

Bath Dental Practice Ltd

# Pulteney Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced responsive follow up inspection on 13 December 2016 to ask the practice the following key questions; Are services safe; are they caring and are they well-led?

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

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

We found this practice was providing safe 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 well-led?**

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

#### **Background**

Pulteney Dental Practice is a dental practice is a long established a dental practice in the centre of Bath providing NHS and some private dental treatment and caters for both adults and children. The practice has three dental treatment rooms, a reception and waiting area. The practice is accessed by a flight of stairs with no facilities on the ground floor or enabling access for patients with limited mobility. The provider has an arrangement with another dentist locally that has accessible facilities.

The practice has five dentists, four hygienists and two dental nurses who are supported by one receptionist. The practice's opening hours are 8:30am – 5:00pm Monday to Friday. For out of hours service patients are directed to ring 111.

At the time of inspection the provider was the registered manager and was available in the practice three days a week to provide leadership at this location. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Since the last inspection the practice had appointed a practice manager who has implemented governance systems and processes and worked with the provider to improve the management of the service.

At the last inspection we found the practice was non-compliant and had issued them with warning notices in respect of care and treatment and good governance and a requirement notice regarding dignity and respect.

We carried out an announced responsive follow up inspection on 13 December 2016 to check the provider had taken action to address the areas of non-compliance

# Summary of findings

and was now providing a safe and quality monitored service. The inspection took place over one day and was carried out by a lead inspector with remote specialist dental advice.

We obtained feedback about the practice from three patients we spoke with during the inspection and 11 NHS Friends and Family Test feedback cards. The patients we spoke with and the feedback seen were very complimentary about the service. They told us they found the practice and staff provided good care; were friendly and welcoming and all patients felt they were treated with dignity and respect.

## Our key findings were:

- The patients we spoke with indicated they were treated with kindness and respect by staff. We observed good communication with patients and their families.
- We were told access to the service and to the dentists, was good. Patients reported good access to the practice with emergency appointments available within 24 -48 hours.
- There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies.
- The dental practice had effective clinical governance and risk management processes in place; including health and safety and the management of medical emergencies.
- Patient care and treatment was delivered in line with evidence-based guidelines, best practice and current legislation. Patient dental records were electronic, detailed and comprehensive.
- The practice had a comprehensive system to monitor and continually improve the quality of the service; including through a detailed programme of clinical and non-clinical audits.
- Use of Loupes – these enable the clinician to have a magnified view of the operation site thus enabling extreme accuracy of treatment.
- The use of digital radiographs to help explain necessary treatment to patients while in the chair.
- Premises appeared well maintained and visibly clean. Good cleaning and infection control systems were in place. The treatment rooms were well organised and equipped, with good light and ventilation.
- There were systems in place to check all equipment had been serviced regularly, including the air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- There were sufficient numbers of suitably qualified staff who maintained the necessary skills and competence to support the needs of patients.
- Staff were up to date with current guidelines, supported in their professional development and the practice was led by a proactive new principal dentist.
- The practice was meeting the Essential Quality Requirements of the Department of Health guidance, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)' national guidance for infection prevention control in dental practices.
- The management of sharps was in accordance with the current EU regulations with respect to safer sharps (Health and Safety Sharp instruments in Healthcare Regulations 2013).
- There were systems in place to learn and improve from incidents or healthcare alerts.
- Appropriate recruitment processes and checks were undertaken in line with the relevant recruitment regulations and guidance for the protection of patients.
- Patients privacy and dignity was respected and maintain at all times.

# 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.

Systems, processes and practices were in place to ensure all care and treatment was carried out safely. The practice had robust arrangements for managing infection prevention and control at the practice. There were clear management processes for identifying, investigating and learning from safety incidents.

There were sufficient numbers of suitably qualified staff working at the practice and appropriate checks about staff prior to employment at the practice had been completed. There were systems and processes in place to keep people safe and safeguard them from abuse.

Equipment used in the practice was maintained and serviced appropriately. Potential risks to the service were identified and actions taken to minimise risk for the protection of patients from health and safety hazards within the building.

No action



### Are services caring?

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

Feedback from patients indicated that staff were friendly, professional, caring and treated patients with dignity. We received feedback from 11 patients via completed NHS Friends and Family Test (FFT) comment cards and three patients during the inspection. Patients were complimentary about staff, describing them as friendly, caring, helpful and professional with ease of accessibility in an emergency. Patients commented they felt involved in their treatment and that it was fully explained to them.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

No action



### Are services well-led?

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

The practice assessed risks to patients and staff and carried out a programme of audits as part of a system of continuous improvement and learning. There were clearly defined leadership roles within the practice and staff told us they felt well supported.

