

## Eccleston Dental Practice Limited

# Eccleston Dental Practice Limited

### Inspection Report

263a The Green, Eccleston, Chorley, PR7 5TF  
Tel: 01257 453107  
Website:

Date of inspection visit: 8 February 2017  
Date of publication: 23/03/2017

### Overall summary

We carried out an announced comprehensive inspection on 8 February 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

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

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

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

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

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

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

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

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

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

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

#### **Background**

Eccleston Dental Practice is located in the village of Eccleston, on the outskirts of Chorley. The practice is accessed from the rear of the building. All facilities are located on the upper floor of the building accessed by a staircase. The practice provides a full range of treatments for those using National Health Services (NHS) and private treatments are also available if required. Two dentists, two dental hygienists and five dental nurses work at the practice. Because access to the practice is limited for patients with restricted mobility then visits to patients in their own home are provided. The practice is open from 9.00am to 4.00pm Monday to Friday.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

We reviewed 45 CQC comment cards on the day of our visit and spoke with three patients during the inspection. Patients spoke highly of the staff and the standard of care provided by the practice. Patients commented that they felt involved in all aspects of their care and found the staff to be helpful, respectful, and friendly, and said they were treated in a clean and tidy environment.

# Summary of findings

## Our key findings were:

- The practice was well organised, visibly clean and free from clutter.
- An infection prevention and control policy was in place. Sterilisation procedures followed Department of Health guidance.
- The practice had systems for recording incidents and accidents.
- The practice had a safeguarding policy and staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
- Staff received annual medical emergency training. Equipment for dealing with medical emergencies reflected guidance from the resuscitation council (UK).
- Dental professionals provided treatment in accordance with current professional guidelines.
- A process was in place to seek patient feedback about the service.
- Patients could access urgent care when required.
- Dental professionals were maintaining their continued professional development (CPD) in accordance with their professional registration.

- A process was in place for managing complaints.
- The practice was actively involved in promoting oral health.
- Recruitment checks were not complete for all staff.
- Risk assessments for products hazardous to health were not in place.

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

- Review the practice's recruitment policy and procedures to ensure appropriate recruitment checks are undertaken for staff.
- Review arrangements for the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and ensure risk assessments are in place for all hazardous products.
- Review the policy for undertaking domiciliary visits to ensure risks are effectively managed, including the arrangements for responding to a medical emergency.

# 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.

A process was in place to manage any accidents and incidents that occurred at the practice.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions.

Emergency medicines and equipment were available and stored appropriately in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff were knowledgeable about safeguarding systems for adults and children.

An appropriate Disclosure and Barring Service (DBS) check had not been undertaken for staff. Verbal references taken when staff were recruited had not been recorded.

Risk assessments were not in place for substances that can be hazardous to health.

No action



### Are services effective?

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

Dentists referred to the National Institute for Health and Care Excellence guidelines and the Delivering Better Oral Health toolkit to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council met the requirements of their professional registration by carrying out regular training and continuous professional development.

No action



### Are services caring?

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

Patients we spoke with were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 45 responses all of which were very positive, with patients stating they felt listened to and included in making decisions about their care.

Dental care records were kept securely on computer systems which were password protected.

We observed patients being treated with respect and dignity during our inspection. We observed staff were welcoming and caring towards patients.

No action



# Summary of findings

## Are services responsive to people's needs?

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

Staff provided examples of how the practice was responsive in accommodating patient's specific needs. The practice ensured that patients requiring urgent dental care were seen on the day they contacted the practice.

Wheelchair access could not be facilitated at the practice. For this reason the practice provided visits to people in their own home. Alternatively, the practice could recommend another local practice that provides wheelchair access.

Staff had access to a translation service should the need arise to support a patient whose first language was not English.

No action



## Are services well-led?

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

The practice had established governance and quality assurance processes in place. Systems were in place to manage risk. The audit programme included infection prevention and control, X-rays and failed attendance for appointments.

Staff meetings took place regularly. Medical alerts, incidents, complaints and changes were discussed at the staff meetings.

Staff told us there was an open culture at the practice and they felt confident raising any concerns.

The practice had a process in place to seek feedback from patients about the service.

