

Dr Andrew Holliday

# St James's Square Dental Surgery

## Inspection Report

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### Ratings

## Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

### Overall summary

We carried out an announced comprehensive inspection on Thursday 9 July 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.

St James' Square Dental Surgery is a private dental service newly registered with the Care Quality

# Summary of findings

Commission. The provider, Dr Andrew Holliday has another dental practice, Hewlett Road Dental Surgery at 62A Hewlett Road, Cheltenham, Gloucestershire, GL52 6AH.

The practice is set over three levels within an Edwardian building and offers spacious facilities. Facilities for patients are on the ground and first floor. The basement area is reserved for staff.

All treatment is private and the practice offers a financial plan to spread the cost of examinations and screening and includes discounted treatment not included in the plan. The plan includes a 24 hour helpline for emergencies at home or abroad and offers supplementary insurance for worldwide emergency treatment.

The practice provides a wide range of dental services from general preventative and restorative dentistry to help patients have and maintain healthy teeth and gums and cosmetic dentistry. The general dentistry includes white fillings, crowns, bridges, dentures and root canal treatments. Other treatments include tooth whitening, tooth veneers and dental implants.

Opening hours are 8am until 4:30pm each weekday. The practice is closed from 1pm until 2pm. There are four dentists and a part time hygienist.

There is a spacious reception and waiting area on the ground floor with an accessible toilet on the ground floor. Currently there are two treatment rooms, one on each of the ground and first floors. However, there are plans for a third treatment room and additional waiting room on the first floor.

The practice has an on-site dental laboratory in order to provide patients with same-day crowns, veneers and bridges.

We spoke with three patients attending appointments on the day of our inspection and 24 patients provided feedback about the service by completing Care Quality Commission comments cards.

Patients told us staff are friendly, helpful and caring. One patient spoke about having “first rate dental care” and described their dentist as “brilliant”. They told us treatment was explained to them and they were given various options from which to choose. One patient said they had never been to a dentist who had gone in to such detail when explaining treatment to them.

Patients said they had never had cause for complaint and felt safe. They spoke positively about the hygiene standards and appearance of the practice. One patient told us the dentists were “fantastic” when treating children.

The comments cards patients completed echoed what patients told us describing the treatment they received as “very thorough”, “exemplary” and “first class”. Patients told us they were given emergency appointments when needed and being treated with respect.

## Our key findings were:

- The provider had systems in place to respond to issues of concern and ensure they were up to date with current guidelines.
- Staff knew how to respond to concerns about children, young people and vulnerable adults.
- There were arrangements to deal with emergencies including interruptions to service provision.
- Safe systems were in place to ensure equipment was maintained and that instruments used in the provision of dental treatment were suitably sterilised.
- Patients were involved in decisions about their care and treatment and given information to enable them to maintain good oral health.
- The practice was accessible and the provider made arrangements for providing emergency dental treatment.
- There was a proactive response to complaints and comments from patients.
- There were good governance arrangements and staff were supported and given opportunities for professional development.

# 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 provided safe care and treatment and there were arrangements in place to protect children and vulnerable adults. There were sufficient staff for the smooth running of the practice and the premises and the equipment was suitable. The provider had put arrangements in place to respond to medical emergencies, maintain infection control and ensure safety in the use of radiation.

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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 person centered care and treatment. Patient's needs were assessed and they were involved in decisions about their care. Staff received appropriate training to enable them to fulfil their role. When treatment was required to be provided by another service, appropriate referrals were made.

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### **Are services caring?**

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

Patients said they were treated with care, dignity and respect. They were given relevant information to enable them to make informed decisions and maintain good oral hygiene. Patients spoke about how consultations had helped them explore dental treatment options, being given good explanations and the dentist being informative.

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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.

The practice was sensitive to the needs of patients and was accessible to patients with restricted mobility or wheelchair users. There were arrangements in place to deal with emergencies in normal surgery hours. The practice responded to complaints and changed practice where appropriate.

