

Dr. Jaco Craig

# Cloves Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 11 January 2016 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 principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. In addition to the principal, the practice engaged two associate dentists, a hygienist, and employed three trained dental nurses, with one nurse having lead responsibility for managing reception. The practice manager is also a trained dental nurse. All the dental nurses work as a team and are responsible for the cleaning of the practice.

The practice is located at ground level within a range of shops and is accessible to wheelchair users. Due to building constraints the toilets are not accessible for patients with limited mobility but disabled toilet facilities are located nearby.

The practice had two treatment rooms, a staff kitchen area, reception and waiting room and one decontamination room for cleaning, sterilising, and packing dental instruments. The practice is open Monday to Thursday 9.00 am to 5.00 pm, Fridays 9.00 am to 1.00 pm. For private patients, the practice has extended opening hours available.

We spoke with four patients during our inspection and received 41 comments cards that had been completed by

# Summary of findings

patients prior to our inspection. We received positive comments about the cleanliness of the premises, the empathy and responsiveness of staff, and the quality of treatment provided.

Four patients told us that staff explained treatment plans to them well. Patients reported that the practice had seen them on the same day for emergency treatment. Patients commented that the service they received was good, and that they were always clear about the costs involved in their treatment.

## **Our key findings were:**

- Staff had received safeguarding training and knew the processes to follow to raise any concerns.
- Staff had been trained to deal with medical emergencies and appropriate medicines and life-saving equipment were readily available and accessible.
- Infection control procedures were in place and staff had access to personal protective equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.

- Patients received clear explanations about their proposed treatment, costs, benefits, and risks and were involved in making decisions about them.
- 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 staff felt involved and worked as a team.
- We found that systems, and risk assessments, were in place to give oversight and ensure compliance with regulations, and safety however we found that the management of some medicines was not adequately robust to keep patients safe.
- We found that regular audits of X-rays were not in place to manage performance, identify risks, mitigate, and drive improvements.

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

- Ensure safe storage and robust stock management of medicines that could be dispensed to patients.
- Ensure audits relating to X-rays are undertaken at regular intervals to help improve the quality of service.
- Record peer review discussions for future and reflective learning.

# 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 processes in place to ensure all care and treatment was carried out safely.

Staff had received training in safeguarding vulnerable adults and children, and they could describe the signs of abuse and were aware of the external reporting process. Staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

Infection control procedures were in place and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice, serviced, and maintained at regular intervals.

### **Are services effective?**

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

Consultations were carried out in line with guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits and options available to them. Patients were referred to other services in a timely manner.

Staff were supported through training, and opportunities for development. Staff had received training in the Mental Capacity Act 2005.

### **Are services caring?**

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. We saw that treatment was clearly explained and patients were provided with treatment plans.

Patients with urgent dental needs or pain were responded to in a timely manner, usually on the same day.

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

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

Appointments were easy to book and the practice offered extended opening hours to meet the needs of those who could not attend during normal opening hours. The practice offered slots each day enabling responsive and efficient treatment of patients with urgent dental needs.

There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area.

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

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

# Summary of findings

Staff had received inductions, and regular performance reviews. The practice team were an integral part of the management and development of the practice.

The practice had a number of policies and procedures to govern activity and held regular staff meetings. It proactively sought feedback from staff and patients, which it acted on. However, we found that they did not undertake regular audits of X-rays. These must be undertaken at regular intervals to help improve the quality of service.

We found that that some medicines that could be dispensed to patients were not stored appropriately and there was not a system to ensure that stock was rotated and expiry dates were checked.

# Cloves Dental Practice

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 11 January 2016 and was conducted by a CQC inspector and a specialist dental advisor.

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.

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

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

During the inspection we spoke with the principal dentist and one associate dentist, practice manager and two dental nurses. We reviewed policies, procedures and other documents. We received feedback from 41 patients during the inspection process.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints. Staff were aware of the reporting procedures and were encouraged to bring safety issues to the attention of the dentist. There had been two complaints recorded. These were documented and dealt with appropriately.

The practice received national and local alerts relating to patient safety and safety of medicines. The manager who received the alerts by email, cascaded to the dentists, actions if required were taken, a copy printed and retained in a designated folder. Staff were aware of where to locate the information.

Staff understood the process for accident and incident reporting including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). We reviewed the accident book and noted one entry in the past year. This was documented and well managed.

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

The practice had satisfactory child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting, and dealing with suspected abuse. Staff had completed the required training in child protection and described the actions they would take if they were concerned.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The practice showed us that they had rubber dam kits available and used when carrying out endodontic (root canal) treatment.

We noted that there was good signage throughout the premises clearly indicating fire exits, the location of first aid kits, medical emergency equipment, and X-ray warning signs to ensure that patients and staff were protected.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All staff had received basic life support training. An automated external defibrillator (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) was available. Staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest.