No action



# Eccleston Dental Practice Limited

## 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 the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 8 February 2017. It was led by a CQC inspector and supported by a dental specialist advisor.

We informed NHS England area team that we were inspecting the practice; we did not receive any information of concern from them. We also reviewed information held by CQC about the practice and no concerns were identified.

During the inspection, we spoke with the two dentists (one being the practice owner and registered manager) and three dental nurses. We reviewed policies, protocols, certificates and other documents as part of the inspection. We also had a look around the building.

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.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

Both an incident management policy and significant events policy were in place, and they had been signed by all staff to indicate the policies had been read. The policies covered accidents, incidents and near misses. A system was established to report any incidents. Staff advised us that no significant events had occurred since 2009. Accidents were recorded in an accident book and we noted the last accident recorded was in 2015.

The staff we spoke with were clear about what needed to be reported in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR).

The registered manager received safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and Department of Health Central Alerting System (CAS). These alerts identify problems or concerns relating to medicines or equipment. Staff told us that if the alert was relevant to the operation of the practice then it was shared with the staff at practice meetings.

The staff were aware of the need to be open, honest and apologetic to patients if anything should go wrong; this was in accordance with the Duty of Candour principle which states the same. A policy in relation to duty of candour was in place and was last reviewed in January 2017.

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

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A sharps injury protocol was in place and a sharps risk assessment had been completed for the practice. A procedure was in place for staff to follow in the event of a sharps injury that included occupational health contact details. A flowchart outlining the procedure was displayed in clinical areas. We saw evidence in the accident reporting that the procedure for managing sharps injuries had been followed.

The registered manager told us the dentists routinely used a rubber dam when providing root canal treatment to patients in accordance with guidance from the British Endodontic Society. We confirmed this when we looked at dental records. A rubber dam is a thin, rectangular sheet,

usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use a rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

Child and vulnerable adult safeguarding policies and procedures were in place. One of the dentists was the designated lead for safeguarding. Staff were knowledgeable about abuse and were aware of how to report any concerns in relation to abuse. Local safeguarding contact numbers were available for staff should they have a concern they wished to report. All staff working at the practice had undertaken safeguarding training to the correct level for their role.

The practice had a whistleblowing policy. Staff could raise concerns within the practice or could raise concerns externally. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

Employer's liability insurance was in place for the practice. Having this insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969 and we saw the practice certificate was up to date. Professional indemnity was in place for all staff.

### Medical emergencies

The practice followed the guidance from the Resuscitation Council UK and had sufficient arrangements in place to deal with medical emergencies. Procedures were in place for staff to follow in the event of a medical emergency and all staff had received basic life support training from an external company in May 2016, including the use of an Automated External Defibrillator. An AED is a portable electronic device that analyses the heart 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 located.

Emergency equipment and medicine checks were undertaken to ensure equipment was available and did not require replacing. We saw that the practice kept records that indicated the emergency equipment, emergency

# Are services safe?

medical oxygen cylinder, emergency drugs and AED were regularly checked. This supported with ensuring the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type and were all in date. A mercury spillage kit was in place in the event that staff should need to use it.

Visits were provided to people in their own home who were unable to attend the practice. The registered manager confirmed this small number of visits were only for check-ups and denture care. The dentist undertook these visits with the support of a nurse and measures were taken to minimise the spread of infections. The registered manager advised us that a medical emergency kit was not taken on home visits as the practice had only one kit and it needed to remain in the premises as patients were being treated.

## Staff recruitment

We looked at the recruitment records for five members of staff. Recruitment records showed the required recruitment checks had not been completed in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All staff had a DBS check but we noted that three checks had not been undertaken in accordance with CQC's guidance on DBS checks. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children. The registered manager advised us that verbal references were taken for staff but these had not been recorded. A recruitment policy was in place for the practice but it lacked detail in relation to the recruitment process.

## Monitoring health & safety and responding to risks

A general health and safety statement was in place for the practice. Various risk assessments relevant to the practice had been completed. A risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm. Risk assessments undertaken took into account risks associated with the environment, equipment and the use of hazardous products.

