded to the immunisation.

We observed two treatment rooms and both decontamination rooms to be visually clean. Many patients commented that the practice was clean and tidy. Work surfaces and drawers were free from clutter. Clinical areas had sealed flooring which was in good condition. Dental chairs were covered in non-porous material which aided effective cleaning. Patient dental care records were computerised and the keyboards in the treatment rooms were all water-proof, sealed and wipeable in line with HTM 01-05.

There were handwashing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for themselves and for patients.

Decontamination procedures were carried out in two dedicated decontamination rooms. HTM 01-05 recommends the provision of two separate rooms as this provides for a higher degree of separation between dirty instruments awaiting decontamination and cleaned/sterilized instruments that are to be placed in trays, packs or containers for use. In accordance with HTM 01-05 guidance, an instrument transportation system was in place to ensure the safe movement of instruments between the treatment rooms and the decontamination rooms.

Sharps bins were appropriately located and out of the reach of children. We observed waste was separated into safe and lockable containers for fortnightly disposal by a registered waste carrier and appropriate documentation retained. Clinical waste storage was in an area where members of the public could not access it. The correct containers and bags were used for specific types of waste as recommended in HTM 01-05.

We spoke with clinical staff about the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments. Clean instruments were packaged, date stamped and stored in accordance with current HTM 01-05 guidelines. There appeared to be sufficient instruments available and staff confirmed this with us. Staff we spoke with were aware of disposable items that were intended for single use only.

Staff used manual scrubbing techniques to clean the used instruments; they were subsequently examined visually with an illuminated magnifying glass and then sterilised in an autoclave. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear. Heavy duty gloves are recommended during the manual cleaning process and they were replaced on a weekly basis in line with HTM 01-05 guidance.

The practice had systems in place for quality testing the decontamination equipment daily, weekly and annually. We saw records which confirmed these had taken place.

The practice had a protocol which provided assistance for staff in the event they injured themselves with a contaminated sharp instrument – this included all the necessary information and was easily accessible. Staff we spoke with were familiar with the Sharps Regulations 2013 and were following guidance. These set out recommendations to reduce the risk of injuries to staff from contaminated sharp instruments.

Staff told us that checks of all clinical areas such as the decontamination room and treatment rooms were carried out daily by the dental nurses. All clinical and non-clinical areas were cleaned daily by an external cleaner. The practice had a dedicated area for the storage of their cleaning equipment.

The Department of Health's guidance on decontamination (HTM 01-05) recommends self-assessment audits of infection control procedures every six months. It is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. We saw evidence that the practice carried these out annually. The practice manager explained that this was overlooked due to a change in management and they have taken actions to prevent a reoccurrence. We reviewed the audit from September 2016. Action plans were documented subsequent to the analysis of the results. By following action plans, the practice would be able to assure themselves that they had made improvements as a direct result of the audit findings.

Staff members were following the guidelines on managing the water lines in the treatment rooms to prevent Legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. We reviewed the Legionella risk assessment and this was

# Are services safe?

carried out by an external contractor in January 2016. We saw evidence that the practice recorded water temperature on a monthly basis to check that the temperature remained within the recommended range.

## Equipment and medicines

The practice had maintenance contracts for essential equipment such as pressure vessels, X-ray sets and autoclaves.

Employers must ensure that their electrical equipment is maintained in order to prevent danger. Regular portable appliance tests (PAT) confirm that portable electric items used at the practice are safe to use. The practice previously had PAT carried out in December 2015.

The prescription pads were kept securely so that prescriptions were safely given by authorised persons only. The prescription number was recorded in the patients' dental care records. All prescriptions were stamped only at the time of issue. The practice did not keep a log of prescriptions given so they could not ensure that all prescriptions were tracked. Within two working days, the practice manager sent us evidence of a log and explained that a copy had been distributed to all dentists.

There was a separate fridge for the storage of medicines and dental materials. The temperature was monitored and recorded daily.

Stock rotation of all dental materials was carried out on a regular basis by the dental nurses and all materials we viewed were within their expiry date. A system was also in place for ensuring that all processed packaged instruments were within their expiry date.

## Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. The practice used digital X-rays.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. Local rules were available in the practice for all staff to reference if needed.

We saw evidence of notification to the Health and Safety Executive (HSE). Employers planning to carry out work with ionising radiation are required to notify HSE and retain documentation of this.

The X-ray equipment in the treatment rooms was fitted with a part called a rectangular collimator which is good practice as it reduces the radiation dose to the patient.

We saw evidence that the dentists were up to date with required training in radiography as detailed by the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

We saw evidence that the practice carried out an X-ray audit in June 2016. Audits are central to effective quality assurance, ensuring that best practice is being followed and highlighting improvements needed to address shortfalls in the delivery of care. We saw evidence that the results were analysed and reported on.

