

Dr. Angela Simpkins

# Beach Road Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 1 December 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**

Beach Road Dental Practice is located close to the centre of Hartford, in a converted residential property and comprises two treatment rooms, a dedicated decontamination room, waiting room, and storage and staff rooms, all on the ground floor. There are low steps leading into the practice, marked with white edges, and a handrail at the side of the steps. Parking is available on nearby streets.

The practice provides general dental treatment for adults and children, both NHS and private patients. The practice is open Monday to Thursday 8.30am-5.30pm and Friday 8.30am-3.00pm.

There are two dentists, one dental therapist/hygienist, two dental nurses, a trainee dental nurse, and a practice manager.

Dr Angela Simpkins is the registered provider. A registered provider is registered with the Care Quality Commission to manage the service. Registered providers 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 received 29 completed patient comments cards and spoke to four patients during the inspection. All these patients were very positive about the care and treatment they received from the practice. Patients commented that the staff were caring, helpful and respectful. Staff listened

# Summary of findings

to, and took account of, their individual needs. Patients reported no difficulty in arranging an appointment and treatment was carried out promptly in a safe and hygienic environment.

## **Our key findings were:**

- Appropriate equipment was available for staff to undertake their duties, and equipment was well maintained. However the practice was unable to show the Health and Safety Executive had been notified of the use of X-ray equipment on the premises.
- The practice recorded and analysed incidents and complaints and cascaded learning to staff. However information was not available about the next steps should a complainant be unsatisfied with the practice's response.
- Most staff had received safeguarding training, demonstrated good awareness and knowledge and knew the processes to follow to raise concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and emergency medicines and equipment were available.
- There were effective systems in place to reduce and minimise the risks and spread of infection. However cleaning equipment, (mops), were not properly stored.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current practice and legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about treatment.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice had a clear leadership structure, and staff felt involved and worked as a team.
- The practice sought feedback from staff and patients about the services they provided.

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

- Review staff training in relation to safeguarding in accordance with current practice.
- Review the practice's infection control procedures and protocols having due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review the practice's complaints procedure and provide information in relation to escalating complaints.
- Establish whether the practice is in compliance with its legal obligations under the Ionising Radiation Regulations (IRR) 1999.
- Implement a scheduled maintenance plan to bring the internal environment up to a standard that would support infection prevention and control.

# 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 protocols in place which were effectively used to minimise the risks associated with providing dental services.

There was a safeguarding lead and staff understood their responsibilities for identifying and reporting potential abuse. However one senior member of staff had not received any safeguarding training.

There were effective systems in place to reduce and minimise the risks and spread of infection. However we found that cleaning equipment was not properly stored. Some of the tiles in the hallway floor were cracked and some pieces were missing. Debris was becoming trapped in these areas.

There were systems for identifying, investigating and learning from incidents relating to patient safety. The practice had policies and protocols, which staff were following, for the management of infection control, medical emergencies and dental radiography. We found the equipment, including medical emergency equipment and medicines, used in the practice, was maintained and checked for effectiveness, however we found no evidence to show that the Health and Safety Executive had been notified of the use of X-ray equipment on the premises.

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### **Are services effective?**

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

The practice provided evidence-based care in accordance with relevant published guidance, for example, from the National Institute for Health and Care Excellence and the Faculty of General Dental Practitioners. The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options and costs to ensure that patients could make an informed decision before treatment was carried out and give valid consent to treatment. The practice worked with other providers when required and followed up on the outcomes of referrals made to other providers.

Staff were registered with the General Dental Council and engaged in continuous professional development to meet the requirements of their registration. Staff were supported through training, appraisals, and opportunities for development.

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### **Are services caring?**

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

We received positive feedback from patients through comment cards and discussions on the day of the inspection.

Patients felt that the staff were caring, polite, professional and friendly. They told us that they were treated with dignity and respect.

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

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

Patients had access to appointments to suit their preferences, and emergency appointments were available on the same day.

# Summary of findings

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The practice had limited accessibility due to the age of the building but information was clear about access. The needs of people with disabilities had been considered and there was assisted access to reception, the waiting area and treatment rooms. The practice assisted patients to find an alternative accessible practice if needed.

