

# Execudent Limited

# Salisbury Dental Centre

## Inspection Report

40 Castle Street

Salisbury.

SP1 3TS

Tel: 01722 322722

Website: [www.smilepad.co.uk/location/the-salisbury-dental-centre/](http://www.smilepad.co.uk/location/the-salisbury-dental-centre/)

Date of inspection visit: 16 November 2017

Date of publication: 07/02/2018

## Overall summary

We carried out this announced inspection on 16 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information.

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 form the framework for the areas we look at during the inspection.

### Our findings were:

#### Are services safe?

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

#### Are services effective?

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

#### Are services caring?

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

#### Are services responsive?

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

#### Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

### Background

Salisbury Dental Centre is close to the centre of the city and provides NHS and private treatment to patients of all ages. There are good transport links to the practice.

There is level access for patients who use wheelchairs and pushchairs. Car parking spaces can be found on roads near the practice or in the nearby public car parks.

The dental team includes four dentists, six dental nurses, one dental hygienist, two receptionists and a practice manager. The practice has five treatment rooms.

# Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Salisbury Dental Centre was the practice manager.

On the day of inspection we collected 14 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

During the inspection we spoke with four dentists, three dental nurses, a receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Thursday 8.30am – 1pm & 2pm - 5.30pm
- Friday 8.30am - 1pm
- Out of hours information displayed on website and via telephone answering service.

## Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk but they were not always operated effectively.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice recruitment procedures did not meet the legislative requirements for the safe recruitment of staff.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had mostly effective leadership but it did not ensure staff completed all required continuing professional development through appraisal.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided but this was not analysed or results shared with staff and patients.
- The practice dealt with complaints positively and efficiently.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

## Full details of the regulations the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Review its policy and procedures in reporting relevant incidents to the Care Quality Commission, when appropriate.

# 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 this practice was providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. A comprehensive log of all significant incidents was not kept. However we saw they used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. The practice had not always completed essential recruitment checks.

Premises and equipment were clean and mostly well maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, absolutely wonderful, best care ever. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles but had few effectively operated systems to help them monitor this.

No action



### Are services caring?

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

We received feedback about the practice from 16 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and helpful.

Patients said they were given honest explanations about dental treatment; costs were fully explained and always received the right care as needed. They said their dentist listened to them. Patients commented staff made them feel at ease, especially when they were anxious about visiting the dentist.

No action



# Summary of findings

We saw staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

## Are services responsive to people's needs?

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

The practice appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and could provide large print information to help patients with sight loss. There were no arrangements to help patients who were hard of hearing.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Enforcement section at the end of this report).

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and mostly stored securely.

The practice monitored clinical and non-clinical areas of their work but did not fully analyse the data and feedback to staff to help them improve and learn. This included asking for and listening to the views of patients and staff.

The practice had arrangements to ensure the smooth running of the service but these were not always operated effectively. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. For example the system for reporting, recording and managing significant events and the system for monitoring and supervising staff were ineffective.

Enforcement action



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report accidents, incidents and significant events. The practice recorded, responded to and discussed incidents to reduce risk and support future learning. Staff knew about the reporting process and mostly understood their role within it.

There had been nine incidents in the last 12 months. These had been documented but records seen did not evidence appropriate action had been taken or follow up of the incidents. For example there had been two sharps injuries in last 12 months which the practice manager told us they did not know about.

Accident forms seen had no information recorded regarding the management of the injury and if practice policy had been followed. The records made no mention of an Occupational Health referral or advice. Incident records required more details regarding the treatment of accident/incident, outcome, learning from it and follow up.

There had been one medical emergency in which oxygen was used and an ambulance called. The episode was not well documented and did not demonstrate follow up with the patient after the event.

There had also been a recent fire in the practice to which the fire authority attended. The fire authority attended after again after the fire and deemed the practice was not a high risk area. They acknowledged the practice was in the process of managing the remaining risks. The registered manager and company did not notify CQC in accordance with their regulatory requirement.

The practice did not keep a log of incidents to identify recurrences and ensure learning from these took place.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Central Alerting System (CAS). Relevant alerts were discussed with staff, acted upon and stored for future reference.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were

vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. However the policy or procedure did not include local numbers for the safeguarding children or adult teams.

We saw evidence staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. There was no named lead professional for safeguarding. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice arrangements for safe dental care and treatment. These included some risk assessments which staff reviewed every year. We identified the practice did not have a risk assessment for the management of sharp instruments and did not follow relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice had not always followed their recruitment procedure.

We saw for one member of clinical staff they had not obtained a Disclosure and Barring Service (DBS) check and had not checked the clinician's record of radiation training to ensure their practice was current. In discussion with the

# Are services safe?

registered manager we were told they did not request documentary evidence of appropriate background checks from agency nurses or the agency which supplied them. This was not in line with their recruitment policy.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

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

The practice health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered some workplace and specific dental topics.

In discussion with the practice manager we identified the practice did not have any risk assessments for the Control of Substances Hazardous to Health but did have the data sheets available for these products. The practice did not have any risk assessments for staff who commenced working at the practice before a DBS had been obtained or for any staff who had not been fully immunised against hepatitis B.

The practice had an electrical fire in September 2017. Prior to the fire it had been recognised that the suction pumps in four out of five of the treatment rooms and the main suction pump were not working appropriately. An engineer had visited and identified parts and servicing was required. The practice continued using the equipment and subsequently a fire started at the main suction pump.

The fire authority made some recommendations and the practice had completed the high risk areas. The fire authority visited the practice in October 2017 and deemed that there was a reasonable standard of fire safety and it was not deemed high risk.

