

Mr. Anil Chand

# Borrowash Dental Centre

## Inspection Report

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### Overall summary

We carried out this unannounced inspection on 12 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 and Healthwatch that we were inspecting the practice. They did not have any relevant information to share with us regarding this dental practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions 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**

Borrowash Dental Centre is located in premises in the village of Borrowash to the east of the city of Derby and provides mostly NHS dental treatment (95%) to patients of all ages.

There is ramped access for patients to the front door which makes access easy for people who use wheelchairs and pushchairs.

# Summary of findings

The dental team includes three dentists; three qualified dental nurses including two with a dual role as receptionists; one trainee dental nurse; and one full time receptionist. The practice has three treatment rooms, two of which are on the ground floor.

The practice is owned by an individual who is the principal dentist there. 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 43 CQC comment cards filled in by patients and spoke with one other patient. This information gave us a positive view of the practice.

During the inspection we spoke with all staff in the practice. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Wednesday: 9 am to 5 pm; Thursday: 9 am to 12:30 pm and Friday: 8:30 am to 12:30 pm.

## Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which followed 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 risks in the practice, particularly with regard to health and safety.
- The practice had suitable safeguarding processes and staff had been trained and 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 steps to protect their privacy and personal information.
- The appointment system met patients' needs. Patients said they could get an appointment that suited them.
- 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 its responsibilities as regards the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and ensure all documentation is up to date and staff understand how to minimise risks associated with the use and handling of these substances.
- Review the practice's current Legionella risk assessment and implement the required actions taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'

# 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. There was a lead person appointed within the practice for safeguarding matters.

Staff were suitably qualified for their roles on the dental team and the practice completed essential recruitment checks.

The 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 and equipment for dealing with medical and other emergencies.

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 excellent, safe, helpful and professional. 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.

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 44 people. Patients were positive about all aspects of the service the practice provided. They told us staff were obliging, caring and friendly 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



# 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, clearly written and 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.

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. Every accident had been investigated and the action taken as a result was recorded. There had been one accident at the practice in the year up to this inspection. This had been in September 2016 and had been analysed and learning points identified.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice investigated every significant event and recorded the outcome. There had been two significant events in the year up to this inspection. There was clear analysis of both and action points were recorded.

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. Records showed the practice received regular alerts and they were analysed by the principal dentist. Action taken had been recorded and when relevant had been discussed in staff meetings.

### 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. The safeguarding policies were due for review in March 2018. The principal dentist was the identified lead for safeguarding in the practice. They had received training in both child protection to level two and safeguarding vulnerable adults training in May 2017. We saw evidence that all staff had completed training in child protection to level two and safeguarding vulnerable adults training and had received regular updates for both.

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.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Copies of individual risk assessments and manufacturers' product data sheets were available. The COSHH information was not kept in an ordered fashion. Therefore if needed in an emergency situation the relevant information would not be readily available.

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. This included safety systems for using injection needles. In addition it was practice policy that only dentists handled needles. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We saw the practice had the necessary equipment to use rubber dams available for dentists. This included latex free rubber dam kits.

The practice had a business continuity plan which had last been reviewed in March 2017 to reflect changes in the practice. The plan described 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, with the last training completed in May 2016 and refresher training booked for the day after this inspection.

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. Equipment included an automated external defibrillator (AED), medical oxygen and portable suction. The practice had oxygen masks for both adults and children.

The practice had a first aid box which was located centrally. One member of staff had completed first aid at work training during October 2016 and a copy of their training certificate was available in the practice.

### Staff recruitment

# Are services safe?

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

We saw that every member of staff had received a Disclosure and Barring Service (DBS) check.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The principal dentist had a system to monitor that relevant staff were up to date with their registration and indemnity insurance cover.

## **Monitoring health & safety and responding to risks**

The practice's health and safety policies and risk assessments were up to date and reviewed annually to help manage potential risk. These covered general workplace and specific dental topics. The principal dentist was the lead person with overall responsibility for health and safety at the practice. The practice had current employer's liability insurance which was due for renewal on 19 December 2017. The certificate was displayed in the reception area. The principal dentist checked twice a year that the clinicians' professional indemnity insurance was up to date.