Patients were invited to provide feedback via a satisfaction survey and via the Friends and Family Test.

The practice had a complaints policy which was displayed in the reception and waiting area. However further information was not displayed in the reception and waiting area and on the practice's website to inform patients who they can escalate their complaint to if they were not satisfied with the response from the practice.

Information about emergency treatment and out of hours care was available on the answerphone and displayed in the waiting room and at the practice entrance.

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

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

The practice had a clear leadership structure in place and also shared responsibilities amongst senior staff. Good clinical governance and risk management arrangements were in place.

Auditing and learning from complaints were used to monitor and improve performance.

Staff were supported to maintain their professional development and skills. The practice staff met regularly to review aspects of the delivery of dental care and the management of the practice.

Patients and staff were able to feedback compliments and concerns regarding the service.

Patient records were stored securely and patient confidentiality was well maintained.

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# Beach Road Dental Practice

## Detailed findings

### Background to this inspection

We carried out an announced, comprehensive inspection of this practice on 1 December 2015. The inspection was led by a CQC inspector accompanied by a dental specialist adviser.

We carried the inspection out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

We assessed information received from the provider before the inspection which included their statement of purpose, staff details and details of complaints.

During the inspection we reviewed policy documents, comments cards, spoke to patients, interviewed staff and carried out observations.

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

Staff had a clear understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 although no reporting had been required. The practice had an accident book which was completed with details of staff and patient accidents. Staff inductions emphasised the importance of staff notifying the principal dentist about incidents, for example, skin irritations and sharps injuries, and staff were clear about doing this.

The practice had a sharps injury policy, and flowcharts were displayed in treatment rooms showing procedures to follow if an injury occurred. Staff were able to describe the actions they would take.

All staff had a clear understanding of procedures to follow when things went wrong and were able to demonstrate this in their handling of incidents and complaints. Patients were given a full explanation and apology, and learning from incidents and complaints was discussed in full at staff meetings. Any actions resulting from complaints were followed up promptly.

The practice had a system of passing on safety alerts received from the Medicines and Healthcare products Regulatory Agency. Staff were made aware of relevant alerts immediately by the principal dentist and practice manager. Alerts were also discussed at daily lunchtime meetings and staff meetings and this was recorded in the minutes. Paper copies of alerts were stored in a file for reference.

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

The practice had safeguarding policies for children and adults in place and up to date contact details for reporting concerns and suspected abuse. Staff interviewed understood the procedures and were aware of how to identify abuse and follow up on concerns. We noted that the principal dentist was trained to level three and was the lead for safeguarding. All other staff had attended safeguarding training to level two in line with current practice. One senior member of staff had not received any training in safeguarding.

The practice followed up patients who did not attend appointments with standard letters. However there was no specific process in place to follow up children or vulnerable adults who did not attend.

The dentists and the dental therapist are assisted at all times by a dental nurse. Dental nurses were rotated to provide experience in differing working methods.

Dental care records were maintained in writing and electronically. Electronic records were password protected and were backed up daily off site. Paper records were stored in lockable, fire retardant cabinets and cupboards. X-rays, estimate forms and medical histories were all stored together in the individual patient records.

### Medical emergencies

The practice had all the emergency medicines and equipment available in accordance with the Resuscitation Council UK guidelines and the guidance on emergency medicines in the British National Formulary. Weekly checks were carried out to ensure medicines and equipment were all within the expiry dates. Equipment and medicines were stored centrally and immediately accessible to staff.

Staff were trained annually, and together as a team, in cardio pulmonary resuscitation and in the use of an automated external defibrillator, (AED). [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm].

Staff were aware of the procedure to follow in an emergency and could describe this procedure clearly.

The senior nurse was also trained in first aid.

### Staff recruitment

The practice had a recruitment policy and maintained recruitment records for each member of staff. We reviewed four staff recruitment records. The records included application forms, interview notes, checking of references, employment history, evidence of qualifications, evidence of registration with the General Dental Council where required, immunisation status, induction process and checklist, and appraisal details. The practice had carried out Disclosure and Barring Service, (DBS), checks for staff. DBS checks for the dentists were carried out when they initially applied to join the NHS Dental Performers List.

