

A H Trueman Limited

# The Dental Surgery - Hawthorn Drive

## Inspection Report

The Dental Surgery - Hawthorn Drive  
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### Overall summary

We carried out this announced inspection on 3 October 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. A CQC inspector, who was supported by a specialist dental adviser, led the inspection.

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 not providing well-led care in accordance with the relevant regulations.

##### **Background**

The Dental Surgery - Hawthorn Drive provides mostly NHS dentistry to patients of all ages. The dental team consists of two dentists, two dental nurses and a receptionist. The practice has two treatment rooms and is open Mondays to Thursdays, from 8.30am to 5pm, and on Fridays from 8.30am to 1pm.

There is portable ramp access for wheelchair and pushchair users at the front of the building.

# Summary of findings

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 the practice is the principal dentist.

During the inspection, we spoke with the principal and associate dentist, and two dental nurses. We looked at the practice's policies and procedures, and other records about how the service was managed. We collected 21 comment cards filled in by patients prior to our inspection and spoke with another two patients on the day.

## **Our key findings were:**

- We received many very positive comments from patients about the dental care they received and the staff who delivered it, although some patients told us about the turnover of staff at the practice which meant their appointment had been cancelled.
- The practice was clean and well maintained, and had infection control procedures that mostly reflected published guidance.
- Staff knew how to deal with emergencies, although their training was out of date and some life-saving equipment was unavailable.

- The practice had systems to help them manage risk.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence.
- Systems to ensure the safe recruitment of staff were not robust, as essential pre-employment checks had not been completed.
- Staff had not received any appraisal of their performance and regular practice meetings were not held.

## **We identified regulations that were not being met and the provider must:**

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. This includes the recording and monitoring significant events; ensuring that pre-employment checks are undertaken for staff; ensuring appropriate medical emergency equipment is available, improving the quality of audits, and ensuring staff receive regular appraisal of their performance.

# 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.

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults. The practice had suitable arrangements for dealing with medical and other emergencies, although staff training in this was out of date.

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

No action



### Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

Clinical audits were completed to ensure patients received effective and safe care, although these were not undertaken as frequently as recommended.

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 23 patients. They were positive about all aspects of the service the practice provided. Patients spoke highly of the dental treatment they received and of the caring and supportive nature of the practice's staff. Patients told us that staff worked effectively with their children and that the dentist explained their treatment options well.

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 had good facilities and was well equipped to treat patients and meet their needs. Routine dental appointments were readily available, as were urgent on the day appointment slots. Patients told us it was easy to get an appointment with the practice.

No action



# Summary of findings

The practice had made some adjustments to accommodate patients with a disability but there was no access to a portable hearing loop or information in other formats or languages.

A complaints' system in place was in place, although this was not well advertised to patients.

## Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Most of the staff told us they enjoyed their work and felt supported. We found a number of shortfalls indicating that the practice was not well-led. This included the analyses of untoward events, recruitment procedures, staff appraisal and training, and the quality of audit systems.

Requirements notice 

# The Dental Surgery - Hawthorn Drive

## **Detailed findings**

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had an incident policy in place, but this was narrow in scope and only covered serious events. There was no other guidance for staff on how to manage other kinds of incidents. We found staff had a limited understanding of what might constitute an untoward event and they were not recording all incidents to support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) via the local area NHS team. They were monitored by the principal dentist who actioned them if necessary. The principal dentist told us he would sign up to receive these alerts personally as well.

### 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. Information about where to report concerns was on display around the practice. Staff had received appropriate training for their role and the principal dentist told us he had undertaken level 3 training in child protection.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments that staff reviewed. The practice followed relevant safety laws when using needles. It was not clear if the dentists used routinely rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment, although alternative methods were used to protect patients' airways.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice, although this needed to be updated to include details of utility companies and other key contacts.

