

A & D Dental Practice Ltd

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Inspection Report

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Overall summary

We carried out this announced inspection on 24 August 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 have any relevant information to share with us regarding this dental practice.

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 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 not providing well-led care in accordance with the relevant regulations.

Background

A & D Dental Practice is located close to Nottingham city centre and provides private dental treatment to patients of all ages. The practice also undertakes domiciliary visits to patients in their own homes.

Patient areas of the practice are located on the ground floor with level access from the front door. The practice has one treatment room. There is a pay and display car park close to the premises.

Summary of findings

The dental team includes one dentist; one qualified dental nurse; one receptionist; and one accounts administrator.

The practice is owned by an organisation 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 A & D Dental practice is the dentist.

On the day of inspection we collected 15 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, one dental nurse, one receptionist and the accounts administrator. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday: from 9 am to 5 pm.

Our key findings were:

- Most areas of the practice were clean and well maintained.
- The practice asked staff and patients for feedback about the services they provided and received positive feedback.
- The practice had infection control procedures which did not follow published guidance.
- Staff knew how to deal with emergencies. Not all appropriate medicines and life-saving equipment were available.
- The practice had suitable safeguarding processes. Staff had been trained and knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.

- Staff treated patients with dignity and respect and took measures to protect their privacy and personal information.
- The appointment system met patients' needs.
- 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

- Ensure audits of key aspects of service delivery are undertaken at regular intervals and where applicable learning points are documented and shared with all relevant staff.

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 the protocols and procedures for use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray equipment.
- Review the practice's systems in place for environmental cleaning taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Review the systems for checking and monitoring electrical equipment taking into account current national guidance and ensure that all equipment is well maintained.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the protocols and procedures for domiciliary visits taking into account current guidance.

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 to provide safe care and treatment. Arrangements were made following this inspection for the practice to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA).

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. There was a lead person appointed within the practice for safeguarding matters.

The decontamination procedures were not always following the guidance set out in HTM 01-05; particularly in relation to the use of personal protective equipment, regular servicing and validation of decontamination equipment and the transportation of clean and dirty dental instruments within the practice.

The practice had made arrangements and had some equipment for dealing with medical and other emergencies. There was no bag valve mask or portable suction available and the automated external defibrillator was not stored ready for use.

No action



Are services effective?

We found that 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 very good and safe. 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 and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 18 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, caring and considerate. Patients also said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

No action



Summary of findings

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

The practice's 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 telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

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

We identified concerns with regard to the governance of the practice which indicated a lack of systems and processes to ensure, patient safety, and management of the practice.

The practice did not have policies for whistleblowing or the duty of candour.

Audits had been completed within the practice but did not record the results or any resulting action plans or improvements made as a result.

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. The practice had an accident reporting policy and procedure. There had been one accident recorded in the 12 months up to this inspection. We saw that learning points from this accident had been shared with staff.

The practice recorded, responded to and discussed all significant events to reduce risk and support future learning. The practice investigated every significant event and recorded the outcome. There was clear analysis and action and learning points were recorded.

At the time of the inspection the practice was not receiving national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Discussions with the dentist showed they were unaware of these alerts. Following the inspection the dentist informed the Care Quality Commission that the practice had signed up to receive alerts and put a system in place for sharing relevant information with staff.

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. The dentist was the identified lead for safeguarding in the practice. They had completed safeguarding training in August 2016.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination. Staff at the practice did not have access to a whistleblowing policy.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous

to Health (COSHH) Regulations 2002. All COSHH information including a risk assessment and copies of manufacturers' product data sheets were stored in a designated COSHH file.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. In addition it was practice policy that only dentists handled needles. The dentists used rubber dam 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 events which could disrupt the normal running of the practice. A copy was also available off site. The policy had last been updated in December 2016 and this reflected changes at the practice.

Medical emergencies

Only the dentist had completed training in emergency resuscitation and basic life support. Following the inspection we were informed that training had been booked for all staff in October 2017.

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. Equipment included an automated external defibrillator (AED) and medical oxygen, although oxygen masks for children were not available. We noted that the battery pack was not being stored in the AED, and therefore the AED was not in a ready to use condition. This issue was addressed during the inspection and the battery pack was inserted into the AED.

The practice had a first aid box which was located centrally. One member of staff had completed first aid at work training.

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 four staff recruitment files. These showed the practice followed their recruitment procedure.

We saw that every member of staff had received a Disclosure and Barring Service (DBS) check.

Are services safe?

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The dentist had a system to monitor that relevant staff were up to date with their registration and indemnity insurance cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed annually to help manage potential risk. These covered general workplace and specific dental topics. The dentist was the lead person with overall responsibility for health and safety at the practice. The practice had current employer's liability insurance which was due for renewal on 11 April 2018.