# Are services safe?

The practice had trained all the dental nurses additionally in reception duties.

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

The practice had arrangements in place to deal with potential disruptions to the service and these were outlined in the business continuity plan. This ensured continuing care for patients.

The practice had a health and safety policy in place and maintained a Control of Substances Hazardous to Health Regulations 2002 file containing details of all products in use at the practice.

The practice monitored and acted on safety alerts and information from the Medicines and Healthcare products Regulatory Agency and the Department of Health.

We saw records of a fire risk assessment which had been carried out which included testing of all fire safety equipment. The practice had carried out actions resulting from the fire risk assessment. Fire alarm testing was carried out weekly and fire drills every six months. All staff had attended fire safety training in May 2015.

## **Infection control**

The practice had an infection control policy and associated procedures in place. We observed the decontamination process and found it to be in accordance with Health Technical Memorandum 01-05 Decontamination in primary care dental practices, (HTM 01-05) guidelines. The practice carried out infection control audits regularly. The senior dental nurse was the infection control lead.

We observed that the treatment rooms, decontamination room, reception and waiting area, and toilets were clean, tidy and clutter free. Clear zoning separated clean from dirty areas in the treatment rooms and decontamination room. Hand washing facilities were available in each of the treatment rooms and toilet facilities. Hand washing protocols were displayed appropriately near sinks.

The practice had a dedicated decontamination room for instrument processing. We saw staff followed a clear process of cleaning, inspecting, sterilising, packaging and storing of instruments to minimise the risk of infection. Staff used sealed boxes to transfer used instruments from the treatment rooms to the decontamination room.

We inspected the drawers and cupboards in the treatment rooms. All the instruments were pouched and dated with

the expiry date. Items for single use were clearly labelled. The treatment rooms and decontamination room had sufficient supplies of personal protective equipment for staff and patient use.

The dental water lines were cleaned daily to prevent the growth and spread of Legionella bacteria. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The suction unit was disinfected regularly. One of the dental nurses described the cleaning methods and these were in accordance with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out in 2013 to determine if there were any risks associated with the premises. The assessment identified actions and these had been carried out.

The dental nurse showed us the systems in place to ensure the decontamination equipment was checked daily and weekly.

Staff were responsible for cleaning the premises. There was a cleaning schedule in place which identified areas to be cleaned on a daily, weekly and monthly basis. The practice used its own colour coding system to assist with cleaning risk identification. We found mops for cleaning different areas of the practice stored inappropriately.

The practice was located in an old converted house. The hallway floor was tiled but several tiles were cracked and there were pieces missing. This was causing debris to become trapped. The practice did not have a refurbishment plan in place.

The segregation, storage and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. For example, we saw general and clinical waste was stored securely and separately and that sharps containers were secure. The practice had suitable arrangements for all types of dental waste to be removed from the practice by a contractor.

Spillage kits were available for contaminated spillages.

## **Equipment and medicines**

The practice maintained a file containing details of servicing and maintenance of equipment. We saw test certificates for the decontamination equipment, air

# Are services safe?

compressor, dental handpieces and X-ray equipment. The practice had portable appliance testing carried out annually. We saw evidence of a current gas safety check but did not see evidence of an electrical installation test.

The practice complied with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 as safe syringes had been put into use to avoid needles being re-sheathed. Staff were fully aware of procedures to dismantle other types of sharp instruments.

Prescription pads were securely stored in a lockable cabinet and the practice's stamp with dentists names, practice address and contract details was stored separately.

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

The practice had appointed a Radiation Protection Advisor and the principal dentist was the Radiation Protection

Supervisor. All staff had completed radiography training where required. Radiation warning signs were in place at the entrance of each treatment room. We saw the radiation protection file was well maintained however the practice did not have the Health and Safety Executive, (HSE), notification letter available. This letter is notification to the HSE that the practice is using X-ray equipment. The principal dentist contacted the HSE immediately to arrange this.

The practice had carried out X-ray audits. These audits showed the practice was acting in accordance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER), and patients and staff were protected from unnecessary exposure to radiation.

