

## Ravat and Ray Dental Care

# Ravat & Ray Dental Care (Bolton One)

### Inspection Report

Bolton One  
Moor Lane  
Bolton  
Lancashire  
BL3 5BN

Tel: 01204 521523

Website: [www.ravatandray.com/practices/ravat-ray-dental-care-bolton-one-bolton/](http://www.ravatandray.com/practices/ravat-ray-dental-care-bolton-one-bolton/)

Date of inspection visit: 5 June 2017

Date of publication: 30/06/2017

## Overall summary

We carried out this announced inspection on 5 June 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 that we were inspecting the practice. We did not receive any 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

# Summary of findings

Ravat & Ray Dental Care (Bolton One) is located centrally in Bolton and provides NHS and private treatment to adults and children. The practice is in large multi-occupancy university premises alongside sports facilities and other healthcare services.

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

The dental team includes one dentist, three dental nurses, one dental hygienist therapist and a practice manager. The practice has two treatment rooms.

The practice is owned by a partnership 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 Ravat & Ray Dental Care (Bolton One) was the practice manager.

On the day of inspection we collected 23 CQC comment cards filled in by patients and spoke with three patients. This information gave us a positive view of the practice.

During the inspection we spoke with the dentist, two dental nurses, the practice manager and a senior manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9am-12:30pm and 1:30pm-5pm

Tuesday 9am-12:30pm and 1:30pm-7pm

Wednesday 9am-12:30pm and 1:30pm-5pm

Thursday 9am-12:30pm and 1:30pm-5pm

Friday 9am-12:30pm and 1:30pm-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. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk. Minor improvements were needed to the assessment of sharps 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 and should:

- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- Review the storage of medicines and the system for identifying and disposing of out-of-date stock.

# 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.

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 practice had suitable arrangements for dealing with medical and other emergencies.

Improvements could be made to the risk assessment on the use of sharp devices and the storage of medicines and system for identifying and disposing of out-of-date stock.

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 as gentle, caring and thorough. The dentists 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.

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

The practice engaged with local and national oral health improvement schemes.

No action



### 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 26 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, caring and professional. They said that they were given helpful, honest explanations about dental treatment and information about self care and oral health. Patients commented that the dentist listened to them and 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



# Summary of findings

## 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 and 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.

The practice team kept complete patient dental care records which were stored securely.

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.

The practice had systems to provide support and enable staff at different practices within the organisation to discuss issues and share ideas.

No action





# 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. All accidents and significant events were reported to the head office and learning from these was shared with all practices in the group.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

### 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 also had information available to staff about how to identify and report radicalisation and actions to take in the event of a terrorist attack. 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 events which could disrupt the normal running of the practice.

### Medical emergencies

Staff knew what to do in a medical emergency and attended head office to complete training in emergency resuscitation and basic life support every year. Staff had not practiced medical scenarios in the dental practice environment. We discussed this with the practice manager and senior manager who told us that additional medical emergency training equipment had been purchased to enable practices to do this. They gave assurance that this would be actioned as a priority.

Emergency equipment and medicines were available as described in recognised guidance. 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 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 practice manager had received additional health and safety training and they liaised and co-operated with health and safety staff at the university to carry out and act upon the findings of risk assessments. Staff participated in fire marshal training and emergency evacuation drills.

The practice had carried out a basic sharps risk assessment of the risk from sharp dental items but this did not include all the measures taken to reduce the risks. We discussed this with the practice manager who told us they would review this. Clinicians used a safer needle system and we were told that the dentist and therapist were responsible for handling and disposing of all needles.



## Are services safe?

A dental nurse worked with each of 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 every year.

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 twice a year. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Staff carried out monthly water temperature checks and we saw evidence that recent action was taken when a temperature was lower than the accepted parameters.

The university were responsible for cleaning the premises and dental nurses maintained the cleanliness of clinical areas and surfaces. 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 suitable systems for prescribing and dispensing medicines. We observed that staff routinely removed local anaesthetic cartridges from their packaging and three cartridges had expired in the infrequently used surgery. This was brought to the attention of the practice manager and disposed of immediately. The practice manager and senior manager gave assurance that this would be recorded as a significant event and discussed with staff.

The practice stored and kept records of NHS prescriptions as described in current guidance.

### 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 noted that some of the location information on the local rules displayed in the surgeries was incorrect. We brought this to the attention of the practice manager who gave assurance these would be updated.

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.

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 dentists recorded the necessary information but these did not include the clinician's own reflections.

### Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit. They displayed oral health education information throughout the practice and supported national oral health campaigns.

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 where appropriate and a dental nurse had been encouraged to undertake additional training in oral health education and the application of fluoride varnish to facilitate this in the practice.

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.

The practice engaged with the university, local schools and a care home to deliver oral health education and encourage attendance at the dentist. They also participated in activities to raise money for charities.

### 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 and personal development plans. Staff told us that they were supported to complete additional training. For example, dental nurses had received additional education and training in oral health education, the application of fluoride varnish, business administration and customer services.

### Working with other services

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. This 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.

### 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 and dental nurses 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 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. Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting area provided privacy when reception staff were dealing with patients. The reception desk was shared with another service. Staff described how they ensured that confidentiality was maintained and staff working for the other service had read and signed the practice confidentiality agreement. 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 and a television 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. 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 crowns and bridges.

Each treatment room had educational models and resources which they used to discuss and demonstrate treatment options.





# 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. The practice manager actively monitored the availability of appointments and 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.

### Tackling inequity and promoting equality

The practice was accessible for patients with disabilities. Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language. Staff had received dementia awareness training and information was available to signpost patients to dementia support groups.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website. Patients were sent text message reminders to remind them of forthcoming appointments and staff at the practice made courtesy calls to remind patients who would benefit from this service. The practice also produced a quarterly newsletter for patients.

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 in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.



# Are services well-led?

## Our findings

### Governance arrangements

The practice was a member of a good practice accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards. The practice had also been highly commended in the 2016 national dentistry awards.

The senior partner 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 with support from head office. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Staff at head office had lead areas of responsibility and the practice manager could access additional advice and support where necessary. There were 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 manager met and spoke regularly with the managers of other practices in the organisation to discuss

issues and share best practice. 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, prescribing, medical history, treatment planning, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. We found a minor area for improvement was required in relation to auditing X-rays.

The registered manager 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 essential 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. The organisation had recently introduced online forums to provide support and enable staff at different practices to communicate, discuss issues and share ideas. There was a separate forum for clinicians to discuss clinical subjects.

The practice had an 'employee of the month' award and staff were encouraged to nominate colleagues. The organisation also encouraged an active healthy workplace. For example, by providing staff with step counting devices and participating in team challenges.

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

The practice used patient surveys and verbal comments to obtain patients' views about the service. The organisation had an incentivised scheme to encourage improvement ideas from staff. They were supported to submit and present ideas to improve and staff were familiar with the scheme.



## Are services well-led?

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.