The practice had accessible and visible leadership with structured arrangements for sharing information across the team, including holding regular meetings which were documented for those staff unable to attend. Staff told us they felt well supported and could raise any concerns with the principle dentist and practice manager.

The practice had systems in place to seek and act upon feedback from patients who used the service.

No action



# Pulteney Dental Practice

## Detailed findings

### Background to this inspection

We carried out an announced, responsive follow up inspection on 13 December 2016. The inspection took place over one day. The inspection was led by a Care Quality Commission (CQC) inspector. They were accompanied by a dentist, specialist advisor.

During our inspection visit, we reviewed policy documents and staff records. We spoke with three patients, six members of staff and the principal dentist/service provider.

We conducted a tour of the practice and looked at the decontamination and governance processes as the practice had been non-compliant in these areas at the last inspection.

We observed the dental nurses carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area. Patients gave positive feedback about their experience at the practice.

To get to the heart of patients' experiences of care and treatment since the last inspection, we asked the following three questions:

- Is it safe?
- Is it caring?
- Is it well-led?

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

Since the last inspection the provider had taken action to address the areas of non-compliance and our findings are outlined below.

The practice had systems in place to learn from and make improvements following any accidents or incidents. The practice had accident and significant event reporting policies which included information and guidance about the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Clear procedures were in place for reporting adverse drug reactions and medicines related adverse events and errors.

The practice maintained a significant event folder. There had been no incidents in the previous 12 months. We saw the documentation for incident recording included sections for a detailed description, the learning that had taken place and the actions taken by the practice as a result.

The practice manager told us if there was an incident or accident that affected a patient; they would give an apology and inform them of any actions taken to prevent a recurrence. This was corroborated by the principal dentist. The principal dentist and practice manager knew when and how to notify CQC of incidents which cause harm. Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty.

The practice responded to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) that affected the dental profession. The principal dentist and practice manager told us they reviewed all alerts and spoke with staff to ensure they were acted upon. A record of the alerts was maintained and accessible to staff.

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

The practice had policies and procedures in place for child protection and safeguarding adults. The practice had identified a lead professional for safeguarding who was appropriately trained to level three in child protection and all staff were aware of the name of the person and who to

go to if they were not in the practice. The policy and procedures included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission.

Staff had completed safeguarding training and demonstrated to us, when asked, their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

The principal dentist confirmed that a latex free rubber dam was used where possible when performing root canal treatments. (A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment). The dentist described what alternative precautions were taken to protect the patient's airway during the treatment when a rubber dam was not used.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments).

Staff files contained evidence of immunisation as recommended by Public Health England (PHE). For example, against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva). Staff 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 blood borne infections. There were adequate supplies of personal protective equipment (PPE) such as face visors, gloves and aprons to ensure the safety of patients and staff.

### Medical emergencies

The practice held emergency medicines, in line with guidance issued by the British National Formulary, for dealing with common medical emergencies in a dental practice. These medicines were all in date. The practice had an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to

# Are services safe?

attempt to restore a normal heart rhythm). Oxygen and other related items, such as manual breathing aids, were also available. The emergency medicines and equipment were stored in a central location known to all staff.

Records showed weekly checks were carried out to ensure the equipment and emergency medicines were safe to use. Staff had attended annual training in emergency resuscitation and basic life support within the last 12 months. Two members of staff were trained in first aid and the equipment in the first aid box was in date. All staff spoken with knew who were the first aiders in the practice.

There was a business continuity policy and disaster recovery document that indicated what the practice would do in the event of situations such as a temporary or prolonged power cut and loss of the practice premises.

## Staff recruitment

The practice staffing consisted of five dentists, four hygienist's five dental nurses and two receptionists.

The practice recruitment policy and procedure outlining how staff were to be recruited for the safety of patients reflected the requirements as outlined in Schedule 3 Regulation 19 of the Health and Social Care Act 2014. We reviewed four staff records and found all the recruitment checks had been completed for each member of staff. The practice manager told us they had been using agency or locum nurses in recent months due to maternity leave. We saw all appropriate recruitment checks had been completed for these members of staff for the protection of patients.

We were told all newly employed staff met with the practice manager and principal dentist to ensure they felt supported to carry out their role. We spoke with the newly recruited staff who told us they had received an induction which was comprehensive and ensured they knew how the practice operated. They also said the manager had undertaken regular reviews with them as part of their probationary period which they had found were supportive and helpful. Documents seen for these members of staff corroborated this.