# 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 carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP).

We spoke with two dentists about the oral health assessments, treatment and advice given to patients and corroborated what they told us by looking at patient dental care records. Dental care records included details of the condition of the teeth, soft tissues lining the mouth, gums and any signs of mouth cancer. Medical history checks were documented in the records we viewed. This should be updated and recorded for each patient every time they attend.

The Basic Periodontal Examination (BPE) is a screening tool which is used to quickly obtain an overall picture of the gum condition and treatment needs of an individual. We saw that the practice was recording the BPE for all adults and children aged 7 and above (as per guidelines). We saw evidence that patients diagnosed with gum disease were appropriately treated.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to lower wisdom teeth removal and in deciding when to recall patients for examination and review. Following clinical assessment, the dentists told us they followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded and reports on the X-ray findings were available in the dental care records.

Staff told us that treatment options and costs (where applicable) were discussed with the patient and this was corroborated when we spoke with patients.

### Health promotion & prevention

The dentists we spoke with told us that patients were given advice appropriate to their individual needs such as

smoking cessation, alcohol consumption or dietary advice. Discussions with patients confirmed this. Information about oral health was available in the waiting room, such as advice on oral cancer.

The practice was aware of the provision of preventative care and supporting patients to ensure better oral health in line with 'The Delivering Better Oral Health Toolkit'. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the practice recalled patients, as appropriate, to receive oral hygiene advice. Where required, toothpastes containing high fluoride were prescribed.

The practice promoted oral health in the local community using various methods. Staff visited local schools every six months to increase awareness of the importance of oral health.

### Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. This included areas such as fire safety, first aid and general health and safety protocols.

Staff told us they were encouraged to maintain the continuous professional development required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, orthodontic therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC (apart from the trainee dental nurses as only qualified staff can register).

The practice manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. We were told that some of the employed dental nurses were part-time and had the flexibility to work additional hours, if required. We were also told that dental nurses were often transferred from the providers' other local practices and staff were happy to travel between the two locations if required. We were told that this arrangement worked well because the practice would pay for travel.

# Are services effective?

(for example, treatment is effective)

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. Staff told us that senior staff were readily available to speak with at all times for support and advice.

## **Working with other services**

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to specialist dental services for complex oral surgery. We viewed two referral letters and noted that they were comprehensive to ensure the specialist services had all the relevant information required. Patients were given the option of receiving a copy of their referral letter.

Staff understood the procedure for urgent referrals, for example, patients with suspected oral cancer.

## **Consent to care and treatment**

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff ensured patients gave their consent before treatment began and this was recorded in the dental care records.

Staff members we spoke with were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent (in accordance with the Mental Capacity Act 2005). The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Staff members we spoke with were familiar with the concept of Gillick competence regarding the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

There was no evidence of recording capacity assessments for patients who lacked the capacity to consent. Staff regularly undertook domiciliary visits and we were told that some of these patients lacked mental capacity. However, they told us that the dental care records did not contain any clear capacity assessments. Staff told us they were assessing patients and their capacity and acting in accordance with the MCA whenever patients were unable to consent, although they were not documenting this. The area manager informed us they would discuss this with the clinical director so that assessments were always formally carried out and documented in the dental care records. Within two working days, the practice manager informed us that a template for recording capacity assessments had been forwarded to the clinical director and they were awaiting their authorisation prior to using these in practice.

Staff members confirmed individual treatment options, risks, benefits and costs were discussed with each patient. Staff and patients told us that written treatment plans were provided. Patients were given time to consider and make informed decisions about which option they preferred.

# Are services caring?

## Our findings

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

Fourteen patients provided feedback about the practice. We looked at CQC comment cards patients had completed prior to the inspection and spoke with three patients during our visit. Patient feedback was mostly positive about the care they received from the practice. They described staff as friendly and polite. Patients commented they felt involved in their treatment and it was fully explained to them. Nervous patients said they felt at ease here and others praised the staff for their child-friendly approach.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. For example, the doors to the treatment rooms were closed during appointments and confidential patient details were not visible to other patients. Staff members we spoke with were aware of the importance of providing patients with privacy. The reception area was not left unattended and confidential patient information was stored in a secure area. There was a room available for patients to have private discussions with staff. We observed that staff members were helpful, discreet and respectful to patients on the day of our visit.

We were told that the practice appropriately supported children and anxious patients using various methods. They had the choice of seeing male or female dentists at the practice. Patients could also request a referral for dental treatment under sedation.

