

Mr. Dermot Bowles

# Calder Dental Practice

## Inspection Report

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Date of inspection visit: 28 May 2015  
Date of publication: 13/08/2015

### Overall summary

We carried out an announced comprehensive inspection on 28 May 2015.

The practice has one dentist who is supported by a practice manager, three dental nurses and one dental hygienist. The dental nurses also cover receptionist duties.

The practice provides primary dental services to NHS patients (adults and children) and private patients (adults only). The practice is open Tuesday, Wednesday, Thursday and Friday 8.30am – 5.30pm and on Monday 9am-6pm. The practice is also open on a Saturday morning by appointment only, approximately once every 2 months. We were told that the practice will open outside of normal working hours to accommodate patients requiring emergency treatment.

The dentist 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 viewed three CQC comment cards that were completed on the day of our visit, about the services provided. Each of the comment cards reflected positive comments about the staff and the services. Patients commented that the practice was clean and hygienic and

they found the staff very friendly and professional. They said explanations were thorough, the quality of the dentistry was excellent and that all staff made the dental experience as comfortable as possible.

The registered provider is providing care which is safe, effective, caring, responsive and well-led and the regulations were being met.

### Our key findings were:

- The practice recorded and analysed significant events and complaints and cascaded learning to staff.
- Where mistakes had been made patients were notified about the outcome of any investigation and given a suitable apology.
- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Infection control procedures were in place and the practice followed published guidance.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.

# Summary of findings

- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and they were seen punctually.
- There were systems in place to record significant events, safety issues and complaints and to cascade information to staff.
- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided.

There were areas where the provider could make improvements and should:

- Provide an oxygen face mask suitable for use with children as part of the emergency equipment. Regularly check the resuscitation equipment and maintain records of this.
- Date local policies and procedures to show when they were compiled and next due for review.
- Maintain a record of the weekly checks made of the fire fighting and detection equipment.
- Maintain a record should a verbal reference be obtained for job applicants.

# 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 care which was safe in accordance with the relevant regulations. The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. In the event of an incident or accident occurring, the practice documented, investigated and learnt from it.

Staff had received training in safeguarding and whistleblowing and knew who to report concerns to. Staff were recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction procedures were in place and completed by all new members of staff. A record should be maintained of any verbal references sought for potential employees.

Infection control procedures were robust and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Local rules were displayed clearly where X-rays were carried out. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice and were serviced and maintained at regular intervals.

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### **Are services effective?**

We found this practice was providing effective care in accordance with the relevant regulations. Patients received an assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained. The practice kept detailed dental records of oral health assessments, treatment carried out and monitored any changes in the patients' oral health. The records also showed that patients were given health promotion advice appropriate to their individual needs.

Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner. Staff understood the Mental Capacity Act 2005 and were all due to attend update training in June 2015.

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### **Are services caring?**

We found that this practice was caring in accordance with the relevant regulations. Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. We saw that treatment was clearly explained and patients were provided with written treatment plans. People with urgent dental needs or in pain were responded to in a timely manner with appointments being available every day and outside of normal working hours.

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

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). Patients received a comprehensive assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained.

Appointment times met the needs of patients and they were seen promptly. Information about emergency treatment and a practice leaflet was available in reception to explain to patients about the services provided. The practice accommodated patients with a disability or lack of mobility.

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# Summary of findings

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

We found that this practice was well-led in accordance with the relevant regulations. The practice staff were involved in leading the practice to deliver satisfactory care. Staff were supported to maintain their professional development and skills. A range of clinical and non-clinical audits were taking place. The practice sought the views of patients both with a formal survey and informally. Health and safety risks had been identified, which were monitored and reviewed regularly.

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# Calder Dental Practice

## Detailed findings

### Background to this inspection

The inspection took place on 28 May 2015 and was conducted by a CQC inspector who had access to professional and clinical advice.

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.

We asked the practice to make available information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with the dentist, the practice manager and three dental nurses. We reviewed policies, procedures and other documents. We reviewed three comment cards that we made available for patients to complete about the services provided at the practice.

# Are services safe?

## Our findings

The practice had 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 bring safety issues to the attention of the dentist or practice manager. The practice manager told us there had been no safety incidents in the last 12 months.

There were procedures in place for investigating and responding to complaints. These set out how complaints and concerns would be investigated, responded to and how learning from complaints would be shared with staff. We saw that two complaints had been received, of which one had been resolved 'in-house' and the other had been found not proven by NHS England.

The practice had procedures in place to assess the risks in relation to the control of substances hazardous to health (COSHH) such as cleaning materials and other hazardous substances. Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the provision of personal protective equipment for staff and patients and safe storage of hazardous materials.

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

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and who to contact and how to refer concerns to agencies outside of the practice should the need arise. They were also able to demonstrate that they understood the different forms of abuse and how to raise concerns. From records viewed we saw that all staff at the practice were trained in safeguarding adults and children, with update training organised for June 2015. The dentist had a lead role in safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice.