We saw that regular health and safety audits were completed, reviewed and where necessary updated.

The practice had an automatic fire alarm system which was serviced regularly; this included automatic fire detection and emergency lighting.

A dental nurse worked with the dentists, dental hygienists 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 an annual update in infection prevention and control.

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 was using manual cleaning techniques for the dental instruments. This was being completed in a small bowl which increased the risk of needle stick injuries to staff. This was discussed and the principal dentist said this would be completed in the full sink going forward to reduce the risk of injury to staff.

We saw that staff were using the appropriate personal protective equipment (PPE) during infection control procedures. However, while staff tunics were being washed and treated as PPE, other items of uniform such as trousers were not. This was discussed with the principal dentist who said the process would be reviewed and changed following consultation with staff.

The practice policy identified infection prevention and control audits should be completed twice a year. The latest audit which was completed in February 2017 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 which had been updated on 5 May 2017 by an external contractor. The practice was also completing quarterly dip slides as identified in the risk assessment to check the level of bacterial growth in the water. We noted that risks identified for action in the Legionella risk assessment had not all been completed.

There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required.

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. This included testing of the electrical equipment (June 2017), servicing of the fire extinguishers (October 2016) and servicing of the compressor (January 2017). This was in accordance with the Pressure Systems

# Are services safe?

Safety Regulations (2000). A Landlord's gas safety certificate issued on 25 April 2017 identified the gas services at the practice had been checked. Autoclaves at the practice had also been serviced and validated in January 2017.

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

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.

Records showed the X-ray equipment had been fully surveyed in September 2015 with the annual mechanical

and electrical tests completed in June 2017. This was within the time frame required by the regulations. The provider had informed the Health and Safety Executive (HSE) that X-rays were being carried out on the premises as required by the regulations.

The practice had three intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth).

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. The last X-ray audit was dated May and June 2017.

Clinical staff completed continuous professional development in respect of dental radiography as required by the General Dental Council (GDC).



# 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 practice had a mixture of paper and electronic dental care records, with most being electronic. The dentists assessed patients' treatment needs in line with recognised guidance. The dental care records identified the discussions and advice given to patients in relation to their dental health by the various dental care professionals at the practice.

The dentists assessed patients' treatment needs in line with recognised guidance, using the basic periodontal examination screening tool.

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

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' We saw evidence in patients' dental care records and through discussions with dentists this was being used in the practice.

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 for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. We saw evidence of this in dental care records. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Free samples of toothpaste were also available.

### Staffing

The practice had three dentists; three qualified dental nurses including two with a dual role as receptionists; one trainee dental nurse; and one full time receptionist. Before

the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

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 (CPD) required for their registration with the General Dental Council. The principal dentist monitored staff CPD during staff appraisals.

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

### 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 the National Institute for Health and Care Excellence (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.

The practice did not provide a sedation service or complex oral surgery. Therefore if a patient required sedation or oral surgery they were referred elsewhere through the local electronic referral system (REGO). Children or patients with special needs who required more specialist dental care were referred to the community dental service. The practice made referrals for NHS orthodontic treatment mainly for children.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. Following this inspection the consent policy was reviewed and updated. The practice therefore had a detailed consent policy which addressed the issues and covered the legal points dated 15 June 2017. 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. We saw some examples where dentists had recorded this information in dental care records.



# Are services effective?

(for example, treatment is effective)

The practice used the standard NHS consent form and treatment plan (FP17 DC) to record patients consent. A copy of this form was added to the patients' dental care records.

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. Discussions with staff in the practice showed they understood the

concept of best interest decisions for adults who lacked capacity to consent for themselves. The policy also referred to Gillick competence and the dentists 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 we spoke with reception staff who were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were professional, courteous and friendly. We saw that staff treated patients with respect, were approachable and caring 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. 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. Paper dental care records were stored securely.

