

## Deneholme Dental Practice

# Deneholme Dental Practice

## Inspection Report

Durham Road North  
Birtley  
Chester Le Street  
County Durham  
DH3 1LE  
Tel: 01914 103897  
Website:

Date of inspection visit: 22 July 2015  
Date of publication: 15/10/2015

### Overall summary

We carried out an announced comprehensive inspection on 22 July 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

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

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

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

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

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

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

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

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

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

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

The practice is run as a partnership. There are five dentists, six dental nurses, a hygienist and a manager.

The practice provides primary care dental services under the NHS to patients within a five mile radius of the practice.

The practice is open Monday to Thursday from 9am to 5.30pm and from Friday 9am to 3.30pm. The practice also offers early and late appointments by appointment.

The partnership is the registered provider for the practice. 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.

We received feedback from patients about the service. All the comments were positive about the staff and the services provided. Comments included: the practice was clean, staff were friendly and the treatment was excellent.

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

- There was an effective complaints system. Staff recorded complaints and cascaded learning to staff.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.

# Summary of findings

- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The practice was well-led and staff felt involved and supported and worked well as a team.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services they provided.

# 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 effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, management of medical emergencies and dental radiography.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and how to report them. Staff had also received training in infection control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by new staff.

We reviewed the legionella risk assessment which was dated October 2014, and no concerns were identified.

### **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 best practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval, for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors noted.

On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was used to plan patient care and treatment. Patients were offered options of treatments available and were advised of the associated risks and benefits. Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved.

Patients were referred to other specialist services in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD) activities.

### **Are services caring?**

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

We saw from the patient survey dated March 2014 that patients reported that they had positive experiences of the service they had received from the practice. This was reflected by comments made in responses to the NHS Friends and Family Test in April 2015 and in the 44 completed CQC comment cards we received.

We observed that staff at the practice treated patients with dignity and respect and maintained their privacy.

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

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

# Summary of findings

The practice had a complaints leaflet which was available to any patients who wished to make a complaint. The process described the timescales involved for dealing with a complaint and who was responsible in the practice for handling them.

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

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

Staff were supported through training and offered opportunities for development.

Staff reported that the management and partners were approachable and they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection control, X-rays, clinical examinations and patients' records.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

# Deneholme 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 registered provider was meeting their obligations associated with the Health and Social Care Act 2008.

The inspection was carried out on 22 July 2015 and was led by a CQC Lead Inspector. The team also included a dentist specialist 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.

We informed NHS England area team that we were inspecting the practice; however, we did not receive any information of concern from them. We reviewed information received from the registered provider prior to the inspection.

The methods that were used to collect information at the inspection included interviewing staff, speaking with patients, observations and review of documents.

During the inspection we spoke with the dentist, a dental nurse and the receptionist. We also spoke with one patient. We saw policies and procedures, six clinical patient records and other records relating to the management of the service. We reviewed 44 CQC comment cards that had been completed.

# Are services safe?

## Our findings

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

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered provider. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). We saw the practice maintained accident and incident log books which had some entries. We also saw records of practice meetings where accidents and incidents were discussed.

The practice had a policy and processes to deal with complaints. The policy set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The registered provider told us that they received alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, actioned and stored for future reference.

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

We reviewed the practice's safeguarding policy and procedures in place for child protection and safeguarding vulnerable adults using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. There was a lead for safeguarding and they were trained to level three in respect of safeguarding children. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice. We saw that all staff had received safeguarding training in vulnerable adults and children. Staff were either trained to level two in respect of safeguarding children or were in the process of doing so and one other member of staff was trained to level three. Staff could easily access the safeguarding policy.

Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

A dentist told us that they did not routinely use a rubber dam when providing root canal treatment to patients. A rubber dam is a small rectangular sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient. We discussed this with them and reminded them that it was recommended as best practice to use the dams. The registered provider gave us an assurance that they and colleagues would use the dams in future.

We saw six patients' records. They were clear, accurate but they were not all complete. For example, some records did not show the prescription numbers on which medicines had been issued or patients' consent. We saw that the practice had undertaken a record keeping audit in May 2015 which highlighted this issue and the practice were addressing it. The records did though include alerts generated by the dentist to remind them that a patient had a condition which required additional care and advice. For example, patients that were particularly anxious or who were on blood thinning medication had alerts on their records.

The practice had a whistleblowing policy which staff were aware of. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations.

