

Dr. Julie Coates

# Pelaw Dental Clinic

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 16 September 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **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**

The practice is owned and run by the registered provider. The practice is located at 1 Musgrave Terrace, Pelaw, Gateshead, Tyne and Wear, NE10 0RH. The registered provider also runs a dental practice at the Hebburn Dental Clinic, 4 Park Street, Hebburn, Tyne and Wear, NE3 2UL. Both practices provide primary care dental services under the NHS. Patients are able to attend either practice.

The practices are open as follows:

Pelaw Dental Clinic:

Monday to Friday 8:30am to 5:30pm

Saturday 9:00am to 1:00pm (alternated with Hebburn Dental Clinic)

Hebburn Dental Clinic:

Monday, Tuesday and Friday 8:30am to 5:00pm

Wednesday and Thursday 8:30am to 5:30pm

Saturday 9:00am to 1:00pm (alternated with Pelaw Dental Clinic)

Staff work at both practices. There are three dentists, three dental nurses, a trainee dental nurse and practice manager.

# Summary of findings

The owner of the practice is the registered provider for the practice. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We also received 22 Care Quality Commission comment cards. All the comments were positive about the staff and the services provided. Comments included: they are always polite and friendly and always given excellent service.

## **Our key findings were:**

- There was an effective complaints system. Staff recorded complaints and cascaded learning to staff.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The practice was well-led, staff felt involved and supported and worked well as a team.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services they provided.

# 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 effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, management of medical emergencies and dental radiography.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and how to report them. Staff had also received training in infection control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by new staff.

We reviewed the legionella risk assessment which was dated September 2015, and no concerns were identified.

### **Are services effective?**

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval, for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors noted.

On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was used to plan patient care and treatment. Patients were offered options of treatments available and were advised of the associated risks and benefits. Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved.

Patients were referred to other specialist services in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD) activities.

### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the surgery or in a private room.

Comments on the 22 completed CQC comment cards we received included statements saying the staff were excellent, friendly, and professional.

### **Are services responsive to people's needs?**

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

# Summary of findings

The practice had a complaints process which was available to any patients who wished to make a complaint.

## **Are services well-led?**

We found that this practice was providing well-led care in accordance with the relevant regulations.

Staff were supported through training and offered opportunities for development.

Staff reported that the registered provider was approachable and they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection control, X-rays, clinical examinations and patients' records.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

# Pelaw Dental Clinic

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting their obligations associated with the Health and Social Care Act 2008.

The inspection was carried out on 16 September 2015 and was led by a CQC Lead Inspector. The team also included a dentist specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff, observations and review of documents.

During the inspection we spoke with the registered provider, practice manager, a dentist and two dental

nurses. We saw policies and procedures, and other records relating to the management of the service. We reviewed 22 Care Quality Commission comment cards that had been completed.

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 therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered provider. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice manager told us that any accident or incidents would be discussed at practice meetings or whenever they arose. We saw that the practice maintained an accident book which had no entries recorded in the last 12 months.

The practice had a policy and processes to deal with complaints. The policy set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The practice had received one complaint in the last year. We saw that the complaint was dealt with in accordance with the complaints policy.

The registered provider was aware of their responsibilities under the duty of candour. They told us that if there was an incident or accident that affected a patient they would apologise to the patient and engage with them to address the issue.

A practice manager told us that they received alerts by mail from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, actioned and stored for future reference.

### Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for child protection and safeguarding vulnerable adults using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The registered provider was the lead for safeguarding. This role included providing support and advice to staff and overseeing the

safeguarding procedures within the practice. We saw that all staff had received safeguarding training in vulnerable adults and children. Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns and were confident that if they raised any concerns they would be followed up appropriately by the practice manager and registered provider.

The dentist told us that they routinely used a rubber dam when providing root canal treatment to patients. A rubber dam is a small rectangular sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient. This is in accordance with best practice.

