

Dr Michael Glover

# The Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 21 September 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

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

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

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

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

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

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

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

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

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

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

#### **Background**

The Dental Practice provides treatment to private patients with some NHS work for children under 18. The staff structure consists of one dentist, three part time dental nurses and a practice manager.

The practice was open from 9.00am to 17:45pm Monday to Friday. The practice was closed from 13:00 to 14:00 pm each day for lunch.

The practice is housed in a converted property across two floors. The reception, waiting area and treatment room are on the ground floor with a decontamination room on the first floor.

CQC received feedback from two people during the visit about the service. All the comments we received were positive about the service and patients felt that the staff were caring and took time to explain their treatment options and the costs involved. Patients had recommended the practice to family and friends. We received 51 responses from our own survey and the responses were positive with many complimentary comments and confirmation that the practice team were consistently good.

We saw that patients completed the practices own survey and the practice encouraged responses from family and friends survey. The results confirmed that overall patients were happy with the treatment received and would recommend the practice to others.

# Summary of findings

We found that this practice overall was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

However there were areas where the provider could make improvements and should:

- Ensure all recruitment records are in place.

# 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 responded to national patient's safety and medicines alerts and took appropriate action. Information was regularly shared with staff. Significant events, complaints and accidents were recorded appropriately, investigated and analysed then improvement measures implemented.

Staff had received training in safeguarding and knew the signs of abuse and who to report them to. We confirmed staff were suitably trained and skilled and there were sufficient numbers of staff available to support patient's dental health needs. However we saw that some staff recruitment records were omitted, these included photo identification and health declarations. The manager told us that this would be addressed with immediate effect.

Infection control procedures were in place and radiation equipment was suitably sited and used by trained staff only.

Fire safety audits and fire testing records were not available on the premises. The dentist sent these documents on to us after the inspection. We confirmed these records were satisfactory and that the staff were instructed in what to do in the event of a fire.

Sufficient quantities of dental instruments and equipment were in use at the practice. Equipment was serviced and maintained at regular intervals.

### **Are services effective?**

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

Consultations were carried out in line with best practice guidance from The Faculty of General Dental Practitioners (FGDP). Patients received a comprehensive assessment of their dental needs including completed medical histories. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained. Patients were recalled in line with guidance issued by the National Institute of Health and Clinical Excellence (NICE).

Staff were supported through training, appraisals and opportunities for development.

We saw that patients were referred to other services in a timely manner.

Staff understood the Mental Capacity Act (2005) and offered support when necessary. Staff were aware of Gillick competency in relation to children under the age of 16.

### **Are services caring?**

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

Patients were complimentary about the practice and how the staff were sensitive to their needs. Patients commented positively on how caring staff were, they felt that they were given good information and explanations about their treatment options.

Patients felt listened to by all staff and said they were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand.

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

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

# Summary of findings

Appointment times met the needs of patients and waiting time was kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen the same day. They would see any patient in pain; the dentist would extend their working day if required.

The treatment rooms and patient toilet were accessible for patients with limited mobility. The ground floor waiting area, reception and treatment room had level access throughout.

The practice had not received any complaints but a complaints procedure was available in the waiting area and on the practice leaflet and the service undertook regular surveys to assess patient satisfaction.

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

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

There was an effective leadership structure led by the dentist (the provider) and the practice manager. Staff had clear roles and responsibilities and understood how they impacted on the quality of the service. Staff told us they felt supported and involved in service improvements through effective team communication.

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with. A range of clinical and non-clinical audits were taking place.

# The Dental Practice

## Detailed findings

### Background to this inspection

The inspection took place on 28 September 2015. The inspection included a CQC inspector and specialist dental advisor.

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

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

During the inspection we spoke with the dentist (provider), two dental nurses and the practice manager. We reviewed policies, procedures and other documents. We also spoke with three patients and reviewed 51 CQC comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

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

Systems were in place to record incidents and the health and safety policy informed staff of this process. The practice recorded one incident in the last 12 months. From these records we saw that the service had reflected on how this incident could be avoided in the future and shared at with staff overall learning.

The practice had not received any complaints in the last 12 months. We saw that the complaint policy was clearly displayed both in the waiting area and the patient information leaflet.

The practice responded to national patient safety and medicines alerts that affected the dental profession. Staff showed us alerts that had been received by the practice. Staff we spoke with displayed a satisfactory knowledge of the alerts that affected dental practices.

This was a small practice and the dentist regularly discussed incidents and practice daily with the staff. The practice did not have staff meetings or minutes of areas discussed with staff. We discussed this with the dentist who agreed that these would be introduced in the future to ensure that cascade relevant safety information to staff to formalise the opportunity to discuss practice issues.

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

The practice had a named member of staff with lead responsibility for safeguarding issues. We found staff had received training in safeguarding adults and child protection and could demonstrate an awareness of the reporting procedures. This included access to local authority contacts. Staff displayed good knowledge of the possible signs of abuse and the action they would take if they were concerned about a patients' welfare.

Staff spoken with on the day of the inspection were aware of whistleblowing procedures and who to contact outside of the practice if they felt that they could not raise any issue with the dentist or practice manager. However, they felt confident that any issue would be taken seriously and action taken.