### **Medical emergencies**

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept. We saw that the practice kept logs which indicated that the emergency equipment, medication, emergency oxygen and AED were checked weekly. This helped ensure that the

# Are services safe?

equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found that they were of the recommended type and were in date.

## **Staff recruitment**

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed two personnel files which confirmed that the processes had been followed.

We saw that all staff had been checked by the Disclosure and Barring Service (DBS). The 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 saw that all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

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

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. We viewed a range of these including the fire risk assessment. We saw that the practice undertook annual fire risk assessments. We also saw that the practice had undertaken their annual fire drill in September 2014. The registered provider had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

## **Infection control**

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices.

All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' areas. The room had an extractor fan to aid good air flow to reduce the risk of cross contamination. There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination work. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. Staff told us that they wore appropriate personal protective equipment when working in the decontamination room and when treating patients and this included disposable gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses spoke knowledgeably about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined visually with a magnifying glass and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. However, we saw that a couple of instruments had material on them following the sterilisation process. We showed this to the registered provider. They were surprised about this and told us that they would remind staff to check the instruments more carefully in the future.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclave to ensure that it was functioning properly.

All staff were aware of the designated 'clean and 'dirty' areas within the surgery. However, these zones were not clearly defined to avoid the likelihood of confusion or errors. We discussed the zoning with the registered provider. They told us that they were going to make changes to clearly mark out the areas.

We saw the results of an infection control audit that the practice had completed in July 2015. This and previous audits highlighted that the surgery floors were not being cleaned on a daily basis in accordance with the practice's action plan following the 2013 audit. We discussed this with the registered provider and they told us that they would review the position again. However, small rips in dental chairs had also been highlighted in the April 2014 audit. We were told that repairs/reupholstering was scheduled for July 2015.

# Are services safe?

We saw from staff records that all staff had received infection control training in March 2015.

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet. We saw that the sharps bin was being used correctly and located appropriately in the surgery. Clinical waste was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed that they had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We reviewed the legionella risk assessment which was dated October 2014, no concerns were identified. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

## Equipment and medicines

Staff told us that Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) was undertaken annually. We saw that the last PAT test had taken place in October 2014. The practice displayed fire exit signage and had fire extinguishers. We saw that the fire extinguishers had been checked in May 2015 to ensure that they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Anaesthetics and antibiotics were stored appropriately. The practice kept a weekly log of the temperatures of the refrigerator in which they stored medication. We discussed this with the registered provider and they agreed to monitor the temperature on a daily basis in future.

## Radiography (X-rays)

The X-ray equipment was located in the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine needed to be operated safely. The local rules were also displayed in each surgery. The file also contained the name and contact details of the Radiation Protection Advisor. There were details of a quality assurance audit which took place in November 2014 and involved reviewing 25 radiographs. This showed that 90% of the radiographs were satisfactory. Subsequently the practice undertook a further audit which showed that 100% of the radiographs were satisfactory. We saw that the dentist was up to date with their continuing professional development training in respect of dental radiography. There was also a performance report dated November 2014 which showed that the X-ray equipment was operating correctly and the next review had been scheduled for 2017.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information on the patient's electronic dental records for future reference. In addition, the dentist told us that they discussed patients' social behaviour such as smoking and drinking and where appropriate offered them health promotion advice. This was recorded in the patient's records. We saw from the six dental records we reviewed that at all subsequent appointments patients were always asked to complete a medical history form. This ensured the dentist was aware of the patients' present medical condition before offering or undertaking any treatment. The records showed that routine dental examinations included checks for gum disease and oral cancer had taken place. They also recorded the justification and the quality of the X-rays taken.

A dentist told us that they always discussed the diagnosis with the patient and, where appropriate, offered the patient any options available for treatment and explained the costs. We saw from the dental records that these discussions took place and the options chosen and fees were also recorded but not always consistently.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the records that the dentist was following the NICE guidelines on recalling patients for check-ups.

Patients requiring specialist treatments that were not available at the practice such as conscious sedation or orthodontics were referred to other dental specialists. Their oral health was then monitored at the practice after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

### Health promotion & prevention

The patient waiting areas contained a range of information that explained the services offered at the practice and the

NHS fees for treatment. Staff told us that they offered patients information about effective dental hygiene and oral care in the surgeries and showed us a selection of leaflets they had available.

The dental records showed that where appropriate dental fluoride treatments were prescribed. This was in accordance with the Department of Health's policy the 'Delivering Better Oral Health' toolkit. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay.