We reviewed six patients' records. They were not always completed in accordance with the Faculty of General Dental Practice (FGDP) guidance. The FGDP is part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. However, they did record that medical histories had been updated prior to each treatment; soft tissue examinations, diagnosis and consent in addition to other information such as alerts generated by the dentist to remind them that a patient had a condition which required additional care and advice. For example, patients that were particularly anxious or who were on blood thinning medication.

The practice had a whistleblowing policy which staff were aware of. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept. We saw that the practice kept logs which indicated that the emergency equipment, emergency oxygen and AED were

# Are services safe?

checked weekly. Emergency medicines were also checked weekly. This helped ensure that the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found that they were of the recommended type and were in date.

## **Staff recruitment**

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed two personnel files which confirmed that the processes had been followed.

We saw that all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We saw that all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). The dentist had their own cover and the nurses were covered by the registered provider's personal indemnity policy. In addition, there was employer's liability insurance which covered employees working at the practice which was due to expire in May 2016.

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

The practice had undertaken a number of risk assessments to cover the health and safety concerns that may arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw that this policy was reviewed in April 2015. The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw that the registered provider had a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance.

The registered provider showed us that there had been a fire risk assessment in June 2015 when they were told that there were no issues. This and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

## **Infection control**

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' areas. There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination work. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. Staff told us that they wore appropriate personal protective equipment when working in the decontamination room and when treating patients and this included disposable gloves, aprons and protective eye wear. There was a lead for infection control.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurse we spoke with spoke knowledgeably about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination room in lidded boxes.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

All staff were aware of the designated 'clean and 'dirty' areas within the surgery. These zones were clearly identified to avoid the likelihood of confusion or errors.

We saw that the practice had completed an infection control audit in September 2015 and achieved 95%. The practice produced an action plan to address the areas that were identified as needing attention.

We saw from staff records that all staff had received infection control training.

# Are services safe?

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet. We saw that the sharps bin was being used correctly and located appropriately in the surgery. Clinical waste was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed that all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We reviewed the legionella risk assessment report dated September 2015, no concerns were identified. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

## **Equipment and medicines**

Staff told us that Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) was undertaken annually. The registered provider told us that PAT testing took place annually. We saw that the last PAT test had taken place in June 2015. The practice displayed fire exit signage. We saw that the fire extinguishers had been checked annually to ensure that they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Anaesthetics were stored appropriately. Other than anaesthetics and emergency medicines no medicines were kept at the practice.

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

The X-ray equipment was located in each of the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine needed to be operated safely. The local rules were displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor. We saw that the dentists were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machine had been serviced regularly. Both X-ray machines had been tested recently and there were no issues reported. The practice manager told us that they undertook quality audits of the X-rays taken. We saw the results of an audit of 50 X-rays that had been completed in September 2015. The results were good, 80% were graded 1, 17% graded 2 and 3% graded 3. Which was in accordance with the Faculty of General Dental Practice guidelines.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information on the patient's electronic dental records for future reference. In addition, the dentist told us that they discussed patients' life styles and behaviours such as smoking and drinking and where appropriate offered them health promotion advice. This was recorded in the patient's records. We saw from the six dental records we reviewed, that at all subsequent appointments patients were always asked to complete a medical history form. This ensured the dentist was aware of the patient's present medical condition before offering or undertaking any treatment. The records showed that routine dental examinations included checks for gum disease and oral cancer had taken place.

A dentist told us that they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. We saw from the dental records that these discussions took place and the options chosen and fees were also recorded.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the records that the dentist was following the NICE guidelines on recalling patients for check-ups.

Patients requiring specialist treatments that were not available at the practice such as conscious sedation or orthodontics were referred to other dental specialists. Their oral health was then monitored at the practice after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

### Health promotion & prevention

The patient reception/waiting area contained a range of information that explained the services offered at the practice and the NHS fees for treatment. Staff told us that they offered patients information about effective dental hygiene and oral care in the surgeries.

The practice manager advised us that they offered patients oral health advice and provided treatment in accordance with the Department of Health's policy the 'Delivering Better Oral Health' toolkit. Treatments included applying fluoride varnish to teeth. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay.