We checked emergency medicines, equipment and oxygen, and found that they were readily available and were within their expiry dates. This was in line with the Resuscitation Council UK and British National Formulary Guidelines.

### Staff recruitment

The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of identity, checking skills, and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We reviewed the files of the employed staff and found that all the necessary checks had been undertaken and recorded.

The practice had a formal induction system for new staff, this included practice policies been read and we saw that all staff had signed to say that they understood them.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. Staff told us a system was in place to ensure that where absences occurred, they would cover for their colleague. The practice had access to a locum agency should the need arise.

### Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified risks to staff and patients who attended the practice.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a Legionella risk assessment and

# Are services safe?

fire evacuation procedures. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.

Staff had received an annual fire safety refresher June 2015; they were able to describe the actions they would take in the event of a fire. There were sufficient fire extinguishers and they had been serviced April 2015.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

## Infection control

The practice was visibly clean, tidy, and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. The principal dentist was the lead for infection prevention and shared responsibility with the dental nurses. The nurses were responsible for the decontamination processes. The practice had systems for testing and auditing the infection control procedures.

Sharps bins were signed dated and not overfilled. A clinical waste contract was in place and waste matter was securely stored within a designated, locked area at the rear of the property.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the essential processes and practices to prevent the transmission of infections. Decontamination of dental instruments took place in a dedicated room in the practice. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

We found that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices.

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

The practice had a sharps management policy which was clearly displayed and understood by all staff, we noted that they used syringes and needles with a protective device. The practice had a record of staff immunisation status in respect of Hepatitis B, and there were clear instructions for staff about what they should do if they injured themselves with a needle or other sharp dental instrument.

## Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. Portable appliance testing (PAT) took place on all electrical equipment in November 2015.

Most medicines in use at the practice were in date, stored and disposed of in line with published guidance. We found that the storage of antibiotics that could have been dispensed to patients was not adequate. We found the medicines stored in a locked cupboard however, the medicines were presented in a disorganised way within a large cupboard box, making robust stock control difficult. We found two boxes of antibiotics that had expired in July 2014. These were removed immediately. There was not a system in place to manage these medicines to keep patients safe.

We noted that the practice stored medicines and materials in a fridge that contained food and were not checking or logging the temperature of the fridge. We highlighted this to the practice, who took immediate action to address this issue.

There were sufficient stocks of equipment available for use and these were rotated regularly to ensure equipment remained in date for use.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

## Radiography (X-rays)

The practice was registered with the health and safety executive as required under Ionising Radiations Regulations 1999 (IRR99) Reg. 6(2) Notification of Work with Ionising Radiations.

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

## Are services safe?

A radiation protection advisor and a radiation protection supervisor had been appointed as required by the Ionising Regulations for Medical Exposure Regulations (IR (ME) R 2000), to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating

the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The dentist monitored the quality of the X-ray images on an individual basis and dental care records were being maintained. However, regular audits were not undertaken to ensure that they were of the required standard to reduce the risk of patients being subjected to further unnecessary X-rays.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. The dental care records contained all the relevant detail including medical history and followed the guidance provided by the Faculty of General Dental Practice. Radiographs were taken at appropriate intervals and in accordance with the patient's risk of oral disease.

The dentists told us that each person's diagnosis was discussed with them and treatment options were explained. Fluoride varnish and higher concentration fluoride toothpaste were prescribed for high risk patients. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice and detailed dental hygiene procedures.

We received feedback from 41 patients; we also reviewed comments collected to date by the practice using the Family and Friends test (This is a national programme to allow patients to provide feedback on the services provided). All the comments received reflected that patients were very satisfied with the staff, assessments, explanations, the quality of the dentistry and outcomes.

### Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice. An electronic information board in the waiting area displayed a range of information for patients, including costs of treatment. Staff told us that they advised patients on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health. Patients we spoke with confirmed that they had received health promotion advice.

### Staffing

Dental staff were appropriately trained and registered with their professional body. One dental nurse and the practice manager shared responsibility for managing the reception duties and all dental nurses were responsible for the cleaning of the practice. Staff reported that they were encouraged and supported to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Staff records reviewed confirmed this.

Staff told us that they regularly met to discuss training, and their needs, we viewed minutes of staff meetings that had been held. Staff spoken with said they felt supported and involved in discussions about their personal development. They told us that the provider dentist was supportive, approachable, and always available for advice and guidance.

### Working with other services

The practice had a system in place for referring, recording, and monitoring patients for dental treatment and specialist procedures for example root canal treatment, impacted wisdom teeth and orthodontics. The practice did not keep a log of these referrals. However each dentist managed their own referrals and confirmed their receipt if necessary. The practice manager told us that there not been any incidents of delayed treatment.

### Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient.

