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# Dental Surgery - Main Street Billinge

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 21 August 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this practice was providing safe care in accordance with the relevant regulations /

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

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

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

#### **Background**

The practice has one full time dentist who is also 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). There are two permanent dental nurses and two part time dental nurses who provide cover as required. One of the dental nurses is also the practice manager. The practice offers private dental care services to patients of all ages and currently has 1400 patients on its practice list. The services provided include preventative advice and treatment and routine and restorative dental care, including dental implants. The practice has one treatment room with a separate designated decontamination area.

The practice is open Monday to Thursday 9.00am to 5pm and on Friday from 9.00am to 2.30pm. Appointments are made outside these core hours by arrangement.

# Summary of findings

We viewed 24 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. We reviewed patient feedback gathered by the practice over the last 12 months. Patients who completed CQC comments cards were positive about the care they received from the practice. They commented they had confidence in the staff and that staff were caring and respectful, put them at ease and listened to any concerns.

## **Our key findings were:**

- The practice had systems to assess and manage risks to patients, including for infection prevention and control, health and safety and the management of medical emergencies.
- Dental care records showed on-going monitoring of patients' oral health. Staff had received training appropriate to their roles.
- Patients commented they felt involved in their treatment and that it was fully explained to them. The practice had an efficient appointment system in place to respond to patients' needs.
- We reviewed 24 CQC comment cards that had been completed by patients. Common themes were patients felt they were listened to and received very good care in a clean environment from a helpful practice team.
- The dental practice had effective clinical governance and risk management structures in place. There were systems to monitor the quality of the service.

# 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 in place to learn from and make improvements following any accidents or incidents. The practice had systems to assess and manage risks to patients; these included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. Staffing levels were safe for the provision of care and treatment.

### **Are services effective?**

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

The practice worked with other professionals in the care of their patients and referrals were made to hospitals and specialist dental services for further investigations or specialist treatment.

Patients' dental care records provided information about their current dental needs and past treatment. Following the inspection, the dentist confirmed they had updated their patient care record template to ensure the results of extra oral assessments, treatment options and a diagnosis is recorded in order to reflect their practice.

Staff were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

### **Are services caring?**

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

We looked at 24 CQC comment cards patients had completed prior to the inspection. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.

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

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

The practice provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. Patients told us, through comment cards, the practice staff were responsive to their concerns or anxieties. The practice provided patients with information about the services they offered on their website and in information leaflets. There was a procedure in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.

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

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

The dental practice had effective clinical governance and risk management structures in place. There were systems to monitor the quality of the service. The practice assessed risks to patients and staff and audited areas of their practice as part of a system of continuous improvement and learning. The practice manager and dentist ensured policies and procedures were in place to support the safe running of the service.

# Dental Surgery - Main Street Billinge

## Detailed findings

### Background to this inspection

This inspection took place on the 21 August 2015. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives, a record of any complaints received in the last 12 months and details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we toured the premises and spoke with the dentist and one of the dental nurses, who was also the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

The practice had systems in place to learn from and make improvements following any accidents or incidents. The practice had accident and significant event reporting procedures which included information and guidance about the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice maintained a significant events log which included a detailed description of the incident, the learning that had taken place and the actions taken by the practice as a result. We reviewed incidents that had taken place in the last 12 months and found the practice had responded appropriately

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

The practice had up to date child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff and provided contact details for both child protection and adult safeguarding teams. The practice manager, who was a dental nurse, was the safeguarding lead professional for the practice and had attended safeguarding training to support them carry out this role. Records confirmed staff read the practice's safeguarding policies and procedures annually and the practice manager provided update training as required. Dental nurses and the dentist undertook safeguarding training as part of their five year cycle of continuing professional development (CPD).

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments. Rubber dams were used in

root canal treatment in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.