### Medical emergencies

Staff knew what to do in a medical emergency and had completed in-house training in emergency resuscitation and basic life support. This training was out of date for some staff and staff did not regularly rehearse emergency medical simulations so that they had not had a chance to practise their skills. We noted the practice did not have some essential medical emergency equipment including a full set of airways, portable suction and ambu bags. We asked the provider to send us evidence that these items were ordered following our inspection but none was received. Staff did not keep records of their checks to make sure equipment and medicines 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 did not reflect the relevant legislation. Recruitment files for two recently employed staff we checked showed that essential pre-employment checks had not been obtained such as a recent DBS check, references and photographic proof of their identity to ensure they were suitable to work with vulnerable adults. The practice did not keep a record of employment interviews to demonstrate they had been conducted fairly. There was no evidence to demonstrate that staff had received a formal induction to their role.

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.

Firefighting equipment such as fire extinguishers were regularly tested, although staff did not regularly rehearse fire evacuations to ensure they knew that to do in the event of an incident.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for products used within the practice.

### Infection control

# Are services safe?

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice.

An infection control audit had been undertaken for the first time, just prior to our inspection and had identified a number of shortfalls in the practice's procedures, which were being reviewed as a result. Staff were unaware of the recommended frequency that this audit should be undertaken to ensure standards were maintained.

We noted that all areas of the practice were visibly clean and hygienic including the waiting area, toilet and stairway. Cleaning equipment was colour coded and stored correctly. We checked two treatment rooms and surfaces including walls, floors and cupboard doors were free from visible dirt. The rooms had sealed work surfaces so they could be cleaned easily.

We noted that staff uniforms were clean, their hair tied back and their arms were bare below the elbows to reduce the risk of cross contamination. Records showed that clinical staff had been immunised against Hepatitis B.

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

Suitable arrangements were in place for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. However, we noted there was no separate hand wash sink in the decontamination room, no illuminated magnifier to check instruments had been cleaned effectively, no hot water temperature monitoring and no detergent dilution control.

The practice's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored securely at the rear of the property.

## **Equipment and medicines**

Staff told us they had the equipment needed for their job and that repairs were actioned swiftly. Most of the practice's equipment was new and we viewed appropriate servicing documentation for it. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines. Staff did not keep a log of any local anaesthetics prescribed for monitoring purposes.

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

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

We noted there was no evidence to show that the Health and Safety executive had been informed of the change in ownership at the practice. This was something highlighted by the radiation protection advisor in November 2016 but no action had been taken to address it.

Clinical staff completed continuous professional development in respect of dental radiography. Rectangular collimation was used on X-ray units to reduce the dosage to patients.

Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We received 21 comments cards that had been completed by patients prior to our inspection and spoke with another two patients on the day. Most of the comments received reflected that patients were very satisfied with the quality of their dental treatment and the staff who provided it.

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our discussion with the dentists and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. Record keeping generally was of a good standard.

The practice audited dental care records to check that the necessary information was recorded.

### 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. Dental care records we reviewed demonstrated that dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate.

Dental nurses confirmed that the dentists discussed smoking and alcohol consumption with patients during appointments. There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. Information leaflets were available for patients in the waiting room in relation to plaque, gum disease and sensitive teeth.

### Staffing

There had been a recent turnover in the practice staff, with a dentist and two nurses having left. In spite of this, staff told us there were enough of them to ensure the smooth running of the practice, and that they did not feel rushed in their work. The practice was in the process of employing another dental nurse and receptionist to increase the pool of staff available.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. There was appropriate employer's liability in place.

### Working with other services

The dentists 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. Referrals were not routinely monitored by the practice to ensure they had been received.

### Consent to care and treatment

The practice had policies in relation to the Mental Capacity Act 2005 and patient consent, and staff had undertaken training in these. Staff had a satisfactory understanding of the Mental Capacity Act and how it affected their management of patients who could not make decisions for themselves.

Dental records we reviewed demonstrated that treatment options had been explained to patients. Patients confirmed the dentists listened to them and gave them clear information about their treatment.



# Are services caring?

## Our findings

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

We received positive comments from patients about the quality of their treatment and the caring nature of the practice's staff. A number of patients told us that the dentists worked well with their children, others that dentists made time to accommodate their own nervousness.

All consultations were carried out in the privacy of treatment rooms and we noted that doors were closed during procedures to protect patients' privacy. The

reception area was not particularly private but computer screens were not overlooked and were password protected. The receptionist told us that patients could be taken to the staff room if they wanted to speak privately.