Staff were aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. Staff had received Mental Capacity Act 2005 (MCA) training and were fully conversant with the relevance to the dental practice. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for them.

# Are services caring?

## Our findings

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity, respect, and maintained their privacy. The reception area was well designed, spacious and conversations were managed to maintain patient confidentiality.

A data protection and confidentiality policy was in place. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that dental care records were held securely.

Patients reported that they felt that practice staff were friendly, helpful, and caring and that they were treated with dignity and respect. Many patients said that staff were always very friendly and professional.

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

Feedback from patients included comments about how professional the staff were and treatments were always explained in a language they could understand. A patient who was attending for emergency treatment told us that staff were sensitive to their anxieties and needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

The practice provided a range of services to meet patients' needs. It offered both NHS and private treatment to children and adults.

There was good information for patients about the practice, available both in the waiting area and in the practice leaflet. This included details about the dental team, the services on offer, how to raise a complaint, and information for contacting the dentist in an emergency. There was clear information about NHS and private costs on display in the waiting room. We noted a few suitable toys in the waiting room for children to enjoy whilst they waited.

### **Tackling inequity and promoting equality**

The practice was based on the ground floor level, making good access for those in wheelchairs or with push chairs. Toilets suitable for patients with disabilities were not available in the practice but suitable public ones are located nearby. This was made explicit in the practice's information leaflet and reception staff signpost patients if needed.

The practice had a low population of patients whose first language was not English and had access to translation services if required.

There was no hearing loop to help those with hearing impairments; the receptionist had a basic knowledge of sign language this was useful when helping patients who were deaf. The staff were able to obtain information, usually without delay, in other formats or languages if required.

### **Access to the service**

The practice was open Monday to Thursday 9.00am to 5.00pm, Friday 9.00am to 1pm and offered extended hours to meet the needs of private patients unable to attend during the working day.

Appointments could be booked by phone or in person. Staff told us patients were seen as soon as possible for emergency care and this was normally on the same day. Patients we spoke with and comment cards said that the practice had responded quickly when they had a need for urgent treatment.

The practice's answer phone message detailed how to access out of hours emergency care if needed.

All the patients we spoke with were satisfied with the appointments system and said it was easy to use.

### **Concerns & complaints**

There was information available for patients giving them details of how to complain, the practice had two complaints, and no significant events recorded in the past 12 months. The complaints had been documented and patients responded to appropriately. The practice meetings held a regular slot for complaints and significant events, ensuring that any issues, actions required and learning was shared in a timely fashion.

Patients we spoke with told us they felt confident that staff would respond appropriately to any concerns they had. The staff were aware of how to deal with a complaint should they need to. For example a patient had been dissatisfied with the colour of a crown that had been fitted. The dentist provided and fitted a new one.

# Are services well-led?

## Our findings

### **Governance arrangements**

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, needle stick injury, safeguarding vulnerable adults and child protection. These policies and procedures had been updated regularly, and were available to staff.

The practice had an information governance policy which staff were aware of to ensure compliance with the laws regarding how patient information is handled.

There were meetings involving all the staff where a range of practice issues were discussed such as policies, administrative protocols, appointment systems, and targets. Minutes of the meetings were taken for those who could not attend. Staff told us there were meetings where they felt able to raise concerns. Staff felt their suggestions were listened to, for example, if they had identified new materials or equipment for use in the practice, these were discussed, and if appropriate implemented, a new computer system had been installed December 2015.

Staff received a yearly appraisal of their performance, these appraisals were comprehensive and covered staff's performance in relation to their communication, complaints handling and patient

information management. Staff reported that their appraisal was useful, and helped to identify any training needs.

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

Staff told us they felt able to raise concerns at any time and did not wait for the monthly meeting. Staff felt involved with the management of the practice. Although they had not needed to use it, staff we spoke with were aware of the whistle blowing policy and understood when it was appropriate to use.

We found that the management of some medicines was insufficient. There was no system in place to ensure that the stock of antibiotics was checked and rotated.

Since 2013, the practice had not undertaken regular audits. Audits of X-rays would identify risks to patients, manage performance, and drive improvements.

### **Learning and improvement**

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. Staff told us they had good access to training and the practice monitored it, to ensure essential training was completed each year.

There was no formal system of peer review in place for the dentists to help monitor their reflective learning, performance and drive improvement.

Minutes of staff minutes showed that learning was taken from complaints, significant events, and staff feedback.

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

Patients were given the opportunity to give feedback and influence how the service was run at each appointment. The practice offered comment cards for the NHS family and friends test. Patient involvement and feedback was discussed at staff meetings, we viewed minutes from a meeting held in June 2015.

Although there was no specific survey for staff, staff told us that the management team were approachable and they felt they could give their views about how things were done at the practice. Staff confirmed that they had regular meetings where they could suggest improvements to how the practice ran.