A television was available in the waiting rooms which showed information relating to positive dental health and treatments.

Information posters and leaflets were available for patients to read.

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

The practice offered a mostly NHS treatments (95%) The costs for both NHS and private dental treatment were displayed on the practice website and in the waiting room.

The practice gave patients clear information to help them make informed choices about their treatment options. Patients confirmed that staff listened to them, did not feel rushed and were able to ask questions.

We saw examples in patients' dental care records that demonstrated patients had been involved in discussions about their dental care. Dentists had recorded the treatment options and noted these had been discussed with patients.

Patients told us staff were helpful and understanding 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 including dental implants, cosmetic dentistry and dentures provided by this practice.

# 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.

An access audit for patients' with disabilities had been completed and was last reviewed

The practice had an efficient appointment system to respond to patients' needs. Several patients commented on the ease of getting an appointment that suited their needs. They told us that it was usually easy to get an appointment and waiting times were not a problem. 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. Each dentist made emergency appointment slots available each day or patients could come and sit and wait to be seen.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. This included making ground floor treatment rooms available.

Staff told us that they texted patients who had signed up for the service to remind them to either make a routine appointment for a check-up or that an appointment was due.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included providing two ground floor treatment rooms and ramped access to the front door. The practice did not have an induction hearing loop for patients who used a hearing aid. It was a recommendation of the access audit in July 2012 that the practice should get one. Following this inspection we were sent evidence that an induction hearing loop had been purchased.

Staff said they could provide information in large print to meet individual patients' needs on request. They had access to a specialist company who provided interpreter and translation services. Staff said the practice had used a service including British Sign Language for patients who were deaf.

### Access to the service

The practice displayed its opening hours outside the practice, in 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 slots free for same day appointments. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open this included access to the NHS 111 service. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

The provider had a website: [www.borrowashdentalcentre.co.uk](http://www.borrowashdentalcentre.co.uk). This allowed patients to check opening times and contained contact details for the practice.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The Healthwatch statement relating to complaints was displayed in the waiting room giving patients information about making dental complaints. The practice information leaflet explained how to make a complaint. A detailed procedure was on display in the waiting room which identified other agencies patients could contact should they remain dissatisfied. The principal dentist was responsible for dealing with complaints in the practice. 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.

Staff told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at comments, compliments and complaints the practice received in the year up to this inspection. The practice had received one complaint in the year up to this inspection. Documentation showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The minutes of a staff meeting held on 5 June 2017 identified the complaint had been discussed.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. This included the day to day running of the service. 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. These included arrangements to monitor the quality of the service and make improvements. We saw that policies and risk assessments had been reviewed at various times in the previous year.

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. There was a duty of candour policy which had been reviewed in October 2016.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist 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 principal dentist was approachable, would listen to their concerns and act appropriately. If staff had any concerns these were discussed at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Meetings were minuted and those minutes were available to all staff. 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. They had clear records of the

results of these audits and the resulting action plans and improvements. The practice was completing a range of audits to assess the quality of the service provided and to identify areas for improvement.

Staff 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.

The provider monitored staff training through their annual appraisal. This gave staff the opportunity to access to a range of training opportunities and courses.

Staff told us they completed mandatory 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.

We saw evidence that staff were completing a range of training courses, and this was supported by the practice to ensure the development of staff skills.

The practice had one trainee dental nurse who was training on a recognised on-line training academy. The trainee was supported, supervised and mentored by experienced qualified dental nurses at the practice.

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

The practice used a range of means including patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on, for example implementing the use of a debit card machine as a payment option and text message appointment reminders. Both of these had been introduced in the last 12 months.

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.

## Are services well-led?

There were six patient reviews recorded on the NHS Choices website, two within the 12 months before this inspection. Reviews were mixed and we noted the practice had not responded to the patient comments.

The practice conducted its own patient survey. There was a comment box in the waiting room which enabled patients to make suggestions. The practice also carried out a targeted survey once a year with information analysed and shared with staff.