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

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

There were good governance arrangements and the practice sought the views of patients. Staff told us they felt supported and there were good communication systems.

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# St James's Square Dental Surgery

## Detailed findings

### Background to this inspection

We carried out a comprehensive inspection at St James Square Dental Surgery on 9 July 2015 as part of our inspection programme. The inspection was carried out by a Care Quality Commission inspector who had access to remote advice from a specialist advisor. The inspection included the review of records, policies and procedures. In addition we spoke with the provider, six staff and three patients and observed how patients were dealt with.

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 received alerts and information from a variety of sources including the British Dental Association and Dental buying Group Complete Healthcare Solutions of which the provider was a member. In addition the practice received notifications from the Royal College of Nursing.

The provider was aware of their responsibility and had information in relation to reporting under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

There was a significant event policy in place. No significant events had taken place since the practice opened. When complaints were received they were investigated and complainants were given a response. The provider told patients when things went wrong and apologised if appropriate showing they exercised a duty of candour.

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

The practices safeguarding policy for children, young people and vulnerable adults was based on guidance from the Department of Health, 'Child protection and the dental team'. We saw the flowchart for action to take displayed in the staff lounge alongside the practice policy.

All staff completed safeguarding children and safeguarding vulnerable adults training. Staff were aware of their responsibilities to report any concerns. None of the staff we spoke with ever had any concerns.

Patients gave us feedback about the service by completing Care Quality Commission comments cards or speaking with us. Patients told us they felt safe.

### Medical emergencies

Staff had received annual training in basic life support and use of the automatic external defibrillator (AED), for use in the event of cardiac arrest. Emergency medicines were held in line with the recommendations of the British National Formulary (BNF) guidance. There was a record of the weekly checks of emergency medicines, oxygen and AED and we found them all to be within their use-by date. The practice held a copy of the Resuscitation Council UK guidance for dental practices.

We saw there was a centrally held first aid kit and emergency eye wash station.

### Staff recruitment

We looked at the staffing records for three members of staff, a receptionist, a dental nurse and for one of the dentists. They showed staff had submitted a curriculum vitae (CV) and references had been obtained. For the receptionist and dentist there was one reference in place. The dental nurse had progressed from being an apprentice to a qualified nurse. When their placement began in the practice at Hewlett Road references had been provided to the college that arranged the placement. The provider was aware of the standard expected in respect of obtaining two written references now.

For each member of staff there was proof of identification, evidence of qualifications, record of immunisations, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. These 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.

### Monitoring health & safety and responding to risks

We saw health and safety information displayed in the staff lounge. There was a practice health and safety policy and dedicated policies for aspects of health and safety legislation such as, Control of Substances Hazardous to Health Regulations (COSHH) 2002. The practice had a checklist for risk assessments including COSHH and fire safety.

Risk assessments identified any hazards relating to an activity or aspect of safety and the staff at risk, the controls put in place to minimise risk and any further action needed. We saw COSHH risk assessments for all products used in the practice including those used for treatment and in sterilisation processes.

The practice maintained a fire log book. It recorded the weekly checks of the fire alarm system and portable fire fighting equipment along with the three monthly testing of the emergency lighting system and servicing.

We saw the business continuity plan and disaster recovery plan that was devised when the practice opened. The

# Are services safe?

provider told us that if there was an occasion when the St Jame's Surgery could not be used, business would be transferred to the providers other surgery at Hewlett Road Dental Surgery.

## Infection control

Patients we spoke with and who completed Care Quality Commission comments cards spoke positively about the cleanliness of the practice. One patient referred to safe, hygienic care.

The practice infection control policy included sections relating to the minimisation of blood borne virus, decontamination of dental instruments, cleaning and hand hygiene. The practice had a copy of the Department of Health guidance 'Decontamination Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM-01:05) and we saw an audit to check the guidance was being followed. The action report gave deadlines for the completion of tasks to ensure the practice complied.

A dental nurse was assigned to the sterilisation of instruments each day and they rotated this task.