We saw that regular health and safety audits were completed, reviewed and where necessary updated.

The practice had an automatic fire alarm system which was serviced regularly; this included automatic fire detection and emergency lighting. Staff had undertaken regular fire drills, with the last one completed in July 2017. The fire risk assessment had been reviewed in December 2016.

A dental nurse usually worked with the dentist when they treated patients. The dentist said that if the dental nurse was off, they were not always replaced, and sometimes the dentist worked alone.

The practice carried out domiciliary visits to treat patients in their own homes. We were assured that the dentist had appropriate insurance for their vehicle. The dentist said the full range of emergency medicines, including oxygen were taken on all domiciliary visits. We saw that a TREM card (traffic emergency card) was not available. In accordance with the 2009 guidelines published by British Society for Disability and Oral Health this must be carried in the cab of any vehicle that is transporting dangerous goods by road. It contains instructions and information that the driver can refer to in the event of an incident involving the hazardous load. In addition the guidelines identified that staff should be trained in basic life support and emergency procedures.

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. Clinical staff had completed an update in infection prevention and control with the most recent training having been completed during August 2015.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice did not have a separate decontamination room, but used an area of the treatment room to clean and sterilise dental instruments.

We saw that work surfaces within the treatment room were cluttered with many items of equipment and supplies of stock on work surfaces. This presented a risk of aerosol contamination during treatment, and obstructed the cleaning schedules.

An ultrasonic cleaner was used to clean the dental instruments. The practice did not have daily records to demonstrate that daily testing had been completed to ensure the machine was working correctly. The provider had no records to show the ultrasonic cleaner had been serviced, and validated, and said the machine had not been serviced regularly.

The practice did not have a transport system for clean and dirty instruments. There were no clean or dirty boxes to store instruments in both before and after they had been cleaned and sterilised.

We saw that clean instruments were stored in the 'dirty area' of the treatment room. Following the inspection new storage cupboards were fitted to overcome this issue.

We saw the sealant on the work surfaces and flooring in the treatment room was in need of repair to ensure adequate cleaning.

We noted the dental nurse was not using the personal protective equipment identified in the guidance HTM 01-05. We particularly noted that an apron was not used and the dental nurse said they did not always wear gloves during the decontamination process. No clear explanation as to why was given to the inspectors.

Are services safe?

The practice policy identified infection prevention and control audits should be completed twice a year. The latest audit was completed in June 2017. Records showed the practice was meeting the required standards with regular audits twice a year.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been updated in August 2017. We saw that the risk assessment highlighted some areas for action. The practice had taken steps to deal with the issues identified.

There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required.

We saw cleaning schedules for the premises. The practice was 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. There were records to demonstrate that equipment had been serviced regularly.

We noted that much of the equipment in the practice originated from eastern Europe. We saw that all electrical equipment was fitted with a CE mark. The electrical equipment was fitted with two pin plugs rather than the

standard UK three pin plugs. Following the inspection we saw evidence that power cords had been changed to a standard three pin UK plug or a suitable adaptor had been introduced to overcome the problem. We saw records to indicate that equipment had been tested and passed for electrical safety in August 2017 by an external contractor.

Radiography (X-rays)

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

The practice had one intraoral X-ray machine. This machine was not fitted with a rectangular collimator to reduce the dosage of radiation to patients. The dentist said they would look to get a suitable rectangular collimator for the machine. The practice did not have an orthopantomogram X-ray machine (OPG) therefore if patients required this service they were referred to the local hospital. The practice used non-digital X-rays for the intraoral machine.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation. The last X-ray audit was dated 13 June 2017.

Clinical staff completed continuous professional development in respect of dental radiography as required by the General Dental Council (GDC).

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. Clinical notes were hard copy paper records. The dentist assessed patients' treatment needs in line with recognised guidance. The dental care records identified the discussions and advice given to patients in relation to their dental health by the various dental care professionals at the practice.

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

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' Discussions with the dentist showed the dentist was committed to preventative oral health care.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child based on risk. Information for patients about fluoride applications was available in leaflet form in the waiting room.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. We saw evidence of this in dental care records. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Free samples of toothpaste were also available at the reception desk and in treatment room.

Staffing

The practice had one dentist; one qualified dental nurse; one receptionist; and one accounts administrator. We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed some of the continuous professional development required for their registration with the General Dental Council. The dentist monitored staff CPD training however, not all staff had received basic life support training.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals for staff.

Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence (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. There was a consent policy which had been reviewed in December 2016. The policy did not reference the Mental Capacity Act (MCA) 2005 or best interest decisions. We discussed consent with the dentist who took the lead in the practice on such matters. They showed an understanding and knowledge of the MCA and Gillick competence. Records showed that not all staff had received training in the MCA and Gillick competence, and were guided by the dentist. The dentist 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. We saw some examples where dentists had recorded this information in dental care records.

Every patient was given a copy of their treatment plan and the practice recorded consent within the patient dental care records.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were respectful, friendly and understanding. We saw that staff treated patients with respect, were polite, welcoming and friendly at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. 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. Each staff member had their own unique password for the computer system.

Information posters and leaflets were available for patients to read.

Involvement in decisions about care and treatment

The practice private dental treatments and the costs were displayed on the practice website and in the waiting room.

The practice gave patients clear information to help them make informed choices about their treatment options. Patients confirmed that staff listened to them, did not feel rushed and were able to ask questions.

We saw examples in patients' dental care records that demonstrated they had been involved in discussions about their dental care. The dentist had recorded the treatment options and noted these had been discussed with patients.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments including dental implants, cosmetic dentistry and dentures provided by this 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. Several patients commented on the ease of getting an appointment that suited their needs. Patients told us they found it easy to get an appointment and staff were helpful and understanding when making appointments. 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. Each dentist made emergency appointment slots available each day or patients could come and sit and wait to be seen.

Staff told us they texted patients who had signed up for the service 48 hours before an appointment was due.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included providing a ground floor treatment room and toilet facilities. The practice was therefore accessible to patients who used wheelchairs and families with pushchairs. The practice had not completed a formal access audit to assess and review patients' needs.

Staff at the practice were able to speak several eastern European languages and this had attracted patients from outside the immediate area.

Access to the service

The practice displayed its opening hours in their information leaflet, on their website and outside the practice. This included the different options for access to emergency treatment outside of opening hours.

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 kept appointments slots free for same day appointments. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. This included direct access to the dentist or the NHS 111 service if the dentist was unavailable. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The policy had been reviewed in December 2016. The practice information leaflet explained how to make a complaint. A detailed procedure was on display in the waiting room which identified other agencies patients could contact should they remain dissatisfied. The practice had identified members of staff responsible for dealing with complaints in the practice. 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.

Staff told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at comments, compliments and complaints the practice received in the year up to this inspection. The practice had received two complaints in the year up to this inspection. We saw that all complaints had been handled in line with the practice's complaints policy.

Are services well-led?

Our findings

Governance arrangements

The dentist was the registered manager. They had responsibility for the management and leadership of the practice and the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

We identified concerns with regard to the governance of the practice which indicated a lack of systems and processes to ensure patient safety, and management of the practice. The decontamination procedures in the practice did not adhere to the guidance set out in HTM 01-05. The use of electrical equipment within the practice raised concerns relating to its safe use. Staff training was not being monitored to ensure all staff had the necessary and essential training they required within the practice. For example, not all staff had completed basic life support training.

The practice did not have all of the necessary emergency equipment to be able to undertake domiciliary visits safely. For example there was no bag valve mask or portable suction available. In addition, guidelines relating to the protocols for domiciliary visits were not being followed.

The practice had most of the policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Some important policies were absent. For example the practice did not have policies for duty of candour or whistleblowing. There were arrangements to monitor the quality of the service and make improvements. We noted a lack of action plans and learning points recorded following audits at the practice. During the inspection we identified a number of risks which had not been assessed. For example, electrical safety, storage of instruments and the use of personal protective equipment.

The practice had information governance arrangements and staff were 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. The absence of a duty of candour policy meant staff were not instructed to be open and honest in their dealings with patients.

Staff told us there was an open, no blame culture at the practice. They said the dentist 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 dentist was approachable, would listen to their concerns and act appropriately. If staff had any concerns these were discussed at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Meetings were minuted and those minutes were available to all staff. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of infection control, dental care records, X-rays and patient feedback. The records did not include the results of these audits and the resulting action plans and improvements made.

The whole staff team had annual appraisals. We saw evidence of completed appraisals in the staff folders.

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

The practice used a range of means including patient surveys and verbal comments to obtain staff and patients' views about the service.

The practice completed a formal patient satisfaction survey. Patients could respond using a form in the practice. The dentist said that formal feedback received from patients was limited due to cultural and language difficulties. No arrangements were in place to make patient information and satisfaction surveys available in any language other than English.

This section is primarily information for the provider

Requirement notices

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>The registered person did not have effective systems in place to ensure that the regulated activities at A & D Dental Practice were compliant with the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>The provider did not have systems to enable them to continually monitor risks and to take appropriate action to mitigate risks, relating to the health, safety and welfare of patients and staff.</p> <p>The provider had not ensured that their audit and governance systems were effective.</p> <p>Regulation 17(1)</p>