### **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 practice did not routinely provide written information to patients about their treatments to help them understand it.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients told us they were satisfied with the appointments system and their ability to get through on the phone. There were eight emergency appointment slots each day that the receptionist told us went very quickly. Patients could also sign up for text appointment reminders and information about out of hour's services was available on the answer phone.

### Promoting equality

The practice made some adjustments for patients with disabilities; there was portable ramp access for wheelchair users and a downstairs treatment room. Translation services were available, but these were not clearly

advertised to patients. There was no accessible toilet, or chairs with arms or wide seating to assist those with limited mobility. There was no portable hearing loop to assist patients who wore hearing aids. Information about the practice or patient medical histories was not available in any other languages, or formats such as large print.

### Concerns & complaints

There was no information easily available to patients about the practice's complaints' procedure. We were not able to assess how the practice dealt with complaints as we were told that no formal complaints had been received in the last year. However, during our inspection, we were made aware of a number of verbal complaints that patients had made. These had not been logged for monitoring or learning.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice, although he did not work at the practice full-time. A hygienist from a sister practice had recently been employed to provide additional management support. She was aware of the shortfalls in the practice's governance procedures and it was clear she was working hard to address them.

The practice had policies, procedures and risk assessments to support the management of the service and staff had signed to show they had and read and understood them. We noted that the policies were not dated, and there was no evidence to show they had been routinely updated and reviewed to ensure they were still relevant and met national guidance and standards. The practice's recruitment policy was very basic did not reflect current legislation to include essential pre-employment checks to ensure that staff were suitable to work with vulnerable adults and children.

There was no system in place to ensure professional registration checks were undertaken for staff. A lack of robust governance systems had led to emergency equipment and the associated staff training being out of date. There was also no process to ensure analysis and learning from untoward events.

Communication across the practice was structured around staff meetings, although none had taken place since October 2016.

### Leadership, openness and transparency

Staff told us they enjoyed their work and felt supported in their role, although they felt the practice needed a dedicated practice manager in order to improve the service.

Staff told us there was an open, no blame culture at the practice and told us the principal dentist was approachable. The practice had a specific duty of candour policy, although staff we spoke with were not aware of it or understood their responsibilities under it.

### Learning and improvement

Although the practice had recently completed an X-ray and infection control audit, it was not clear if these had been undertaken regularly prior to our inspection, as none were available to view.

None of the staff had ever received a formal annual appraisal so it was not clear how their performance was assessed. There was no system in place to ensure staff kept up to date with essential training, resulting in some staff becoming out of date with their CPR training.

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

The practice monitored feedback it received on Google reviews, and we saw that it had responded to two recent negative comments left by patients. Friends and Family Test forms were available for patients to complete in the waiting area. However, there was no information about what they were or how the information would be used. There was no pen provided to complete them and no box in which to put them. The practice was unable to tell us how many had been received, or how respondents had answered. No information was given to patients about the results.

It was not clear how the practice sought feedback from its staff given there were not regular staff meetings and none had been appraised. Staff told us that their suggestions to have an illuminated magnifier and water temperature testing had not been implemented.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at The Dental Surgery-Hawthorn Drive were compliant with the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example:</p> <ul style="list-style-type: none"><li>• There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence.</li><li>• Systems were not in place to ensure that only fit and proper staff were employed by the practice.</li><li>• Appropriate medical emergency equipment was not available.</li><li>• There was no system in place to ensure that essential staff training such as basic life support was undertaken in line with guidance.</li><li>• There was no system in place to ensure that staff received regular appraisal of their performance.</li><li>• The complaints procedure was not easily accessible to patients, and not all patient complaints were recorded so that learning from them could be shared...</li></ul>

This section is primarily information for the provider

## Requirement notices

- Audits to improve the service were not undertaken as frequently as recommended by national guidance.
- There was no system in place to track patient referrals and ensure they had been received.
- No action had been taken to address shortfalls identified by the Radiation Protection advisor.

### **Regulation 17 (1)**