The 'sterilisation suite' was set up based on the best practice guidance within the HTM-01:05. It comprised of two rooms with a transfer hatch between the 'dirty' and 'clean' rooms. We asked the nurse assigned to sterilisation duties to explain the process to maintain a clear flow from 'dirty' to 'clean'. They told us used, dirty instruments were transferred from the surgery in fastened lidded boxes retained for the transfer of dirty instruments. They were set down in the dirty room and the nurse washed their hands before putting on personal protective clothing (PPE) and cleaned in the sink prior to being placed in the ultrasonic bath to remove any debris. They were rinsed in distilled water and checked under a lit magnifying glass. If there was any debris left on the instruments the process began again. When the nurse was satisfied the instruments were clean they were placed in the transfer hatch. The nurse then removed the PPE and washed their hands before entering the clean room.

In the clean room the instruments were removed from the transfer hatch and placed in the steriliser, after the nurse had washed their hands and put on disposable gloves. When this process had ended the clean instruments were placed in pouches and date stamped for use within one year. The practice held clean instruments centrally.

There were records of the testing of equipment used in the decontamination of dental instruments including steriliser test strips and a record of a weekly test of the ultrasonic bath with foil strips used in the process retained. The frequency of these tests was displayed along with cleaning procedures and action to take in the event of a needle stick injury.

Each surgery had a cleaning schedule that listed the checks to be carried out at the beginning of surgery and again at the end.

There was a service level agreement with a clinical waste collection contractor. There were protocols for the management of clinical waste and sharp instruments. The practice had identified a dedicated storage area for waste awaiting the weekly collection and receipts were kept.

The practice had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). We saw records that confirmed the practice was carrying out regular monthly checks in line with this policy to reduce the risk of infection to staff and patients. We saw evidence to show staff had completed legionella awareness training.

## Equipment and medicines

The practice had a policy for the use of medicines. The medicines used in the practice were for local anaesthesia and for the treatment of infection (antibiotics). Medicines were stored securely and there was a record to show when medicines were issued. Patient records showed the type of anaesthesia used along with dose, batch number and expiry date. When antibiotic treatment for infection was required the dose and type of medicines were recorded.

We saw the practice was fully equipped to provide dental treatment. All of the equipment was new and the provider had made arrangements for servicing and maintenance.

## Radiography (X-rays)

We saw the practice had a copy of The Ionising Radiation (Medical Exposure) Regulations 2000 and notes on good practice. There was a dedicated radiation protection folder that showed a critical examination and acceptance test of the x-ray equipment had been carried out by Public Health England in September 2014 prior to the practice opening.

The provider was the radiation protection supervisor and the radiation protection advisor was external to the practice, as required. The local rules for the use of x-ray

## Are services safe?

equipment were displayed in each of the surgeries and in the room where the orthopantomogram (OPG) was sited. OPG x-rays provide a panoramic image of the teeth and other bones of the face and jaw and are used for orthodontic (tooth alignment) assessments, evaluations of the wisdom teeth, and periodontal imaging in relation to gum health .

An audit of 10 radiographs showed nine had been of good quality and one was unacceptable

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We looked at the dental records for four patients. They showed medical history was checked and recorded the patient was happy to proceed with examination. Any diagnosis and treatment options were discussed. There was a record of checks after treatment was given and of tooth cleaning advice given.

The provider had a degree in dental implantology and was a member of the Royal College of Surgeons. They devoted one day each week to provide dental implants and the on-site laboratory enabled crowns to be made the same day.

When patients expressed a wish to have dental implants, they were sent a letter after their initial assessment to determine whether this was a suitable option for them. We saw letters that confirmed the assessment and listed the choices available to them. The letters clearly set out the costs of treatment and highlighted any risks. In addition there were photographs of proposed treatments so patients could see the impact of their choice. They were asked to sign and return a consent to treatment form that was scanned into their individual record.

### Health promotion & prevention

There were a range of information leaflets in the waiting area relating to a variety of dental treatments and conditions. In addition the practice displayed the products that may be recommended for use and these were available for patients to purchase.

