

Toothwise Limited

# Hurworth Dental Surgery

## Inspection Report

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## Overall summary

We carried out this announced inspection on 14 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information of concern.

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**

Hurworth Dental Surgery is located in Hurworth and provides NHS and private treatment to adults and children.

# Summary of findings

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

The dental team includes the principal dentist, an associate dentist, two dental nurses, a secretary and one receptionist.

The practice has two treatment rooms, each with their own decontamination and sterilisation room (where cleaning and sterilising of dental instruments is carried out).

There is also a dedicated room for taking Orthopantomograms (OPG), a type of X-ray which shows the upper and lower jaws and surrounding structures.

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 Hurworth Dental Surgery was the principal dentist.

On the day of inspection we collected 67 CQC comment cards filled in by patients which gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, 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, Tuesday and Thursday 0900 to 1700

Wednesday 0900 to 1800

Friday 0900 to 1230

## Our key findings were:

- The practice was clean, well maintained and had infection control procedures which reflected published guidance.

- Staff knew how to deal with emergencies and appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- 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 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. They should:

- Review the practice's Legionella risk assessment 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.'
- Review the practice's responsibilities with regards to the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and ensure risk assessments are carried out for all products held.
- Review the practice's current OPG X-ray and record keeping audit protocols to ensure they are undertaken at regular intervals and where applicable learning points are documented and shared with all relevant staff.
- Review practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice and appraisals are carried out at regular intervals for all staff.

# 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. We found one employee had a disclosure and barring check from six months prior to commencing employment; this does not follow recommended guidance.

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

The practice had a legionella risk assessment carried out in 2015 and were implementing suitable control measures. They reviewed the risk assessment following the installation of a new boiler recently. We were told they had not undergone any formal training (as recommended by guidance) to undertake this review and to implement control measures.

The practice had a COSHH file (Control of Substances Hazardous to Health) which contained all product's safety data sheets and very few risk assessments.

The practice had suitable arrangements 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 commented they were treated with respect and dignity in a clean environment and that staff were sensitive to their specific needs. 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.

No action



# Summary of findings

We received feedback about the practice from 67 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, friendly and professional. 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.

## **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 and access to interpreter services.

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.

There was a clearly defined management structure and staff felt supported and appreciated.

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.

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's protocols for undertaking and analysing audits required reviewing.

**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 staff received safeguarding training to the recommended level. 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 reprimand.

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

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were mostly available as described in recognised guidance. We found the practice had an oxygen cylinder for medical emergencies which contained insufficient oxygen as recommended by guidance. We received email confirmation of a new cylinder being purchased the following day.

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

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice mostly followed their recruitment procedure; the most recent employee at the practice had a disclosure and barring check from six months prior to commencing employment. National guidance stipulates this should be within three months and the principal dentist hadn't recognised this. We saw other recent employees had their checks carried out appropriately and the principal dentist immediately took measures to complete a risk assessment to ensure safe working procedures and applied for a new disclosure and barring service check the following day. We received evidence of both the risk assessment and new application being made.

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 had a comprehensive COSHH file (Control of Substances Hazardous to Health) with safety data sheets. There were very few risk assessments for products used within the practice. We explained the importance of having these for all hazardous substances held on-site and staff agreed to implement these immediately.

A dental nurse worked with the dentists when they treated patients.

# Are services safe?

## **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 an infection prevention and control audit 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 carried out in 2015. Having recently had a boiler installed, the principal dentist had reviewed the original risk assessment. We were told the principal dentist and dental nurses were involved in control measures such as temperature monitoring. We saw evidence to confirm these checks were carried out appropriately.

We found there was no evidence of training undertaken in order to demonstrate competency for reviewing the risk assessment nor for implementing control measures. This is recommended in guidance and we advised the principal

dentist of this. They assured us they would undergo the necessary training and review their risk assessment as appropriate. The following day we received email confirmation that a new legionella risk assessment had been scheduled in the near future and this would be completed by a trained legionella risk assessor.

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.

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. In addition to the X-ray units inside each surgery, the practice had an OPG (Orthopantomogram) machine which gives a 2-dimensional representation of the upper and lower jaws.

The practice met current radiation regulations and had the required information in their radiation protection file including quality assurance processes.

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 dentists 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.

### Health promotion & prevention

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

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### 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 appraisals. We saw evidence of completed appraisals from 2013 and within the two weeks after we had announced the

inspection. We spoke with the principal dentist about the importance of documenting appraisals for monitoring learning and improvement. Staff said they were encouraged and supported to undertake further learning and qualifications to improve their dental competencies. Staff also reported that were always made to feel a valued member of the team.

### 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 dentists 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, professional and caring. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

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.

Staff passwords 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 in both waiting rooms.

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. 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's website provided patients with information about the range of treatments available at the practice.

Each treatment room had a screen so the dentists could show patients photographs and 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.

### Promoting equality

The practice carried out a complete assessment of different needs and had made reasonable adjustments for patients with disabilities. These adjustments included step free access and a ground floor surgery which could accommodate wheelchairs and pushchairs. The practice's patient toilet was on the first floor; they made patients aware of this and also had a written agreement with the physiotherapist next door to allow any patients who couldn't ascend the stairs to use their ground floor toilet. We saw evidence of this agreement on the inspection day.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to translation services which included British Sign Language and braille and had recently purchased an induction loop for those with reduced hearing.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for this purpose. The practice leaflet 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 principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist 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. The practice had not received any complaints within the last 12 months.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. Staff knew the management arrangements and their roles and responsibilities in assisting the principal dentist.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. The practice had a comprehensive COSHH file (Control of Substances Hazardous to Health) with safety data sheets. There were very few risk assessments for products used within the practice. We explained the importance of having these for all hazardous substances held on-site and staff agreed to implement these immediately.

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 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 principal dentist was approachable, would listen to their concerns and act appropriately. The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held frequent informal meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included

audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The most recent record keeping audit was from 2012 which identified some areas for improvement. We were shown a sample of record cards which confirmed these areas had improved yet this was not formally recorded or analysed. The principal dentist assured us they would review their record keeping audit protocols and procedures.

We saw evidence that the dentists justified, graded and reported on smaller X-rays they took. Larger X-rays (OPGs) were visually assessed and we were shown clinical records confirming they were appropriately justified and reported on. We were told there was no recording of the quality of the OPGs for assessment purposes.

The principal dentist carried out X-ray audits for smaller X-rays every year following current guidance and legislation. We were told they were not sure whether the associate dentist carried out their own X-ray audits and the practice didn't include them in their audit procedure. We explained the importance of involving the associate dentist in their practice's audit projects.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. We were told appraisals were carried out and we saw evidence of the most recent being carried out within the two weeks in which the inspection was announced. Prior to this we saw evidence of appraisals being completed in 2013. The principal dentist assured us they regularly monitored and verbally appraised their staff; they recognised the need for this to be documented and told us they would implement formal appraisals annually.

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.

On the day of the inspection the practice were open to feedback and took immediate actions to address any shortcomings raised.

# Are services well-led?

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

The practice used comment cards 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.