### Staffing

We saw that all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

Staff training was being monitored and recorded by the practice manager. Records we reviewed showed that all staff had received training in basic life support, infection control and safeguarding children and vulnerable adults.

Staff we spoke with told us that they had staff annual appraisals and thought that they were useful.

Staff told us that they worked well as a team and covered for each other when colleagues are absent for example, because of sickness or holidays.

### Working with other services

A dentist explained that they would refer patients to other dental specialists when necessary. They would refer patients for sedation, minor oral surgery and orthodontic treatment when required. The referrals were based on the patient's clinical need. In addition, the practice followed the two week referral process to refer patients for screening for cancer.

### Consent to care and treatment

Staff we spoke with demonstrated an awareness of the Mental Capacity Act (MCA) 2005 and its relevance to their role. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The dentist

# Are services effective?

(for example, treatment is effective)

demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. Staff informed us that verbal consent was always sought prior to any treatment. In addition, the advantages

and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the surgery or in a private room.

Staff we spoke with understood the need to maintain patients' confidentiality. The registered provider was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient records, both paper and electronic were held securely.

Comments on the 22 completed CQC comment cards we received included statements saying the staff were excellent, friendly, and professional.

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

Comments made by patients who completed the CQC comment cards confirmed that patients were involved in their care and treatment.

The dentist we spoke with understood the principles of the Gillick competency test and used it. The test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. When treating children the dentist told us that to gain their trust and consent they explained the reasons for the treatment and what to expect. For patients with disabilities or in need of extra support staff told us that they would be given as much time as was needed to provide the treatment required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Information displayed in the reception/waiting area described the range of services offered to patients and opening times. Information was also displayed explaining the practice's complaints procedure. The practice manager told us that they offered patient information leaflets on oral care and treatments in the surgery to aid the patients' understanding if required or requested.

The opening times were:

Pelaw Dental Clinic:

Monday to Friday 8:30am to 5:30pm

Saturday 9:00am to 1:00pm (alternated with Hebburn Dental Clinic).

Hebburn Dental Clinic:

Monday, Tuesday and Friday 8:30am to 5:00pm

Wednesday and Thursday 8:30am to 5:30pm

Saturday 9:00am to 1:00pm (alternated with Pelaw Dental Clinic).

For patients in need of urgent dental care during normal working hours the practice offered same day appointments.

### Tackling inequity and promoting equality

Both surgeries were located on the ground floor of the building with access via a ramp for patients with mobility issues. We saw that the practice had an equality and diversity policy and staff had received equality and diversity training in August 2015. Staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services. The practice had access to a translation service for patients with English as a second language and may require assistance.

### Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. For patients in need of urgent care out of the practice's normal working hours they were directed to the NHS 111 service who would then direct them to an out of hours dental service for treatment.

### Concerns & complaints

The practice had a complaints policy and procedures. The practice displayed information in the reception/waiting area on how to complain. The staff we spoke with were aware of the complaints process and told us that they would refer all complaints to the registered provider to deal with. We saw that the practice had received one complaint in the last 12 months which was addressed appropriately.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, safety policy and an infection control policy. Staff we spoke with were aware of their roles and responsibilities within the practice.

### **Leadership, openness and transparency**

There was an open culture at the practice which encouraged candour and honesty. Staff told us that it was a good practice and they felt able to raise any concerns with each other, the practice manager and the registered provider. They were confident that any issues would be appropriately addressed. Staff also told us that they worked well together and supported each other.

The registered provider was aware of their responsibility to comply with the duty of candour.

### **Learning and improvement**

The practice maintained records of staff training which showed that all staff were up to date with their training. We

saw that training was accessed through a variety of sources including formal courses and informal in house training. Staff we spoke with stated they were given sufficient training to undertake their roles and given the opportunity for additional training.

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

The registered provider explained that the practice had good longstanding relationships with its patients. The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. All the CQC comment cards were complimentary about the services.

We saw that the practice held regular practice meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.