### Medical emergencies

The practice had emergency medicines in place and all staff had been trained in basic life support to respond to a medical emergency. All emergency equipment was readily available and staff knew how to access it. We checked the emergency medicines and found that they were all in date in line with the recommendations of the UK Resus Council. A system was in place to monitor stock control and expiry dates.

The practice had an External Automated Defibrillator (AED) in place. 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. All staff were appropriately trained in the use of the AED.

### Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included, checking skills and qualifications, registration with professional bodies where relevant, references and confirmation that Disclosure and Barring Service will be undertaken. Most of the staff had been at the practice for many years. However we looked at the staff files and found that some staff records were omitted, these included, photo identification and health declarations. The manager told us that this would be addressed with immediate effect.

The practice had one dentist and three part time qualified nurses/ receptionists and a practice manager who was also a qualified dental nurse. A system was in place to ensure that where absences occurred, staff were able to cover for each other. The staff told us that there flexible and cover work for one another. The dentist had agreed cover from other dentists in the area when on holiday and also in an emergency. On the day of the inspection we saw there were sufficient numbers of suitably qualified and skilled staff working at the practice.

### Monitoring health & safety and responding to risks

The practice had carried out a practice risk assessment in 2014. There was guidance in the waiting room for patients about fire safety and the actions to take. However we did note that a fire risk assessment was not in place. We spoke with the dentist (provider) who addressed this with immediate effect. The dentist arranged a fire audit and sent these documents to us after the inspection. We confirmed these records were satisfactory and that the staff were instructed in what to do in the event of a fire.

# Are services safe?

Records we viewed reflected that the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage of materials.

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by ensuring sharps bins, were stored appropriately in the treatment rooms. A local anaesthetic syringes needle risk assessment had been carried out in line with the Safe Sharps Act 2014.

## Infection control

We saw there were effective systems in place to reduce the risk and spread of infection. During our visit we spoke with dentist (provider) who was the designated person in the decontamination room. All staff were suitably trained in the decontamination process and one dental nurse demonstrated to us the complete decontamination cycle. They were able to demonstrate they were aware of the safe practices required to meet the essential standards published by the Department of Health - 'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

The equipment used for cleaning and decontaminating dental instruments was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident the equipment was in good working order and being effectively maintained.

Decontamination of dental instruments was carried out in a separate decontamination room on the first floor. All staff had decontamination training and were able to demonstrate the process to us. We saw that dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean.

The surgery was visibly clean and tidy. There were stocks of personal protective equipment for both staff and patients

such as gloves and aprons. The dental nurse was responsible for cleaning all areas of the practice in the mornings/evenings and wiping down all surfaces and the dental chair in-between patients.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella, a bacteria present in all potable water and which can contaminate water systems in buildings). Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor and actions recommended in the assessment carried out. This ensured that patients and staff were protected from the risk of contracting Legionellosis due to growth of the Legionella bacteria in the water systems.

The segregation of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps and sharps waste was in accordance with the current European Union directive with respect to safe sharp guidelines; this mitigated the risk to staff of infection. We observed sharps containers were correctly maintained and labelled. The practice used an appropriate contractor to remove dental waste from the practice and waste consignment notes were available for us to view.

## Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. Portable appliance testing (PAT) took place on all electrical equipment. Fire systems were checked and serviced regularly, however we noted that staff did not have regular training in the use of equipment and evacuation procedures. We spoke with the provider who arranged for fire training for all staff to be put in place with immediate effect.

X-ray machines were the subject of regular visible checks and records had been kept. A specialist company attended at regular intervals to calibrate all X-ray equipment to ensure they were operating safely.

Medicines in use at the practice were stored and disposed of in line with published guidance. Medicines in use were checked and found to be in date. There were sufficient stocks available for use. Emergency medical equipment was monitored regularly to ensure it was in working order.

# Are services safe?

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

X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These were displayed next to the X-ray set in the surgery.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The practice monitored the quality of the X-rays on a regular basis and records were being maintained in line with IRMER regulations. This ensured that they were of the required standard and highlighted any areas for improvements, which were acted upon and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms to assess whether it was safe for them to receive X-rays. This included identifying where patients might be pregnant.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies.

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

We saw that each person's diagnosis was discussed with them and treatment options were explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included general dental hygiene procedures. Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations.

We received feedback from patients which confirmed that they were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes. The practice had undertaken a survey of the practice and had analysed the outcome and taken action. For instance we saw that patients had not been clear about what they should do in an emergency if they needed treatment and the dentist was not available. The practice responded to this by ensuring additional information was available in the waiting area including leaflets and signage.

We saw the NHS family and friends review and found that 100% of patients would recommend this practice to others.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

### Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services

offered at the practice in addition to information about effective dental hygiene and oral cancer. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health.

We saw evidence and the dentist was able to provide specific examples where they had advised children and their parents attending the practice for consultation with advice on the steps to take to maintain healthy teeth.

### Staffing

We observed all staff working professionally and there was a friendly atmosphere at the practice. Staff we spoke with said staffing levels were suitable for the size of the service.

