

Green Square Dental Ltd

# Green Square Dental Limited

## Inspection Report

190 Moorgate Road  
Moorgate  
Rotherham  
South Yorkshire  
S60 3BE

Tel: 01709 917 666

Website: [www.greensquaredental.co.uk](http://www.greensquaredental.co.uk)

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### Overall summary

We carried out this announced inspection on 20 November 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.

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**

Green Square Dental Limited is in Rotherham and provides private treatment to adults and children, which includes dental implants, intravenous sedation, restorative and cosmetic dentistry.

There is ramp access for people who use wheelchairs and pushchairs. Car parking spaces, including one space for patients with disabled badges, are available at the practice.

The dental team includes the principal dentist, a practice manager, three dental nurses (one of which is a trainee) and a dental hygienist.

# Summary of findings

The practice has two surgeries; a dedicated room for taking cone beam computed tomography (CBCT) scans, a decontamination room for sterilising dental instruments, a staff room/kitchen and a general office.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Green Square Dental Limited was the principal dentist.

On the day of inspection we collected 20 CQC comment cards filled in by patients and spoke with one patient. This information gave us a very positive view of the practice.

During the inspection we spoke with the principal dentist, one dental nurse 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 - 7:30pm, Tuesday 12:30pm - 7:30pm, Wednesday 9am – 5:30pm.

Thursday 9am – 5pm, Friday and Saturday 8:30am – 13:30pm.

## Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance. We identified some areas where improvements could be made.
- Staff knew how to deal with emergencies. Appropriate medicines were available; some life-saving equipment was not present.
- The practice had systems to help them manage risk. A comprehensive Legionella risk assessment was required.
- 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.
- We identified an area for improvement in relation to the use of Cone Beam CT (Computed Tomography) equipment.
- 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.

We identified an areas of notable practice:

- The practice was engaged with the local community and The Department for Work and Pensions (DWP) to offer temporary work placements for disadvantaged individuals and those with physical impairment who were finding it difficult to get into work or get a work experience.

For example, an individual with dyslexia came to work at the practice over a four week placement with a coach who assisted them during the placement. They worked in the waiting room keeping it tidy and clean.

- The practice also worked in association with a local children's hospice offering emergency dental appointments to the families who were staying with their ill child at the hospice.

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

- Review the practice procedures and take into account HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam CT (Computed Tomography) Equipment in having quality assurance measures for the use of the Cone Beam Computed Tomography scanner (CBCT). Produce a policy to support its use and include CBCT into local rules for radiography.

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

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

The practice had not signed up to receive Medical Healthcare Regulatory Authority (MHRA) alerts on the day of inspection. We saw that this was achieved after the inspection.

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

The practice was clean and properly maintained.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

We identified areas for improvement in relation to equipment validation and infection prevention and control quality assurance. We were sent evidence that the improvements were fully achieved after the inspection.

An in-house Legionella risk assessment had been carried out. We highlighted to the principal dentist that this was not in line with recommended guidance. We were sent evidence that arrangements had been made immediately after the inspection for a comprehensive legionella risk assessment to take place.

We identified that improvements could be made to the quality auditing process in relation to the CBCT equipment. A CBCT is an X-ray based imaging technique which provides high resolution visualisation of bony anatomical structures in three dimensions.

The practice had suitable arrangements for dealing with medical and other emergencies. Some medical emergency equipment was missing on the inspection day. These items were sourced and in place the following day, evidence was sent to us to support this.

No action



### Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as fantastic, excellent and exceptional.

The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

No action



# Summary of findings

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

## 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 21 people. Patients were positive about all aspects of the service the practice provided. They told us staff were very friendly, welcoming and caring. They said that they were given helpful, honest 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. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

There was a proactive ethos in the practice and every effort was made to put things right on the inspection day.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice was engaged with the local community offering short term work placement for disadvantaged individuals and offered emergency treatment for families visiting the local children's hospice.

No action



# Summary of findings

The practice had a positive approach to training and learning. We saw a selection of presentation training aids used to ensure staff remained up to date with current policies and practice procedures.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

# 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. Staff knew about these and understood their role in the process.

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

The practice was not signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The practice responded immediately to this and was registered with MHRA by the end of the working day. The practice manager sent confirmation of registration and a full documented check of all relevant alerts was carried out after the inspection day. A process had been put in place to ensure alerts would be received and acted upon in future.

### 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 laws when using needles and other sharp dental items.

The dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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 was available as described in recognised guidance. We identified that there was no portable suction, adult size self-inflating bag and personal protective equipment for use with the Automated External Defibrillator (AED). We highlighted this to the principal dentist who ensured us that all missing items would be in place without delay. We were sent evidence of this the day after the inspection.

Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

### 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 three 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 risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. 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, 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 dentist and dental hygienist when they treated patients.