Patient records showed where oral hygiene and dietary advice had been given in addition to when the dentist had provided feedback and advice about tooth cleaning techniques.

One of the dental records we looked at showed the patient had presented with a chipped tooth. The dentist had relieved the patients discomfort by softening the edge of the chipped area. Where medicines for the treatment of infection were prescribed the type of medicine and prescription were recorded.

### Staffing

The practice staffing policy outlined the providers commitment to staff and stated it was dedicated to promoting the highest standard of care for patients recognising that an important part of that commitment to quality was the investment in staff.

There was a dedicated training policy that included a statement describing how the practice equal opportunities policy included staff training and showed all staff would be offered training to enhance their knowledge and skills.

Staff records showed the training staff completed. The provider subscribed to an on-line training agency and staff completed a range of courses. We saw these included safeguarding vulnerable adults and children, fire safety, equality and diversity and where appropriate, infection control. The nurse had completed first aid training and we saw they maintained a log of continuing professional development (CPD) to meet the requirements of their registration with the General Dental Council.

### Working with other services

The practice referred patients to other service providers for orthodontic treatment (tooth alignment) and for conscious sedation. Conscious sedation is a technique in which the use of medicines produces a state of depression of the central nervous system enabling treatment to be carried out, but in which verbal contact is maintained with the patient throughout the period of sedation. The provider was trained in providing conscious sedation and told us this could be offered in the future.

The on-site laboratory provided a technician service for prosthetics to other dental practices locally.

### Consent to care and treatment

The consent policy referred to informed consent, voluntary decision making and a patients ability to give consent. It made reference to Gillick competencies. These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions.

The policy also referred to gaining consent from patients with communication difficulties. It listed the contact details for a telephone interpreter service and identified the staff within the practice who could speak other languages such as Polish, French, German, Portuguese and Romanian.



# Are services effective?

(for example, treatment is effective)

Information about the Mental Capacity Act 2005 was available for staff. When we spoke with staff they demonstrated an understanding of mental capacity issues.

We saw patients consented to their treatment by signing their treatment plan, which was agreed with their dentist.

Otherwise, for simple treatments verbal consent was recorded in patient's notes. We saw one patient signing their treatment plan to give consent to the treatment they were going to have and this was handed to the receptionist for scanning and inclusion in their record.

# Are services caring?

## Our findings

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

There was a photographic display of those who worked in the practice on the wall of the entrance hall. It showed patients who staff were and their job title.

We spoke with three patients. They described a friendly and helpful team of staff who were caring. A patient who had previously been nervous told us how they had been reassured and felt more at ease now. A patient described their dentist as “brilliant”.

We received feedback about the service from 24 patients who had completed Care Quality Commission comments cards in advance of our inspection. Patients said they were happy with the whole experience and would recommend the practice to family and friends. They described staff as

caring, approachable and helpful. Some patients told us about short notice appointments and the flexibility of the practice to accommodate these. A patient said staff were always respectful.

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

When we looked at patient records we saw the treatment options available to them were discussed and recorded. Patients were given a written treatment plan with options and associated costs listed. When patients made choices this was recorded and they were required to give verbal consent to some basic treatments, such as a check up and written consent for more complicated or extensive treatment such as those requiring surgical treatment or prosthetics.

Patients told us the dentist always listened to what they had to say and they were involved in discussions and decisions about treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The premises had previously been offices and were converted for use by the provider prior to opening in March of 2015. All areas used for providing the service had been furnished to an appropriate standard with new equipment for the provision of dentistry.

The reception, waiting area and surgeries were spacious, bright and airy. Staff had a comfortable lounge in which to take their breaks. The provider had plans to increase the number of surgeries to three by providing a second first floor surgery and additional waiting room on the first floor.

Patients gave us feedback about the service by completing Care Quality Commission comments cards in advance of the inspection. They described a good clean and bright service and lovely building.

One of the dentists we spoke with described the practice as friendly and spoke about kind staff who were "responsive to patients needs".