The computer system at the practice had a feature that enabled nervous patients to be identified quickly by all staff. This would enable staff to adapt their approach, if deemed appropriate and necessary.

### **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. Patients were also informed of the range of treatments available. Patients commented that the cost of treatment (where applicable) was discussed with them and this information was also provided to them in the form of a customised written treatment plan.

Examination and treatment fees were displayed in the waiting room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We conducted a tour of the practice and we found the premises and facilities were appropriate for the services that were planned and delivered. Patients with mobility difficulties were able to access the practice as the whole practice was situated on the ground floor. There were car parking bays for patients with physical disabilities near the main entrance to the practice. The practice had a portable ramp that was used for patients attending the practice in a wheelchair. Toilet facilities for wheelchair users were available at the practice.

Feedback from patients stated that they were usually seen on time and that it was easy to make an appointment. Staff told us they would inform patients if the dentist was running late – this gave patients the opportunity to rebook the appointment if preferred. However, some patients commented that they had experienced difficulties with making appointments and they often had to wait beyond their allocated appointment time.

Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours. The practice was able to accommodate patients requiring urgent treatment by utilising a 'sit and wait' policy. Staff also were willing to work through part of their lunch break to accommodate emergency appointments.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients. The practice recognised the needs of different groups in the planning of its services. The practice had an audio loop system for patients who might have hearing impairments. Also, the practice had access to sign language interpreters, if required.

The practice had access to an interpreting service for patients that were unable to speak fluent English.

### Access to the service

Feedback from patients confirmed they could access care and treatment in a timely way and the appointment system met their needs.

The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service for advice on obtaining emergency dental treatment via the telephone answering service. This information was also displayed on the main entrance door.

Opening hours were from 8am to 8pm every Wednesday and from 8:30am to 5:30pm on all other weekdays. The opening hours displayed at the front of the practice were incorrect as they had been changed recently. Within 48 hours, the practice manager emailed us to state that a provisional sign had been placed with the current opening hours. These were due to change again in the near future and we were told that the information would be updated again.

### Concerns & complaints

The practice had a complaints process which provided staff with clear guidance about how to handle a complaint. Staff members we spoke with were fully aware of this process. Information for patients about how to make a complaint was available at the practice and accessible to patients. This included details of external organisations in the event that patients were dissatisfied with the practice's response.

There was a designated complaints lead and all verbal complaints were documented too. We found that complainants had been responded to in a professional manner. The practice's system for recording complaints required improvement as details about any actions taken were insufficient. Correspondence between the complainant(s) and staff at the practice was not always stored so it was unclear what action had been taken and by whom. The practice manager informed us that they discussed this with the clinical director after our visit and they were in the process of reviewing the current system.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice manager was in charge of the day to day running of the service. The current practice manager had recently been recruited and was currently undergoing an induction programme. We saw they had systems in place to monitor the quality of the service. These were used to make improvements to the service. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. One example was their risk assessment of injuries from sharp instruments. We were told that the dentists always re-sheathed and dismantled needles so that fewer members of the dental team were handling used sharp instruments. This reduced the risk of injury to other staff members posed by used sharp instruments.

### **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. All staff we spoke with were aware of whom to raise any issue with and told us the senior staff were approachable, would listen to their concerns and act appropriately. There were designated staff members who acted as dedicated leads for different areas, such as a safeguarding lead, complaints lead and infection control lead.

### **Learning and improvement**

The practice manager monitored staff training to ensure essential staff training was completed each year. This was free for all staff members and included emergency resuscitation and basic life support. The GDC requires all registrants to undertake CPD to maintain their professional registration.

Staff audited areas of their practice regularly as part of a system of continuous improvement and learning. These included audits of radiography (X-rays), dental care record keeping and infection control. However, their infection control audits needed to be carried out more regularly in line with guidance from HTM 01-05.

Staff meetings took place monthly and the minutes of the meetings were available for all staff. This meant that any staff members who were not present also had the information and all staff could update themselves at a later date. Topics such as complaints and accidents had been discussed.

Not all staff received regular appraisals. These provide an opportunity where learning needs, concerns and aspirations can be discussed. The practice manager informed us that they planned to appraise all staff within the next four weeks.

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

Patients and staff we spoke with told us that they felt engaged and involved at the practice.

The practice had systems in place to involve, seek and act upon feedback from people using the service. Patients were invited to complete satisfaction surveys every year and an audit was carried out in August 2016 following this survey. Patients could also leave feedback online via the practice website. Patients had made comments on the NHS Choices website. The practice had responded to most of the positive and negative entries on the website and this was done in a timely manner.

Staff we spoke with told us their views were sought and listened to and there were dedicated staff satisfaction questionnaires.