The provider had a fire risk assessment carried out in January 2017. We found that three members of staff had received fire warden training. The other 11 members of staff had not received any fire safety training. The fire alarm had been tested on a monthly basis rather than weekly.

The practice manager had informed us that a fire drill had been undertaken in November 2017 but there was no record of this. There was limited detail of previous fire drills that had been undertaken. The practice was unable to provide us evidence that they had its five yearly electrical wiring safety check.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists when they treated patients.

## **Infection control**

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We were told by staff and the practice manager there was no identified lead professional for infection prevention and control in the practice.

During the inspection we observed staff did not use the correct personal protective equipment when decontaminating instruments. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

In the decontamination room we observed a ceiling tile had been partially removed for a trailing wire from loft to the digital X-ray developer. In discussion with the registered manager we were told there was no action plan or timeframe to address this issue.

The practice had recently carried out an infection prevention and control audit which was not dated or signed and did not reflect the current practice arrangements. In discussion with the registered manager and staff they were not aware the audit was required to be completed six monthly. They also told us they were unaware of the requirement of an annual infection control statement.

The practice told us had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with the risk assessment. However they had no documentary evidence to corroborate what they told us about the management of the dental unit water lines.

# Are services safe?

We saw cleaning schedules for the premises. The practice appeared clean when we inspected and patients confirmed this was usual.

## **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

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

The practice had mostly suitable arrangements to ensure the safety of the radiograph equipment. They met current radiation regulations and had most of the required information in their radiation protection file.

In the file there was no documentary evidence of the Health and Safety Executive critical examination and acceptance testing for the X-ray machines. We asked the registered manager for this information and they told us they did not have it.

We also raised with them our concerns regarding the square collimator in one of the surgeries and the radiation report relating to this equipment. We asked the registered manager to contact their RPA for clarification and advise us of the outcome. We have not been notified this was completed or of the outcome.

We saw evidence that the dentists justified, graded and reported upon the X-rays they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check the dentists recorded the necessary information.

### Health promotion & prevention

The practice provided preventative care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us that when applicable they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us that when applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. In discussion with the most recent member of staff were told they had been walked around the practice but there was no documentary evidence of induction and the topics covered.

In discussion with clinical staff they told us they had completed the continuing professional development required for their registration with the General Dental Council. There were limited records to corroborate this.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists and dental nurses were aware of the need to consider this when treating young people under 16 years of age. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



# Are services caring?

## Our findings

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

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring, helpful and polite. We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

There were magazines in the waiting room. The practice provided drinking water.

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

The practice gave patients clear information to help them make informed choices. Patients confirmed staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice website provided patients with information about the range of treatments available at the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff told us they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and an accessible toilet with hand rail but no call bell. The practice had access to telephone translation services.

The reception desk had a lowered section to enable patients in wheelchairs to speak with reception staff easily. They did not have a hearing loop system for people living with hearing loss and there was limited provision for patients with sight impairment.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and operated a sit and wait system. Patients told us this worked well and did not usually have to wait too long to be seen. Clinicians told us they made every effort to ensure these patients were not kept waiting too long.

The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaint policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house where possible and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice had received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Governance arrangements

The practice manager had overall responsibility for the management and clinical leadership of the practice. They were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

However these systems and processes were not always effectively managed to ensure regulatory compliance. This included the following;

- There was no evidence available to demonstrate that significant events were managed in a way that identified learning and appropriate action taken.
- There was no specific system for monitoring staff training to ensure all staff completed training appropriate to their role and in a timely manner. Some staff appraisal records were limited in detail had a number of gaps in them. There were no appraisal records prior to 2017 in any of the files seen. Personal development plans seen did not demonstrate an understanding of the need and importance of these for the practice and the individual.
- Quality assurance processes and audits were not being used to improve the service. This included; the monitoring of fire safety to ensure it met current regulations, ensuring sharps were used safely in accordance with regulations, ensuring recruitment of staff was assessed and monitored effectively, monitoring the Control of Substances Hazardous to Health to ensure each substance was assessed specifically for the practice and the latest infection control audit did not reflect the current practice arrangements.

The practice had information governance arrangements and staff were mostly aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately.

The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. Systems to communicate information to staff who were not present at meetings required review to ensure all staff received key information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had records of the results of these audits but there was no analysis of the data resulting in action plans and improvements.

While the staff team described a commitment to learning and improvement there was little evidence available to demonstrate this.

The records seen and conversations with staff demonstrated there was a limited system of appraisal and personal development plans (PDP) in place. We saw records which demonstrated some staff had received an appraisal and a PDP had been developed however there was no evidence the PDP had been reassessed and learning was taking place.

We asked the practice manager if they kept any form of record to ensure the staff team maintained their skills and knowledge and updated them as necessary. They told us there was no clear system for monitoring staff training and ensuring they undertook training as required to maintain their skills and knowledge.

We saw limited evidence of staff certificates to demonstrate continuing professional development requirements were

## Are services well-led?

being met. The General Dental Council requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to undertake training if they wished.

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

The practice used comment cards and verbal comments to obtain staff and patients' views about the service. Feedback demonstrated patients were happy with the practice and no improvements were needed.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p><b>How the regulation was not being met:</b></p> <p>There were limited systems and processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• The provider had not adequately addressed through policy and training the management of incidents and significant events.</li><li>• Limited systems and processes were in place for the monitoring of staff by way of induction and appraisal.</li><li>• Training records were not well managed, were incomplete and not up to date.</li></ul>