The practice had whistleblowing policies. Staff spoken with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations. There had been no safeguarding concerns raised by the practice in the last three years.

### **Medical emergencies**

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received basic life support including the use of an Automated External Defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Emergency medicines and oxygen were readily available if required, other than an oxygen mask suitable for children, which should be provided. The practice was awaiting delivery of an AED. This would ensure the practice conforms with the Resuscitation Council UK guidelines. We checked the emergency medicines and found they were in line with the British National Formulary guidelines and were all in date. Staff told us that they checked medicines to monitor stock levels and expiry regularly. Emergency equipment was in working order. A schedule should be kept of the equipment available along with records of regular checks undertaken to ensure that all equipment is available and in working order.

### **Staff recruitment**

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and a Disclosure and Barring Service (DBS) check. We looked at the file for the most recently employed staff member and found that the process had been followed. However, in one instance a verbal reference had been obtained and had not been documented.

The practice had an induction system for new staff. The practice manager told us this included a period where new staff were mentored, during which they could familiarise themselves with the practices' policies and procedures. We saw that there was an induction checklist in place.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred staff would cover for their colleagues. Most of the staff had been employed by the practice for a number of years.

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

# Are services safe?

A health and safety policy and risk assessment was in place at the practice. This identified risks to staff and patients who attended the practice. The risks had been identified and control measures put in place to reduce them.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a legionella risk assessment, and fire evacuation procedures. Processes were in place to monitor and reduce these risks so that staff and patients were safe. Staff told us that fire detection and fire fighting equipment such as fire alarms and emergency lighting were regularly tested. However, records in respect of these checks should be completed consistently.

## Infection control

The practice was visibly clean, tidy and uncluttered. All areas of the premises where patients had access had been redecorated within the last 12 months. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. The types of cleaning and frequency were detailed and checklists were available for staff to follow. The practice manager told us that a cleaner was employed for cleaning the premises but dental nurses had set responsibilities in each surgery. The practice had in place systems for testing and auditing the infection control procedures.

We found there were adequate supplies of liquid soaps and hand towels throughout the premises. Posters describing proper hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities. Sharps bins were properly located, signed and dated and not overfilled. A clinical waste contract was in place and waste matter was stored securely until collection.

We looked at the procedures in place for the decontamination of used dental instruments. 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. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 01:05). On the day of our inspection, a dental nurse explained the decontamination process to us and detailed the correct procedures. The practice cleaned their instruments manually and with an automatic washer. Instruments were then rinsed and examined visually with a magnifying glass and sterilised in an autoclave. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that met the recommendations from the Department of Health.

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Staff were well presented. They told us that they wore personal protective equipment when cleaning instruments and treating people who used the service. Staff files reflected that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. 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 blood borne infections.

The practice had a legionella risk assessment in place, conducted and documented regular tests on the water supply.

## Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. Portable appliance testing (PAT) took place on all electrical equipment. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use and these were rotated regularly. Emergency medical equipment was in place and in working

## Are services safe?

order and in sufficient quantities. An oxygen mask suitable for use with a child should be provided. Records of checks carried out of the emergency equipment should be recorded for evidential and audit purposes.

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

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were displayed in area where X-rays were carried out.

The X-ray machine was the subject of regular visible checks and records had been kept. A specialist company attended at regular intervals to calibrate all X-ray equipment to ensure they were operating safely. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the

equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals.

The practice monitored the quality of the X-rays images on a regular basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms and the dentist considered each person's circumstance to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies.

The dentist and nurse we spoke with told us that each person's diagnosis was discussed with them and treatment options were explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice and general dental hygiene procedures. Where appropriate, dental fluoride treatments were prescribed. The individual patient records were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations.

Patients requiring specialised treatment such as conscious sedation or orthodontics were referred to other dental specialists. After their specialist treatment patients were then monitored by the practice to ensure they received a satisfactory outcome and all necessary post procedure care.

We reviewed three comment cards. Feedback we received reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. This included arrangements with a local dentist for the provision of dental care and temporary premises.

### Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on how to maintain good oral hygiene both for children and adults

and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance to have regular dental check-ups as part of maintaining good oral health.

### Staffing

The practice employed three dental nurses who also worked in reception and one dental hygienist. Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Staff files we looked at showed details of the number of hours they had undertaken and training certificates were also in place.

Staff training was monitored and training updates and refresher courses were provided. The practice had identified some training that was mandatory and this included basic life support, safeguarding and fire training. Records we viewed showed that staff were up to date with this training. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

The practice had procedures in place for appraising staff performance and records we reviewed showed that appraisals had taken place. Staff spoken with said they felt supported and involved in discussions about their personal development. They told us that the dentist, who was also the registered provider, and the practice manager were supportive and always available for advice and guidance.