Dental care records confirmed that dental X-rays were justified, reported on and quality assured in accordance with IRMER.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with Faculty of General Dental Practice guidelines and General Dental Council guidelines.

The dentists described how they carried out examinations and assessments using a typical patient journey scenario. Patients completed a medical history questionnaire which included detailing any health conditions, regular medicines being taken and allergies as well as details of their dental and social history.

Dentists recorded a diagnosis and then discussed treatment options with the patient. The dental care record was updated with the proposed treatment after this was agreed with the patient. Patient consent was recorded.

Patients were monitored in follow-up appointments which were scheduled to individual requirements.

We checked dental care records to confirm what was described to us and found that the records were clear and contained sufficient detail about each patient's dental treatment. The medical histories had been updated. Details of the treatments carried out were documented and details of any medicines used in their dental treatment were recorded. We saw patients' signed treatment plans. Patient recalls were determined according to risk in accordance with Dental checks : intervals between oral health reviews guidance issued by the National Institute for Health and Care Excellence. Patients confirmed to us in feedback that their individual needs were taken into account

### Health promotion & prevention

The practice was following guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This guidance is used by dental teams for the prevention and reduction of dental disease in a primary and secondary care setting. A range of leaflets on dental treatments, oral health and smoking cessation was displayed in reception for patients and various oral hygiene products were available to buy.

Preventative information was recorded in the dental care records, and patients we spoke to, and those who had filled in comments cards said they found the advice was tailored to their needs and was helpful.

### Staffing

The principal dentist explained there was a central record kept of staff continuing professional development, (CPD), but also each staff member kept records of their own CPD. We reviewed staff records and the central CPD record, and found all staff were up to date with the topics which the General Dental Council highly recommends and, additionally, had completed training in a variety of other dental topics.

The practice carried out staff appraisals and these covered identification of training needs. We reviewed the appraisal records and noted these were a two way process. It was clear from staff interviews and records that training and continuous learning was a high priority in the practice. The practice offered staff support to attend courses to assist them in career development, even where courses related to treatments not currently offered in the practice.

Practice meetings were also used to deliver training and examples were seen of training delivered relating to updates in policies.

There was a comprehensive induction programme and staff also had their own individual recruitment records with relevant policies, procedures and job descriptions in them. Some staff additionally had lead roles.

### Working with other services

The practice manager and dentists described a range of primary and secondary care options for patient referrals and urgent referrals were being made in line with current practice.

### Consent to care and treatment

The Mental Capacity Act 2005, (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 practice had a policy of seeking consent before treatment was carried out and the dentists gave examples of how they would take mental capacity issues into account when providing dental treatment. This demonstrated their awareness of the MCA. They explained how they would manage patients who lacked the capacity

# Are services effective?

(for example, treatment is effective)

to consent to dental treatment. They told us if they had any doubt about a patient's ability to understand or consent to the treatment they would involve the patient's family and others as required.

The dentist explained how they obtained valid informed consent by explaining their findings to patients and

keeping records of their discussions. The dentist told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken.

The practice displayed the NHS fee bands, a private fee list and details of the monthly payment plan in reception.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We observed staff interacting with patients in the waiting room. Staff were friendly and caring towards patients. Feedback given by patients on comments cards and in interviews showed they were always treated with respect. Several patients who were anxious about dental treatment commented that the dentists were caring and supportive.

A separate room was available should patients wish to speak in private. Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were with dentists and the therapist. Conversations between patients and dentists could not be heard from outside the rooms which

protected patients' privacy. A number of patients commented on the relaxed atmosphere in the practice. Patients reported they felt that practice staff were kind, helpful and caring and they were treated with dignity and respect at all times. Comments also told us that staff listened to concerns and provided patients with good advice to make appropriate choices in their treatment.

The practice had emergency appointments available each day.

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

Patients commented that they were listened to and that what they said was acted on, for example if they wished to see a particular dentist. Dentists discussed treatment options with patients and allowed time for patients to decide. We saw this documented in the dental care records.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The treatment rooms in the practice were large and well lit.