### **Medical emergencies**

The practice had arrangements in place to deal with medical emergencies. An emergency resuscitation kit, oxygen and emergency medicines were available. Records showed weekly checks were carried out to ensure the equipment and emergency medicines were safe to use. We checked the emergency equipment and although there was a face mask and oropharyngeal airway available there was not a range of sizes in line with the guidance for emergency equipment in the Resuscitation Council UK guidelines. Following the inspection the dentist confirmed they now have a range of pocket masks and airways in the practice.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Staff attended training in emergency resuscitation and basic life support as a team in 2014 and were scheduled to receive update training in September 2015. Following discussion, the dentist confirmed they would introduce in house self directed team practices about what to do in a medical emergency; to support staff to respond quickly to medical emergencies and to practice using equipment.

### **Staff recruitment**

The practice had systems in place for the safe recruitment of staff which included seeking references and checking qualifications, immunisation status and professional registration. The practice manager told us it was the practice's policy to carry out Disclosure and Barring Service (DBS) checks for all newly appointed staff. 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. Records confirmed these checks were in place. Following the inspection, the practice manager confirmed they had updated their recruitment policy to reflect their recruitment process and had introduced pre-employment health questionnaires.

# Are services safe?

The practice manager checked the professional registration for newly employed clinical staff. The practice paid for staff members' professional registrations annually thereafter. Records we looked at confirmed these were up to date.

The practice had a staff induction procedure to support newly employed staff during their first three months of work. It included an appraisal with the practice manager to review their progress and identify any training needs.

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

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies and disruptions to the safe running of the service. For example, the practice closed the service for a week whilst a refurbishment programme took place.

The practice had health and safety and risk management policies in place and a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, exposure to hazardous substances and safe use of equipment. The assessments were reviewed annually and included the controls and actions to manage risks. The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva.

Records showed that fire detection and fire-fighting equipment such as fire alarms, smoke detectors and fire extinguishers were regularly tested and staff were trained as fire marshals and first aiders.

## **Infection control**

The practice manager was the infection control lead professional and they worked with the dentist to ensure there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related

guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. Posters about good hand hygiene, safe handling of sharps and the decontamination procedures were clearly displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the treatment room and the decontamination area appeared clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection control. The practice had cleaning schedules in place which were complete and up to date. Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

There were hand washing facilities in the treatment room and staff had access to good supplies of protective equipment for patients and staff members. The practice followed infection control guidance when carrying out dental implant procedures. This included the use of sterile solution for irrigation, using a vacuum type autoclave and ensuring there was a dedicated surgical drill unit.

Decontamination procedures were carried out in a dedicated decontamination area within the treatment room which was partially separated by an internal wall. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between the treatment room and the decontamination area which minimised the risk of the spread of infection.

The practice manager showed us the procedures involved in rinsing dirty instruments; and in inspecting, sterilising, packaging and storing clean instruments. Staff wore eye protection, an apron, heavy duty gloves and a mask while instruments were rinsed prior to being placed in an ultra-sonic cleaner and then an autoclave (sterilising machine). An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages.

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

# Are services safe?

Records showed a risk assessment for Legionella was carried out annually. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month.

The practice manager helped to ensure staff had the right knowledge and skills to maintain hygiene standards by providing training and updates every six months. The practice carried out a range of audits to ensure standards were being maintained and to identify areas for further improvement. For example, the self-assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) was completed every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Records showed a decontamination audit was carried out in July 2015. Audit results indicated the practice was meeting the required standards.

## Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinders and the X-ray equipment. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

The practice had a system in place for the recording, dispensing and use of medicines such as local anaesthetics, pain relief and antibiotics. The dentist used the British National Formulary to keep up to date about medicines. The practice kept a record of the names and dosage of all medicines given to patients; however this did not include the batch numbers and expiry dates to provide a clear audit trail of safe usage and dispensing. Following the inspection; the dentist confirmed they had updated their patient care record template to ensure these details were recorded. The practice carried out monthly stock checks of medicines stored in the practice.

## Radiography (X-rays)

The practice's radiation protection file was detailed and up to date with an inventory of all X-ray equipment and maintenance records. X-rays were digital and images were stored within the patient's dental care record. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were maintained, and X-ray audits confirmed the quality of the images were meeting required standards.