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Staff files we looked at showed details of the number of hours they had undertaken and training certificates were also in place in line with GDC guidance.

Staff training was being monitored and training updates and refresher courses were provided. The practice had identified training that was mandatory as required by the GDC. These were medical emergencies, decontamination and radiation training. Records we viewed showed that staff were up to date with this training. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

### Working with other services

When patients had concerns about or more complex dental issues, the dentists referred them to secondary (hospital) care or a specialist high street practitioner when necessary. This included, for example assessment at a dental hospital for assessment or treatment by oral surgeons. The dentist explained the system and route they would follow for urgent referrals if they detected any unidentifiable lesions during the examination of a patient's soft tissues.

### Consent to care and treatment

The practice ensured patients were given sufficient information about their proposed treatment to enable

# Are services effective?

(for example, treatment is effective)

them to give informed consent. Staff told us how they discussed treatment options with their patients including the risks and benefits of each option. Patients' feedback confirmed that the dentist explained their treatment.

Patients were provided with a written treatment plan; this included information about the financial and time commitment of their treatment. Patients were asked to sign a copy of the treatment plan to confirm their understanding and consent to the proposed treatment.

The clinical records we observed reflected that treatment options had been listed and discussed with the patient prior to the commencement of treatment.

We confirmed that all staff had undertaken training regarding the Mental Capacity Act 2005 as part of their CPD. Staff spoken with on the day of the inspection were aware of the requirements of the Mental Capacity Act 2005. They told us how they would manage a patient who lacked the capacity to consent to dental treatment. Staff explained how they would involve the patient's family and other professionals involved in the care of the patient to ensure that the best interests of the patient were met. They had not as yet needed to obtain professional help for a patient.

# Are services caring?

## Our findings

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

We observed staff greeted patients in a friendly and welcoming way and were respectful to all. The reception staff explained that they considered privacy during conversations held at the reception area when other patients were present. They also confirmed that should a confidential matter arise, a separate area was available for use.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of, and the

secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that patient records, both paper and electronic were held securely.

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

A patient we spoke with and those who completed comment cards said that they felt that practice staff were kind and caring and that they were treated with dignity and respect and were helpful. Staff members told us that longer appointment times were available for patients who required extra time or support, such as elderly patients and nervous patients.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice used a variety of methods for providing patients with information. These included a practice website and patient information leaflet given to patients when they joined the practice. The leaflet had details about appointments, charges, opening times and how to raise concerns about the care provided.

Staff explained the practice scheduled enough time to assess and undertake patients' care and treatment needs. This was evident when we reviewed the appointment system. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

### Tackling inequity and promoting equality

The ground floor reception, waiting room and treatment room had level access and were accessible for patients with restricted mobility.

Staff we spoke with explained to us how they supported patients with language needs. They said that all the patients presently were English speaking but if required they had access to a language interpreter via the telephone.

The practice information leaflet displayed in the waiting area described the range of services offered to patients, the complaints procedure, and information about practice opening times, patient confidentiality and emergency care. Appointment times and availability met the needs of

patients. The practice was open from 9:00 am to 5.45pm Monday to Friday. Patients with emergencies were seen the same day as the practice always held daily 'emergency' appointments.

Patients who completed CQC comment cards prior to our inspection stated that they were rarely kept waiting and they could obtain appointments when they needed one.

### Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen the same day if necessary.

The arrangements for obtaining emergency dental treatment were clearly displayed outside the surgery, in the waiting room area, on the telephone answer machine and in the practice leaflet.

Staff we spoke with told us that patients could access appointments when they wanted them and the patient comments we received confirmed this.

### Concerns & complaints

The practice had a complaint procedure and policy. The complaints policy was displayed in the waiting area and the practice leaflet also informed patients of the complaints process. Staff we spoke with were aware of the procedure to follow if they received a complaint.

We were unable to assess the effectiveness of the complaints process as no complaints had been received by the practice. We did see however that the practice undertook their own survey of patient's satisfaction and welcomed comments and suggestion from the patients when they visited the practice.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had arrangements in place for monitoring and improving the services provided for patients. Staff we spoke with were aware of their roles and responsibilities within the practice. There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality and recruitment. Staff we spoke with were aware of the policies and they were readily available for them to access. We saw that policies and procedures were updated regularly and that staff signed to confirm that they had read and understood them.

We found that there were a number of clinical and non-clinical audits taking place at the practice. These included infection control and cleaning audits. Where areas for improvement had been identified action had been taken.

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

Staff spoken with felt empowered and told us that the dentist encouraged them to report safety issues and they felt confident to raise any concerns they had. All staff were aware of whom to raise any issue with and told us that the

dentist would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

Staff knew their individual roles and responsibilities for aspects of the day to day running of the service. There were systems in place to monitor the quality of the service.

### **Learning and improvement**

Staff told us they had good access to training and were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

The dentists and dental nurses at the practice were registered with the GDC. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. A record of staff professional registrations was up to date.

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

We saw that the service acted upon suggestions received from people using the service. This was from their own survey and from NHS family and friends comments. For instance following patient feedback the practice had decorated the waiting area.