The practice tailored appointment lengths to patients' individual needs and patients could choose which dentist they wished to see. We heard this choice being offered to a patient on the telephone.

Patients could request appointments by email, and reminders were sent by text message and email if the patient indicated their agreement to this. Several patients commented that they found this very useful.

The practice provided treatment to patients under their NHS contract. Additionally private treatment was available on a pay-as-you-go basis or by a private monthly payment plan.

A patient survey was carried out by the practice monthly. The survey covered a comprehensive range of topics. The practice also encouraged patients to complete the NHS Family and Friends Test cards. There was a suggestion box in reception for patients and staff.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy in place which staff were aware of.

The practice had an induction loop to assist hearing impaired patients.

The practice was located in an old converted house and had limited disabled access. Staff provided assistance to disabled patients and wheelchair users at the practice entrance when required. The surgeries, and reception and waiting area, were all accessible. There was clear

information in the practice leaflet regarding accessibility and the practice would support patients who could not access their building in finding another practice which could.

The practice was able to provide interpreter services if necessary.

### Access to the service

The practice opening hours were displayed at the entrance to the building, on the practice website and in the patient leaflet. Patients confirmed they were able to obtain an appointment within a reasonable time. Emergency appointments were available daily. Out of hours information was displayed in the practice leaflet, on the website, in reception and at the entrance to the practice.

Waiting times and delays were kept to a minimum. The practice had displayed a notice in reception asking patients to speak to reception if they were kept waiting more than 15 minutes.

### Concerns & complaints

The practice had a complaints policy and this was explained in leaflets available to patients and in the reception area. There were brief details about this on the practice website. However there was no information displayed in reception or on the website as to how patients can take complaints further if they were not satisfied with the response from the practice.

The practice provided information on complaints received in the last 12 months. We reviewed these and saw that they were thoroughly and promptly investigated and learning was shared at staff meetings. Staff also sought and followed advice from their professional indemnity organisation where appropriate.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had a clear management structure and governance arrangements in place. The principal dentist explained to us the practice's expectations of staff. Staff felt that all senior staff were approachable and helpful.

Responsibilities were shared between senior staff, for example the principal dentist was the lead for safeguarding and the senior nurse was the lead for infection control. The practice had clear, concise policies and procedures in place and these were regularly reviewed and accessible to staff. We saw evidence that the policies were being followed. The induction process for new staff included staff signing to confirm that they had read and understood the policies.

The practice had an overarching health and safety policy which detailed arrangements to identify, record and manage risks, with several risk specific policies, for example manual handling.

The practice held three-monthly staff meetings and daily informal catch up sessions at lunchtimes. We saw minutes from the last three staff meetings. These covered, for example, training, practice performance, policy updates and complaints.

Staff were aware of the importance of confidentiality and we saw evidence of information governance training which covered information security.

We reviewed audits of infection control, waste, X-rays and record keeping and saw actions resulting from these were followed up.

### Leadership, openness and transparency

All staff we spoke with described an open and transparent culture which encouraged candour and honesty. Staff told us they would be happy to raise concerns with the dentists or practice manager and they felt they would be listened to.

The principal dentist had a clear vision for the practice as evidenced in the practice's statement of purpose. The practice sets out to see patients on time; use good quality modern materials and equipment; support continuing staff training and development; spend sufficient time with patients; charge fair and reasonable prices and offer a choice of payment methods; and promote a culture of good and open communication with patients so they can help shape the service provision.

### Learning and improvement

All staff had records of continuing professional development, (CPD), which demonstrated they kept up to date. The CPD records reflected a variety of different learning methods in a variety of subject areas, for example online and presentations. Learning was also shared from audits, complaints and patient and staff feedback.

The practice had an appraisal system in place and appraisals were used to review individual's progress and identify any training and development needs for the coming year. Staff reported being happy in their roles, well supported by colleagues and always able to seek clarification and assistance if they were unsure of any of their duties. This was evidenced in the comments in their appraisal records.

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

The practice gathered feedback from patients from a monthly patient satisfaction survey. The most recent one concluded that patients were satisfied with the service and no issues were raised for the practice to address. Staff told us they felt able to raise ideas and concerns with the dentists and practice manager.