

Miss Emma Alpin

# Prudhoe Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 7 December 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. We received some supporting information of concern from them.

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 form the framework for the areas we look at during the inspection.

#### **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**

Prudhoe Dental Practice is in Prudhoe, Northumberland and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces were available near the practice.

The dental team includes four dentists, three dental nurses, a dental hygienist, two receptionists who are supported by the practice owner and a practice manager.

# Summary of findings

The practice has three surgeries. Two on the first floor and an accessible surgery on the ground floor, a decontamination room for sterilising dental instruments, a staff room/kitchen and a general office.

The practice is owned by an individual who is the principal dentist across three other sites also. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 12 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, three dental nurses, a receptionist, the practice owner and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9am – 7pm

Tuesday, Wednesday & Thursday 9am - 5:30pm

Friday 9am – 5pm

## Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Not all appropriate medicines and life-saving equipment were available and this was held in several locations within the practice.
- The practice had minimal systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

There were areas where the provider could make improvements. They should:

- Review availability of medicines and equipment to manage medical emergencies taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Review all other practice specific risk assessments and reporting procedures including RIDDOR.
- Review the systems for checking and monitoring electrical and gas safety taking into account current national guidance and ensure that all equipment is well maintained.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's protocols for domiciliary visits taking into account the 2009 guidelines published by British Society for Disability and Oral Health in the document "Guidelines for the Delivery of a Domiciliary Oral Healthcare Service".

# 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 some systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

There was no system in place to show that MHRA alerts were received and actioned if required.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

We were told not all of the dentists routinely used a rubber dam.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The staff had suitable training to respond to a medical and other emergency. We found improvement could be made with the checks on the equipment to ensure it was of the correct type and was in date.

We were told an electrical fixed wiring test and a gas safety test had not been completed within the recommended time frame.

On the day of the inspection the practice was open to feedback and took immediate actions to address the concerns raised during the inspection and send evidence to confirm that some of the actions had been taken.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received was explained well with advice offered and the dentists listen to their needs. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice provided a domiciliary service to patients who could no longer access their service. We found no policies or risk assessment in place to ensure staff and patient safety. Staff were not fully aware of their responsibilities under the Mental Capacity Act.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. We found there was no method to log or review referrals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



# Summary of findings

## Are services caring?

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

We received feedback about the practice from 14 people. Patients were positive about all aspects of the service the practice provided. They told us staff were supportive, courteous and caring. They said that they were given, helpful, honest concise explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone or face to face interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. There was a clearly defined management structure and staff felt supported and appreciated.

We found there was no risk assessment relating to those specific to a dental practice, COSHH or the safe use of sharps.

We found no policies or risk assessments in place to ensure staff and patient safety for the provision of domiciliary care. Staff were not fully aware of their responsibilities under the Mental Capacity Act.

Audits, including infection prevention and control had not been completed within the recommended time frame and had no associated action plans or learning points included. There was no prescription audit completed and we found the X-ray audit did not have clinician specific actions or learning points in place.

The checks for the medical emergency drug and equipment were completed monthly and we found items of equipment past their expiry date. The equipment was stored in several locations throughout the premises.

We were told of a reportable RIDDOR event which had not been reported correctly.

No action



## Summary of findings

<p>The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.</p>	
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# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. We were told of a reportable RIDDOR event and found staff were not fully aware of what constituted a significant event or a RIDDOR reportable occurrence. We were told this would be addressed immediately.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The staff told us they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We found no alerts had been received and actioned within the past 12 months. The practice manager told us they would subscribe to the alerts to ensure a more robust process was in place going forward and any historic alerts would be reviewed.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety regulations when using needles and other sharp dental items. No sharps risk assessment had been carried out for the practice. We were told by staff that several different processes occurred within the practice. This had not been highlighted or reviewed.

Not all of the dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We were told this had been highlighted and a safety chain was now used and training for the use of rubber dam was going to be implemented.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Not all emergency equipment and medicines were available as described in recognised guidance. We found the aspirin was not dispersible and the facemasks and airways were out of date. The practice manager took immediate action to order the equipment and evidence was sent to the inspector. Staff kept monthly records of their checks we discussed this should be weekly.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at four staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

### Monitoring health & safety and responding to risks

The practice's health and safety policies and these were up to date and reviewed. There were no risk assessments which covered the general workplace and specific dental topics. There were no COSHH risk assessments in place for all hazardous materials used within the practice. The practice manager told us this would be reviewed and implemented as soon as possible.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus,

# Are services safe?

and that the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

A dental nurse worked with the dentists and dental therapists when they treated patients.

## Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

Staff completed infection prevention and control training regularly.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits, the last being October 2016 due to the practice not being able to access the most up to date tool. We found no associated action plans or learning outcomes in place. During the inspection the practice owner took action to access the most up to date audit tool and we were assured this would be actioned as soon as possible.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

## Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had not completed the recommended electrical and gas safety testing. We were told this would be addressed immediately.

The practice had suitable systems for prescribing, dispensing and storing medicines.

There was no log in place to ensure prescriptions were recorded effectively.

## Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation. We found improvement could be made to the audit process to ensure this was clinician specific and in line with the guidance. Associated actions and learning outcomes were not in place.

Clinical staff completed continuous professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

The practice provided a domiciliary service to patients who could no longer access their service. We found no policies or risk assessment were in place to ensure staff and patient safety. Staff were not confident in their role under the Mental Capacity Act and ensuring adequate consent was gained. We were assured this would be reviewed.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly. Referral audits were not carried out to ensure referral processes were effective.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team did not fully understand their responsibilities under the act when treating adults who may not be able to make informed decisions, in particular during domiciliary care. The policy also referred to Gillick competence and the staff were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring, supportive and courteous. We saw staff treated patients use appropriate words eg respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Longer appointments were booked for children or nervous patients. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Music was played in the treatment rooms and there were magazines in the waiting room.

Information folders, patient survey results and thank you cards were available for patients to read.

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

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The dentists told us they had installed a second hand rail on the stairs for those with restricted mobility.

Staff told us that they telephoned some patients the day before their appointment to make sure they could get to the practice.

### Tackling inequity and promoting equality

The practice had taken into consideration the needs of different groups of people, for example, people with disabilities, and put in place reasonable adjustments, for example, handrails to assist with mobility, step free access, a magnifying glass and accessible toilet with hand rails and a call bell. A Disability Discrimination Act audit had been completed and an action plan formulated in order to continually improve access for patients.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter and translation services which included British Sign Language and braille.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

The practice had not received any complaints in the previous 12 months.

We were told of an example of when a complaint was used to make changes within the practice. It was clear the practice used complaints as a way of improving the service for patients.

# Are services well-led?

## Our findings

### Governance arrangements

The practice was a member of a 'good practice' certification scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The practice owner had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

We found there was no risk assessment in the practice relating to those specific to a dental practice, COSHH or the safe use of sharps.

We found no policies or risk assessment in place to ensure staff and patient safety for the provision of domiciliary care. Staff we spoke with were not fully aware of their responsibilities under the Mental Capacity Act.

The checks for the medical emergency equipment were completed monthly and we found items of equipment past their expiry date. The equipment was stored in several locations throughout the premises.

We were told of a reportable RIDDOR event which had not been reported correctly.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. Audits, including infection prevention and control had not been completed within the recommended time frame and had no associated action plans or learning points included. There was no prescription audit completed and we found the X-ray audit did not have clinician specific actions or learning points in place.

The practice owner showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice had a system in place to seek the views of patients about all areas of service delivery through the use of regular patient surveys and a suggestion box.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.