Staff had received training in radiography to help ensure good practice guidance was followed. The practice carried out dental implants and referred patients to a specialist centre for a Cone Beam CT scan of their jaw to provide precise bone measurements. The dentist was attending enhanced training to ensure they were able to maximise the diagnostic benefits of the scan.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed electronic and paper records of the care given to patients. We reviewed the information recorded in six dental care records. Dental care records provided information about patients' oral health assessments, treatment and advice given. They included details about the condition of the teeth, soft tissues lining the mouth and gums which were reviewed at each examination in order to monitor any changes in the patient's oral health. Following the inspection; the dentist confirmed they had updated their patient care record template to ensure the results of extra oral assessments and a diagnosis is recorded.

The dentist used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and determine how frequently to recall them. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. Medical history checks were updated at every visit. This included an update on patients' health conditions, current medicines being taken and whether they had any allergies.

Patients were given a copy of their treatment plan, including any fees involved. Treatment plans were signed before treatment began.

The dentist was informed by guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record and these were reviewed in the practice's programme of audits.

### Health promotion & prevention

The practice provided patients with advice on preventative care and supported patients to ensure better oral health in line with 'The Delivering Better Oral Health toolkit' (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting).

Dental nurses were trained to deliver oral health education based on the information received from patients at each routine check-up. Patients completed a medical

questionnaire which included questions about smoking and alcohol intake and an oral health questionnaire devised by the practice. This supported the practice to provide advice according to patient's individual needs. For example, the practice advised patients about fluoride toothpastes and prescribed high fluoride toothpaste when appropriate. Diet sheets and advice on smoking cessation were also available.

The practice had a selection of dental products on sale to assist patients maintain and improve their oral health.

### Staffing

The practice has one full time dentist and two permanent dental nurses. One of the dental nurses was also the practice manager. The dentist and practice manager planned ahead to ensure there were sufficient staff to run the service safely and meet patient needs. Two part time dental nurses provided nursing cover and the dentist had an arrangement with two other dental practices nearby to provide cover if required.

The dentist identified staff training needs in line with GDC requirements and practice needs. For example, mandatory training for permanent staff and those providing cover as required, included basic life support, safeguarding and infection control. Specialist training in clinical photography was planned for staff to support service developments.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. Staff had access to the practice computer system and policies which contained information that further supported them in the workplace. This included current dental guidance and good practice. The practice manager told us they had received appraisals and reviews of their professional development. The dentist acknowledged that two dental nurses in the practice had not had their appraisals which were due in 2014. They confirmed this would be addressed as soon as possible.

### Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed detailed proformas or referral



# Are services effective?

(for example, treatment is effective)

letters to ensure the specialist service had all the relevant information required. Dental care records contained details of the referrals made and the outcome of the specialist advice.

## **Consent to care and treatment**

The practice ensured valid consent was obtained for all care and treatment. The practice asked patients to sign consent forms for some dental procedures to indicate they understood the treatment and risks involved. The practice's consent policy provided staff with guidance and information about when consent was required and how it should be recorded

Patients were given verbal and written information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity

to give informed consent. The practice included information about the Mental Capacity Act (MCA) 2005 and its relevance to dental practice in the consent policy. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff confirmed individual treatment options, risks and benefits were discussed with each patient; however this information was not always fully documented in patient care records. The dentist told us they would ensure this information was included in patient care records.

# Are services caring?

## Our findings

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

24 patients provided feedback to us about the service by completing CQC comments cards prior to the inspection. They were positive about the care they received from the practice. They commented they were treated with respect and dignity by staff and felt confident about discussing any concerns or anxieties they had.

Privacy and confidentiality were maintained for patients using the service. Patients' dental care records were stored electronically; password protected and regularly backed up to secure storage. Paper records were kept securely in locked cabinets. The practice had policies to support staff maintain patient confidentiality and understand how patients could access their records. These included confidentiality and data protection guidance. The waiting area was adjacent to the reception; however staff were aware of the importance of providing patients with privacy and told us there was usually only one patient in the waiting area at any time. Confidential matters were

discussed with patients in the treatment room. There were no patients attending the practice during the inspection; however we observed staff were helpful and respectful to patients on the telephone.

