

PW & SM Phillips

# Central Dental Surgery

## Inspection Report

Central Dental Surgery,  
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Date of inspection visit: 6 June 2017  
Date of publication: 19/07/2017

### Overall summary

We carried out this announced inspection on 6 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 provide any information which we took into account.

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**

Central Dental Surgery is in Lydney and provides mainly NHS and some private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice and patients who need assistance can park on the area immediately in front of the practice.

# Summary of findings

The dental team includes two dentists, three dental nurses and one receptionist. 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 Central Dental Surgery was one of the two principal dentists.

On the day of inspection we collected 14 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 one of the two principal dentists, two dental nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday: 9am to 2pm and 3pm to 5.30pm, Saturday and Sunday: Closed

## Our key findings were:

- 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, although appraisals were not carried out regularly.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had staff recruitment procedures, although had only obtained a standard level Disclosure and Barring Service check for dental nurses.
- The practice had systems to help them manage risk but improvements were required in some areas. The fire safety risk assessment did not include reference to the use of Butane or oxygen on the premises.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, although there was no self-inflating bag for use in medical emergencies.

- The practice was clean and well maintained, although cleaning equipment and storage was not in line with current guidelines.
- The practice had infection control procedures which mainly reflected published guidance. Improvements were required as the practice did not complete a new infection prevention and control audit at regular intervals and there was no annual statement available in relation to infection prevention and control as required under The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Improvements were required as some staff had not undertaken safeguarding training or the minimum training in child safeguarding.
- The dentist provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice had not carried out a collated audit of radiographs for one dentist since 2014 and the other dentist since February 2016. The grading and justification for X-rays was not routinely recorded in patient notes.
- Risk assessment for dental caries or periodontal treatment were not routinely recorded in patient notes.

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

- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.
- Review the practice's audit protocols to ensure audits of various aspects of the service, such as radiography and infection prevention and control are undertaken at regular intervals to help improve the quality of service. Practice should also ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason

# Summary of findings

for taking the X-ray and quality of the X-ray ensuring the practice is in compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review practice protocols for patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance.
- Review the use of risk assessments to monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Review availability of equipment to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

# 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.

Not all staff had received training in safeguarding to know 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 although we found that only a standard level Disclosure and Barring Service (DBS) check had been requested for dental nurses.

Premises and equipment were clean and properly maintained. Although the practice followed national guidance for cleaning, sterilising and storing dental instruments, it did not follow national guidance regarding equipment for cleaning premises.

The practice had arrangements for dealing with medical and other emergencies but did not have a self-inflating bag for use in a medical emergency

There was no justification and grading of radiographs routinely recorded in patient records.

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 but did not always routinely record this in the patients notes

Patients described the treatment they received as efficient, professional and prompt. The dentist discussed treatment with patients so they could give informed consent and usually but not routinely, recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals but did not provide patients with a copy of the referral letter.

The practice supported staff to complete training relevant to their roles but did not have effective 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 15 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, helpful and professional. They said that they were given helpful explanations and answered questions about dental treatment. They said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

No action



# Summary of findings

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

## 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 some facilities for disabled patients and families with children. The practice would access to telephone interpreter services if required and had arrangements to help patients with sight or hearing loss but there was no hearing loop available.

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 patient dental care records which were, clearly written or typed and stored securely, although we found that these were not always complete.

The practice did not regularly monitor clinical and non-clinical areas of their work to help them improve and learn.

The practice listened to the views of patients and staff and used the Friends and Family Test (FFT) for their feedback.

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.

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 some staff received safeguarding training. It was not clear if training in child protection was at an appropriate level and the provider told us he would check this and ensure all staff had the appropriate 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 dentists did not provide root canal treatment but referred patients requiring this.

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.

Emergency equipment and medicines were available as described in recognised guidance, although there was no self-inflating bag for use in a medical emergency.

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 four staff recruitment files. These showed the practice followed their recruitment procedure, although Disclosure and Barring Service checks for dental nurses were standard level as opposed to enhanced level.

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.

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

We found that the Mercury spillage kit had passed its expiry date. The provider told us he would renew this.

### 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.

# Are services safe?

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

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual although we found that cleaning equipment and storage was not in line with current guidance.

The practice had not carried out an infection prevention and control audit twice a year and there was no annual statement available in relation to infection prevention and control as required under The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.

Although there was evidence of a review of an audit that was initially carried out three years ago, there was no new audit and each review did not include an overall summary of findings or an action plan. The review did not identify a departure from current guidance regarding cleaning equipment standards for the premises.

## Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. The compressor was due to be serviced in July 2017.

The practice had suitable systems for prescribing and storing medicines, although we found that the fridge temperature was recorded as -1° over a period of time which was outside the normal range. The provider told us he would check this.

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 found that the dentists did not routinely record the justification for or grade of the X-rays they took. The practice had not carried out an X-ray audit for one dentist since 2014 and the other since February 2016 but completed one subsequent to the inspection.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance, although we found that the outcome information was not always routinely recorded.

We saw that the practice last audited patients' dental care records to check that the dentists recorded the necessary information in February 2016.

### Health promotion & prevention

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

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for 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. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Staffing

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

Staff told us they discussed training needs with the principal dentists but there were no completed appraisals.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. 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 but did not provide patients with a copy of the referral letter.

### Consent to care and treatment

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

Although the practice's consent policy did not include 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 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 were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, helpful 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. Patients could usually choose whether they saw a male or female dentist.

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

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

Information was available for patients to read.

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

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

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

The practice provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease. If a patient required more complex treatment they would be referred to another service.

Each treatment room had a screen so the dentists could show patients X-ray images when they discussed 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. 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 no patients for whom they needed to make adjustments to enable them to receive treatment.

### Promoting equality

The practice made some reasonable adjustments for patients with disabilities. These included step free access and car parking in front of the practice for disabled patients or those who required assistance. There was no hearing loop, magnifying glass or accessible toilet with hand rails and a call bell available.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They would access interpreter/translation services if required.

### Access to the service

The practice displayed its opening hours in the premises.

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.

The practice information 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 explained how to make a complaint. The registered manager was responsible for dealing with these. Staff told us they would tell the registered manager about any formal or informal comments or concerns straight away so patients received a quick response.

The registered manager told us they aimed to settle complaints in-house. 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 over the last twelve month. 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 registered manager had overall responsibility for the management, clinical leadership and day to day running of the practice. 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. The fire safety risk assessment required review as it did not include reference to oxygen or butane gas used in the practice.

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 registered 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 registered manager was approachable, would listen to their concerns and act appropriately. The registered 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 limited quality assurance processes to encourage learning and continuous improvement. For example, one of the principal dentists had completed an infection prevention control audit several years ago and instead of carrying out a new audit on a regular basis had updated the old audit with no overall summary or action plan. The last audit of dental records was completed in February 2016 and collated X-ray audit for one dentist in 2014.

The partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff but did not carry out annual appraisals. Staff told us they discussed learning needs, general wellbeing and aims for future professional development.

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.

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

The practice used verbal comments to obtain staff and patients' views about the service. 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.