The practice had an induction system for new staff. Records we looked at showed that there was an induction checklist which included an induction to infection prevention and control. We saw that new staff had completed or were on the way to completing a full induction.

### Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. This included referral for specialist treatments such as orthodontics.

### Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were

# Are services effective?

(for example, treatment is effective)

presented with treatment options and consent forms which were signed by the patient. Training records we looked at showed that staff had attended Mental Capacity Act 2005

(MCA) and discussion confirmed their understanding of the MCA. 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.

# 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. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was open plan but should a confidential matter arise, a surgery room was available for use.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of, and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that patient records, both paper and electronic were held securely.

The patients who completed comment cards reported they felt that practice staff were kind, caring, helpful and that

they were treated with dignity and respect. One comment said that staff always listened to concerns and provided excellent advice and appropriate treatment. Staff members told us that should a patient require emergency treatment outside of normal surgery hours then they could contact the practice manager by mobile telephone and arrangements would be made an early appointment. This could involve the dentist and a nurse opening the surgery and treating the patient.

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

Comment cards completed by patients included comments about how professional the staff were and how well treatments were explained, with time being taken to ensure full understanding. Further comments stated that staff attended to them promptly and that the practice was always clean and tidy. Another person commented that they had been very scared and staff had been excellent in allaying their anxieties.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patient's needs

The practice information leaflet and information displayed in the waiting area described the range of services offered to patients, the code of practice, complaints procedure, information about staff and the opening hours. The practice offered private treatment and the costs were clearly displayed and fee information leaflets were available. The practice had recently developed a web site to include further information for patients.

Appointment times and availability met the needs of patients. The practice was open from 8.30 to 1pm and 2pm to evening closing. Patients with emergencies were seen within 24 hours of contacting the practice, sooner if possible. The practice was open until 6pm one evening a week and one Saturday morning (by appointment) approximately every two months. Arrangements were in place to provide emergency out of hours treatment. The practice's answering machine informed patients of how to contact staff outside of the normal opening hours.

### Tackling inequity and promoting equality

The practice had policies a range of policies anti-discrimination and promoting equality and diversity. They had also considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. The practice had a step free access to assist patients with mobility issues, using wheelchairs or mobility scooters and parents with prams or pushchairs. There was a disabled toilet on the ground floor.

The practice had considered the needs of patients who were unable to attend the practice. The dentist told us that they very occasionally visited patients in their own home

should the need arise, for example because of problems with dentures. We were told that the nurse would accompany the dentist on any such visits and that treatment would be fully recorded.

### Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen within 24 hours or sooner if possible.

The arrangements for obtaining emergency dental treatment outside of normal working hours, including weekends and public holidays were clearly explained in the practice leaflet. Staff we spoke with told us that patients could access appointments when they wanted them. Patients who completed comment cards confirmed that they were very happy with the availability of routine and emergency appointments

### Concerns & complaints

The practice had a complaints procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Details of how to raise complaints were displayed in the reception area. Staff we spoke with were aware of the procedure to follow if they received a complaint.

The practice manager told us that there had been two complaints made within the last 12 months and actions had been taken to resolve these. CQC comment cards reflected that patients were highly satisfied with the services provided.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice.

There were systems in place for carrying out clinical and non-clinical audits within the practice. These included assessing the detail and quality of patient records, oral health assessments and X-ray quality. Health and safety related audits and risk assessments were in place to help ensure that patients received safe and appropriate treatments.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality and recruitment. Staff were aware of the policies and they were readily available for them to access. We saw that staff were required to sign to confirm that they had read and understood the policies. The practice used a computerised record system for all patients and all staff had been trained to use it. This enabled dental staff to monitor their systems and processes and to improve performance.

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

The culture of the practice encouraged candour, openness and honesty. Staff told us that they could speak with the dentist and practice manager if they had any concerns. They told us there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns.

All staff were aware of whom to raise any issue with and told us the practice manager and dentists would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

### **Management lead through learning and improvement**

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. Staff were aware of the practice values and ethos and demonstrated that they worked towards these. There were a number of policies and procedures in place to support staff and improve the services provided.

We saw that the dentist reviewed their practice and introduced changes to practice through their learning and peer review. A number of clinical and non-clinical audits had taken place where improvement areas had been identified. These were cascaded to other staff if relevant to their role.

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

The practice manager and staff told us that patients could give feedback at any time they visited. The results of the NHS Friends and Family questionnaires collated over the last month had been positive, with patients expressing a high level of satisfaction with the services they received.

The practice had systems in place to review the feedback from patients who had cause to complain. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

The practice held regular staff meetings and staff appraisals had been undertaken. Staff we spoke with told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted. There had been a recent staff team building event including attendance at a dental conference. Staff told us that they felt valued and part of a team.