### Tackling inequity and promoting equality

There was a sign at the front door indicating there was car parking and access for patients with restricted mobility at the rear of the premises. There was a ramp for those who used a wheelchair and for parents with pushchairs. There was a bell at the back door for patients to summon assistance.

The reception desk was split level to enable those who used wheelchairs and small children to engage fully with the receptionist.

There was a surgery and an accessible toilet on the ground floor for those who would be unable to manage the stairs to the first floor surgery.

### Access to the service

There was a sign outside the front door to the practice, which listed the dentists and hygienist working in the surgery with details of their qualifications. In addition the sign showed the practice opening hours and contact telephone number.

The practice reserved emergency appointments twice each day for patients who needed treatment because they were in pain or had a dental injury.

In the waiting area there was a notice openly displaying the charges for treatment so patients were kept fully informed.

### Concerns & complaints

The practice complaints policy and procedure was clearly displayed in the waiting area. It stated all complaints would be acknowledged within five working days and responded to within 10 working days. It included the contact details for the Dental Complaints Service and the General Dental Council should patients be dissatisfied with the providers response and the outcome of their complaint.

We saw correspondence relating to the two complaints received since the practice opened. It showed how complaints had been investigated and the response sent to the complainant.

Reception staff had recently completed training entitled 'Advanced communication skills to enhance the patient experience'. It was tailored to the practice and considered service standards and principles, handling callers, visitors and colleagues simultaneously and responding appropriately.

# Are services well-led?

## Our findings

### Governance arrangements

We saw there was a clinical governance policy and staff signed to indicate they had read a clinical governance statement.

The provider had a range of policies and procedures that were set out in a filing system that made information easy to store and retrieve. We found the policies and procedures were dated and signed by the provider who was the principal dentist and practice manager.

We looked at 12 policies and saw they clearly set out the expectations of the provider and actions to take to meet various legislation.

### Leadership, openness and transparency

Dentists, nurses and the receptionist spoke positively about the support they felt from the provider and their colleagues. They each spoke about good team working and the atmosphere in the practice which was friendly. We saw there was a good rapport between all staff and with the provider and his wife, who also worked in the practice during our observations.

Monthly staff meetings were held and there were separate meetings for the associate dentists. We saw minutes of meetings which showed all relevant topics were discussed in relation to the quality of service provided and the running of the practice. After each meeting there was a schedule of targets to be achieved and these were monitored to ensure they were completed. The last meetings were held on 7 July 2015.

### Management lead through learning and improvement

The provider had a system for carrying out audits. We saw audits in relation to health and safety, radiograph quality, infection control and legionella. They told us they would be carrying out full audits in September and this would include a patients satisfaction survey.

The provider told us about plans to carry out an audit of dental records in September 2015. They had designed the

audit and presented it to the other dentists so they knew what was expected of them. The audit would check the records of patients for each of the dentists and 10 records were to be selected at random. The audit was designed to check things such as whether discussions relating to medical history, social history and habits were recorded; whether diagnosis recording included discussion about any risks; if treatment options were discussed and whether the signed consent to treatment was in the record.

The provider had introduced a system of appraisal for staff that identified learning needs and wishes. One of the dental nurses we spoke with told us they were interested in a particular subject had mentioned this in their appraisal meeting and training was being arranged. Once the nurse had completed the training it would enable the practice to extend the range of services it provided.

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

We saw new patients were given a satisfaction questionnaire so the provider could gather feedback about the patient's initial experience with the practice.

There was a comments box in the waiting area along with slips for patients to make comments about the practice and services provided. We saw two comments had been received and these were displayed on a notice board in the waiting area. It was headed 'YOU SAID' and 'WE DID'. These related to a comment from a patient who said there was no information about emergency care and opening times. The provider had displayed emergency care information and responded by indicating the practice was considering options for opening later in the evenings and/or on Saturdays.

The provider told us they would conduct a patient satisfaction survey in September when the practice will have been open for six months.

When we asked staff about whistleblowing they were clear in their response that they would challenge any inappropriate practice.