### Infection control

# Are services safe?

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 used a dumbwaiter system for transporting its instruments to the decontamination room. A dumbwaiter is a small integral lift positioned in-between the walls and was used to transport dental instruments from the treatment room to the decontamination room directly rather than being carried through the practice. The cleaning, checking, sterilising and storing of instruments was carried out 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 twice a year. There was no action plan in place to complete the quality assurance process. The practice manager responded immediately and began to compile an action plan. The action plan was sent to us after the inspection and showed the practice was meeting the required standards.

The practice had produced an in-house risk assessment to reduce the possibility of Legionella or other bacteria developing in the water systems. We highlighted to the principal dentist that this was not in line with recommended guidance. The principal dentist confirmed that a comprehensive risk assessment would be carried out by the end of November 2017. We were sent evidence of this being booked after the inspection.

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 with the exception of the steriliser steam

penetration test. We identified that inconsistent results were recorded for this test. We checked the existing validation results against manufacturer's instructions and found that the performance of the steriliser could not be confirmed based on the results of current tests. We immediately highlighted this to the practice manager who made every effort to resolve the anomaly during the inspection day.

The practice manager identified that the test was being performed incorrectly. Having acknowledged the problem and put measures in place to fix it, we were sent evidence to confirm that a new validation process was now in place and that the steriliser was performing correctly. The practice manager had also carried out refresher training for all staff the day after the inspection.

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

## 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 dentist justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

The practice had a Cone Beam Computed Tomography machine. A CBCT is an X-ray based imaging technique which provides high resolution visualisation of bony anatomical structures in three dimensions. There was evidence to show annual in house quality assurance had been completed but the results were not graded in line with recommended guidance. There was no policy in place to support its use and the local rules for radiography did not include the use of CBCT. We highlighted this to the principal dentist who assured us this would be completed without delay.

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 dentist assessed patients' treatment needs in line with recognised guidance.

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

The practice provided dental implants. The dentist explained the process which patients underwent prior to undertaking implant treatment. This included using X-rays to assess the quality and volume of the bone and whether there were any important structures close to where the dental implant was being placed. We saw that patients gum health was thoroughly assessed prior to any implants being placed. If the patient had any sign of gum disease then they underwent a course of periodontal treatment. After the implant placement the patient would be followed up at regular intervals to ensure that it was healing and integrating well.

The practice carried out intravenous sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with

current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

A dental nurse with appropriate additional training supported dentists treating patients under sedation. The dental nurses' names were recorded in patients' dental care records.

### 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 dentist 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 dentist 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.

The practice was engaged with the local community and The Department for Work and Pensions (DWP) to offer temporary work placements for disadvantaged individuals and those with physical impairment who were finding it difficult to get into work or get a work experience. We found this to be notable practice.

The practice also worked in association with a local children's hospice offering emergency dental appointments to the families who were staying with their ill child at the hospice. We found this to be notable practice.

### 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



# Are services effective?

(for example, treatment is effective)

The dentist 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 also 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 dentist 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 understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentist was 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 helpful, caring and professional. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients commented that the service provided at this practice was refreshing and that their every need was taken into consideration.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. The waiting area and reception had been purposefully designed to provide privacy and also to ensure that vulnerable patients could be monitored whilst waiting for their appointment. We also observed that different styled chairs had been deliberately placed for elderly patients to use; this enabled reception staff to engage them in conversation whilst allowing adequate privacy for patients at the reception desk or during conversations on the telephone.

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.

The practice provided a range of soft seating, drinking water, tea and coffee for patients.

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

The practice was equipped with closed circuit television (CCTV). We reviewed the protocols for using CCTV and observed the Information Commissioner's Office (ICO) had not been informed. The practice manager responded immediately, before the end of the inspection day, the ICO was informed, signage was in place and a policy was being produced to support its use. We were sent evidence which confirmed that all actions had been completed after the inspection.

### **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. The 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 and more complex treatment such as dental implants, intravenous sedation, restorative and cosmetic dentistry.

Each treatment room had a screen so the dentist could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.

# 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 dentist 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. We saw that chairs with longer legs in the waiting room assisted those who struggle getting up from lower seats.

### 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. 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. The practice was accessible to wheelchair users. One of the treatment rooms was located on the ground floor along with the patient toilet facilities for patients who were unable to use the stairs.

### 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 some 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 principal dentist 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.

There was a proactive ethos in the practice and every effort was made to put things right on the inspection day. Feedback was taken positively and most areas identified for improvements were achieved the next day.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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. These included

audits of dental care records, X-rays and infection prevention and control. Improvements could be made to the auditing process for the CBCT quality assurance and infection prevention control; the principal dentist assured us the auditing process would be reviewed without delay. We were sent confirmation this was in progress after the inspection.

Positive action taken by the principal dentist and practice manager on the inspection day emphasised the proactive ethos of the practice and its commitment to quality improvement.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole 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.

The practice had a selection of training aids and presentations covering core elements of practice procedures and governance which would be used as a learning and refresher tool during practice meetings and training sessions. Staff training presentations included whistleblowing, raising concerns, safeguarding and complaints.

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.

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.