### Staffing

We saw that all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

Staff training was being monitored and recorded by the practice manager. Records we reviewed showed that all staff had received training in basic life support, infection control and safeguarding children and vulnerable adults.

Staff we spoke with told us that they had staff annual appraisals.

Staff told us that they covered for each other when colleagues are absent for example, because of sickness or holidays.

### Working with other services

The dentist explained that they would refer patients to other dental specialists when necessary. They would refer patients for sedation, oral surgery and orthodontic treatment when required. The referrals were based on the patient's clinical need. We saw from the records that patients were referred in a timely way.

### Consent to care and treatment

All staff had training in the Mental Capacity Act 2005 (MCA). Staff we spoke with demonstrated an awareness of the MCA and its relevance to their role. The MCA provides the legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain decisions for themselves. The register provider demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions

## Are services effective?

(for example, treatment is effective)

of the MCA. Where appropriate, patient records had been noted to alert staff that a patient may experience difficulty in consenting to treatment. This alerted staff to consider what actions they needed to take to support the patient in their decision making process.

Staff ensured patients gave their consent before treatment began. The registered provider informed us that verbal consent was always given prior to any treatment. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

# Are services caring?

## Our findings

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception and main waiting area were combined. Staff told us that if a patient needed to speak to them confidentially they would speak to them in the surgery or in a private room.

Staff we spoke with understood the need to maintain patients' confidentiality. The registered provider was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient records, both paper and electronic were held securely.

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

The patient we spoke with told us that they were involved in decisions about their care. For example, they told us that they were given options from the treatments available. Comments made by patients on some of the completed CQC comment cards reflected this.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting patients' needs**

Information displayed in the main waiting area described the range of services offered to patients and opening times. Information was also displayed explaining the practice's complaints procedure.

The practice was open Monday to Thursday 9am to 5.30pm and Friday 9am to 3.30pm. The practice also offered early and late times by appointment.

For patients in need of urgent dental care during normal working hours of the practice, for example those in pain, those patients were seen on the same day.

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

The practice had three surgeries with one located on the ground floor of the building with easy access for patients with mobility issues. The reception/waiting area and toilet facilities were also accessible. We saw that the dentist had received equality and diversity training. The dentist told us that patients were offered treatment on the basis of clinical need and did not discriminate when offering their services.

### **Access to the service**

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day usually with hours of their telephone call. We observed staff booking appointments for patients and in doing so they offered patients a choice of dates and times to suit the patients. For patients in need of urgent care out of the practice's normal working hours they were directed to the NHS 111 service who would then direct them to an out of hours dental service for treatment.

### **Concerns & complaints**

The practice had a complaints leaflet which was available to any patients who wished to make a complaint. The practice displayed this information in the main reception/waiting area. The process described the timescales involved for dealing with a complaint and who was responsible for handling complaints. The staff we spoke with were aware of the complaints process and told us that they would refer all complaints to the practice manager to deal with.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, safety policy and an infection control policy. Staff we spoke with were aware of their roles and responsibilities within the practice.

The practice undertook various audits to monitor their performance and help improve the services offered. We saw that the practice undertook an audit of their clinical records in February 2015 in respect of all the dentists. The results were discussed with the individuals. At the time of our inspection, the practice was undertaking an audit of their fluoride application. The practice had also undertaken an audit of the instruments that had been sterilised to ensure they had been processed correctly. Staff told us that the results of audits were shared with them to promote improvement.

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

There was an open culture at the practice which encouraged candour and honesty. Staff told us that it was a good practice and they felt able to raise any concerns with each other, the management and the partners. They were confident that any issues would be appropriately addressed.

### **Management lead through learning and improvement**

The practice maintained records of staff training which showed that all staff were up to date with their training. Staff we spoke also stated they were given sufficient training to undertake their roles and given the opportunity for additional training.

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

The practice sought feedback from patients and staff. We saw the results of the patient survey dated March 2014. The respondents were complimentary about the service they had received. For example, they stated that they were satisfied with the appointment times, telephone calls were answered promptly, staff were helpful and the dentists spent enough time explaining their treatment.

The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. We saw the results of the FFT for April 2015. There were 23 respondents. Nineteen respondents stated that they would be extremely likely to recommend the practice to friends and family, and four stated that they were likely to. All 44 completed CQC comment cards were complimentary about the services.

We saw that the practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

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.

This section is primarily information for the provider

## 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.