The practice had a system in place for monitoring staff had up to date medical indemnity insurance and professional registration with the General Dental Council (GDC) The GDC

registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date and ongoing.

## Monitoring health & safety and responding to risks

The practice had systems to monitor health and safety and deal with foreseeable emergencies. There were comprehensive health and safety policies and procedures in place to support staff, including for the risk of fire and patient safety. Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

The practice had a comprehensive risk management process, including a detailed log of all risks identified, to ensure the safety of patients and staff members. For example, we saw a fire risk assessment and a practice risk assessment had been completed within the last six months. The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva.

The practice had a detailed business continuity plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included staffing, electronic systems and environmental events.

## Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste.

The practice had followed the guidance about decontamination and infection control issued by the Department of Health, the 'Health Technical Memorandum 01-05 decontamination in primary care dental practices (HTM01-05)' and complied with the requirements of the DOH publication 'Code of Practice' July 2015. These documents and the practice policy and procedures for infection prevention and control were accessible to staff.

There was a dedicated decontamination room in the practice which was used for cleaning, sterilising and packing instruments. There was clear separation of clean



# Are services safe?

and dirty areas in the treatment room and the decontamination room with signage to reinforce this. These arrangements met the HTM01- 05 essential requirements for decontamination in dental practices.

We observed the decontamination process and noted suitable containers were used to transport dirty and clean instruments between the treatment rooms and decontamination room. The practice used manual cleaning for the initial cleaning process, then following inspection with an illuminated magnifier the instruments were then placed into an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines.

We were shown the systems in place to ensure the autoclaves used in the decontamination process were working effectively. It was observed the data sheets used to record the essential daily validation checks of the autoclaves were completed thus ensuring safe decontamination of the dental instruments.

We observed how waste items were disposed of and stored securely until collection. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated.

Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of according to the guidance.

We looked at the consultation and treatment rooms where patients were examined and treated and observed the rooms and all equipment appeared clean, uncluttered and well-lit with good ventilation. Staff told us the importance of good hand hygiene was included in their infection control training. A hand washing poster was displayed near the sink to ensure effective decontamination. There were good supplies of protective equipment for patients and staff members. The practice uses latex free disposable gloves for the protection of patients and staff.

We reviewed the last detailed legionella risk assessment report from 2016 which was carried out by an external organisation. The practice had appropriate processes in place to prevent legionella contamination such as flushing of dental unit water lines with an appropriate disinfectant and monthly testing of the hot and cold sentinel taps in the practice as required by the HSE publication ACOP L8. These

processes ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in all potable water and which if not controlled can put staff and patients at risk of contracting Legionnaires disease which can be fatal.)

There was a good supply of cleaning equipment which was colour coded and stored appropriately. It followed published National Patient Safety Association (NPSA) guidance about the cleaning of dental primary care premises. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. The practice manager had a system for monitoring the immunisation status of each member of staff for the safety and protection of patients and staff.

## Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the compressor, autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. A portable appliance test (PAT – this shows electrical appliances are routinely checked for safety) had been carried out as evidenced by stickers on plugs. The manager showed us their system for ensuring regular checks by a competent person were completed to maintain the ongoing safety of appliances.

The practice had policies and procedures regarding the prescribing, recording, use and stock control of the medicines used in clinical practice. The dentists used the on-line British National Formulary to keep up to date about medicines. These medicines were stored safely and staff kept a detailed record of stock in each treatment room. Prescriptions pads were stored securely and details were recorded in patients' dental care records of all prescriptions issued.

## Radiography (X-rays)

Radiography equipment was available in two of the three treatment rooms.

## Are services safe?

The practice radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IR(ME)R). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. We found there were suitable arrangements in place to ensure the safety of the equipment and its operation.

X-rays were digital and images were stored within the patient's dental care record. We were shown how the practice had a process for ongoing monitoring of the quality of radiographs as required by the IRMER

regulations. We also observed in the patient records that radiographs were taken in line with FGDP guidance and the clinicians justified, quality assured and reported upon each radiograph taken. Local rules relating to each X-ray machine were maintained and a radiation risk assessment was in place to ensure patients did not receive unnecessary exposure to radiation.

Staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended appropriate training.



# Are services caring?

## Our findings

Since the last inspection the provider had taken action to address the areas of non-compliance and our findings are outlined below.

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

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate care and treatment. During our inspection, we observed patients attending in person or calling the practice by telephone were greeted warmly and spoken with politely and in a caring manner.

Staff confirmed that should a confidential matter arise the patient would be seen in a treatment room away from reception.