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

The practice provided patients with information to enable them to make informed choices. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentist and felt listened to. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Records we looked at did not provide details of the support provided by carers or relatives. Following the inspection, the dentist confirmed they had updated their patient care record template to ensure this information is included.

Patients were given a copy of their treatment plan and associated costs and allowed time to consider options before returning to have their treatment. Before treatment commenced patients signed the treatment plan to confirm they understood and agreed to the treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice provided patients with information about the services they offered on their website and in information leaflets. Patients commented they had easy access to appointments, were seen promptly and had sufficient time to speak with the dentist. Patients could opt for a text or email reminder from the practice if they booked their routine check-up several months ahead.

The practice had systems in place to see patients the same day or within 24 hours if they required an urgent appointment. The dentist monitored all phone messages to the service made out of hours; and contacted patients if they felt it was an urgent matter. Patients commented they were able to get an urgent appointment when required.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients. The practice had audited the suitability of the premises in 2009. The dentist told us they were aware of the access constraints for patients with limited mobility and that they considered if reasonable adjustments were required on an on-going basis. The waiting room/reception area and treatment room were on the ground floor and there were patient toilet facilities on the ground floor.

The practice understood the needs of their patients and recorded, for example, medical or mobility difficulties on patient care records to ensure they could fully meet patient needs. The dentist told us they felt confident they could meet the needs of patients where English was their second language, by arranging interpreter services when required.

### Access to the service

The practice displayed its opening hours in their premises and on the practice website. Opening hours were Monday to Thursday from 9.00am to 5pm and Friday from 9.00am to 2.30pm. Staff told us they were flexible to meet the needs of patients and had arranged appointments outside the usual opening hours if required.

There were clear instructions in the practice, on the practice website and via the practice's answer machine for patients requiring urgent dental care. The dentist checked messages on the answering machine out of opening times, to ensure messages were acted upon as soon as possible. CQC comment cards reflected patients felt they had good access to routine and urgent dental care.

### Concerns & complaints

The practice had a Complaints Policy which provided staff with clear guidance about how to handle a complaint. We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which ensured a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room and on the practice website. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. The practice had received one complaint in the last 12 months which had been responded to but which was still on-going.

# Are services well-led?

## Our findings

### Governance arrangements

The practice has one full time dentist who is also 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). The practice manager, who was also a dental nurse, was responsible for the day to day running of the practice. They worked together on aspects of governance such as responding to complaints and managing risks.

The practice was accredited by Denplan Excel. This is a framework for continuous improvement for practices who are members of the Denplan insurance scheme. The practice had annual reviews of quality by Denplan to ensure standards were being maintained. Where areas for improvement had been identified action had been taken.

Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to fire, exposure to hazardous substances and infection control.

Lead roles, for example in infection control and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members.

There was a full range of policies and procedures in use at the practice and accessible to staff. These included guidance about confidentiality, record keeping, incident reporting and data protection.

### Leadership, openness and transparency

The principal dentist and practice manager provided clearly defined leadership roles within the practice. The

practice had a policy regarding duty of candour, which reflected the practice's approach about informing patients when they were affected by something that goes wrong, given an apology and told about any actions taken as a result.

Informal meetings were held with the team as required and formal time was allocated to complete team training, for example for emergency resuscitation and basic life support. Information was shared on a day to day basis and any changes made were reflected in practice policies which staff signed to say they had read.

### Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Records showed professional registrations were up to date for all staff and there was evidence of continuing professional development taking place.

The practice audited areas of their practice each year as part of a system of continuous improvement and learning. These included audits of X-rays, patient records and infection control procedures. The audits included the outcome and actions arising from them to ensure improvements were made.

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

The practice had systems in place to seek and act upon feedback from patients using the service. These included carrying out patient surveys by Denplan. The most recent patient survey report in March 2014 showed a high level of satisfaction with the quality of the service provided. The practice had acted upon patient feedback and introduced a text/email reminder service for patients regarding their next appointment.