Patients told us they felt their privacy was respected during consultations and treatments. Treatment rooms were situated away from the main waiting area and we saw that doors were always closed when patients were with dentists or hygienists and remained closed during consultations. Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patients' privacy. Patients' clinical records were stored securely.

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of patient information. We observed the interactions between staff and patients and found confidentiality was being maintained. We saw patient records, both paper and electronic were held securely.

We reviewed 11 completed NHS Friends and Family Test (FFT) comment cards where patients had provided feedback about the service. All of the comments were positive about the service they had received. Patients commented the service was efficient, staff were friendly and helpful and the dentists were excellent. We saw some complimentary entries in the comments book at the reception desk. The three patients we spoke with told us they had seen a lot of changes and improvements in the last 12 months and they were very happy with the care and treatment they received.

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

The practice provided patients with information to enable them to make informed choices. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentists and felt listened to and respected. Staff described to us how they involved patient's relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Dental care records we looked at reflected this.

Patients were given a copy of their treatment plan and associated costs. This gave patients clear information about the different elements of their treatment and the costs relating to them. They were given time to consider options before returning to have their treatment. Patients signed their treatment plan before treatment began.

# Are services well-led?

## Our findings

Since the last inspection the provider had taken action to address the areas of non-compliance and our findings are outlined below.

### Governance arrangements

The registered manager with the CQC was also the provider however since the last inspection they had employed a competent practice manager.

At this inspection we saw the practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. We saw risk assessments and the control measures in place to manage those risks, for example fire and infection control. Staff we spoke with were aware of their roles and responsibilities within the practice.

Health and safety and risk management policies were in place including processes to ensure the safety of patients and staff members. We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw risk assessments and the control measures in place to manage those risks for example fire, use of equipment and infection control. Lead roles, for example in infection control and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members.

There were relevant policies and procedures in place to govern activity. There was a full range of policies and procedures in use at the practice and accessible to staff on the practice computers and in paper files. Staff were aware of the policies and procedures and acted in line with them.

These included guidance about confidentiality, record keeping, inoculation injuries and patient safety. There was a clear process in place to ensure all policies and procedures were reviewed as required to support the safe running of the service. There were monthly practice meetings to discuss practice arrangements and audit results as well as providing time for educational activity. We saw minutes from meetings where issues such as complaints, incidents, infection control and patient care had been discussed and a training topic had been covered at each meeting. Staff told us this was a very useful learning activity.

Staff told us that as many of them were part time it was difficult to be involved with meetings, however they all received the minutes of practice meetings by email and signed to say they had read and understood them. This happened even when they were unable to attend and staff told us this was a good way of communication and being kept informed of things happening at the practice. Documentary evidence seen supported these comments. One part time member of staff told us the manager had recognised the need to change the day of the week around so that it was not always the same staff who missed the meetings. All staff spoken with thought this had been a good change.

### Leadership, openness and transparency

We saw from minutes of staff meetings, they were at regular intervals and staff told us how much they benefited from these meetings. The practice had a statement of purpose that described their vision, values and objectives. Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the practice manager and / or principal dentist who would listen to them.

We observed and staff told us the practice was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice. Staff felt well supported by the practice manager and principal dentist and worked as a team toward the common goal of delivering high quality care and treatment.

The service was aware of and complied with the requirements of the Duty of Candour. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The principal dentist encouraged a culture of openness and honesty. Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

### Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported

# Are services well-led?

to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC). Records showed professional registrations were up to date for all staff and there was evidence continuing professional development was taking place.

We saw there was a comprehensive system to monitor and continually improve the quality of the service; including through a detailed programme of clinical and non-clinical audits. These included for example, audits of record keeping, radiographs, the cleanliness of the environment, and patient waiting times. Where areas for improvement had been identified in the audits, action had been taken or planned. For example through discussion and training at practice meetings.

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

The practice had systems in place to seek and act upon feedback from patients using the service.

The practice gathered feedback from patients through the NHS Friends and Family Test (FFT), NHS Choices, compliments and complaints. Results of the most recent NHS Family and Friends Test (FFT) indicated that 100% of patients who completed the survey were happy with the quality of care provided by the practice and patients were either highly likely or likely to recommend the practice to family and friends.

The practice regularly asked for patient feedback at the end of treatment and the results seen corroborated the comments received on the FFT comment cards which were analysed monthly. We reviewed the results of recently completed forms and they were very positive.

Staff we spoke with confirmed their views were sought about practice developments through the staff meetings. They also said the provider was approachable and they could go to them if they had suggestions for improvement to the service.