We looked at the Control of Substances Hazardous to Health (COSHH) file. COSHH files are kept to ensure information is available on the risks from hazardous substances in a dental practice. Data sheets were available

for each product. We did not see risk assessments for the products and the registered manager advised us that these had very recently been discarded when the COSHH file was reviewed. They confirmed that these would be completed again.

A fire safety assessment was carried out in May 2016 and firefighting equipment had been checked. Staff advised us that smoke alarms were tested on a regular basis. Staff said that a fire drill involving a practice evacuation of the premises had not taken place but advised us that the evacuation process was regularly discussed. They were clear about what to do in the event of a fire. The registered manager said they would arrange for a practice fire drill to take place.

## Infection control

A member of staff was the designated lead for infection prevention and control (IPC). The full staff team had undertaken IPC training in May 2016. One of the staff showed us how instruments were decontaminated, in the dedicated decontamination room. They outlined the practice's process for cleaning, sterilising and storing dental instruments and reviewing relevant policies and procedures. This was in accordance with the Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. Produced by the Department of Health, this guidance details the recommended procedures for sterilising and packaging instruments. We noted that minimal checks of the autoclave (pressure chamber for sterilising instruments) were taking place to ensure it was working correctly. The registered manager said they would ensure an automatic control test was routinely carried out.

We observed the decontamination and treatment rooms were clean. Drawers and cupboards were well organised and clutter free with adequate dental materials available. A checklist was in place for the daily cleaning of the decontamination room. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilet.

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria. Legionella is a term for particular bacteria which can contaminate water systems in buildings. The registered manager was the designated lead for Legionella. Staff completed Legionella training as part of their IPC training in May 2016. From

# Are services safe?

discussions with staff, the management of Legionella was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out for the practice and checks of the water temperature of the sentinel taps (nearest and furthest taps from the water distribution source) were taking place.

A contract was in place for the removal and disposal of clinical waste. Waste consignment notices were available for the inspection. Clinical waste was disposed of in accordance with Health Technical Memorandum 07-01: Safe management of healthcare waste.

Schedules were in place for the cleaning of the premises and checklists were completed daily to confirm the premises had been cleaned. We observed the building was clean, tidy and clutter-free. Environmental cleaning equipment was stored correctly and labelled to identify the area it should be used in.

## **Equipment and medicines**

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of up-to-date examinations and servicing of sterilisation equipment, X-ray machines, autoclave and the compressor. Portable electrical appliances were tested in January 2017 to ensure they were safe to use.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Prescription pads were kept securely.

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

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999 and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. The practice kept a detailed radiation protection file, including the names of the Radiation Protection Advisor, the Radiation Protection Supervisor and Health and Safety Executive notification. Maintenance certificates were contained in the file. Local rules were located next to the equipment.

We saw that all staff registered with the General Dental Council were up-to-date with their continuing professional development training in respect of dental radiography. The practice was undertaking regular analysis of their X-rays through an annual audit cycle. A radiological audit had been completed and was in accordance with the National Radiological Protection Board (NRPB) guidance.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We found the dentists were following guidance and procedures for delivering dental care. The dental records we looked at were of a high standard and detailed. A comprehensive medical history form was completed with patients and this was checked at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patient's gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are. The dental records we looked at informed us that patients were advised of the findings, treatment options and costs.

The dentists were familiar with the current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon individual risk of dental diseases.

The dentists used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required. A justification, grade of quality and report of the X-ray taken was documented in the patient dental care record.

### Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. There was evidence in the dental records we looked at that the dental team applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients. Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

### Staffing

We spoke with staff and looked at the continuous professional development (CPD) files for three staff to determine the training staff had undertaken. We established that all staff had completed training in basic life

support/medical emergencies, IPC, radiography and safeguarding. Staff advised us that training was linked to the five year CPD cycle, which individual staff were responsible for keeping up-to-date. Staff advised us they received an appraisal every year and we saw completed appraisal documentation in some of the staff files we looked at.

### Working with other services

The registered manager confirmed that patients could be referred to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were used to send all the relevant information to the specialist. Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

### Consent to care and treatment

We spoke with the registered manager about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. The registered manager explained how individual treatment options, risks, benefits and costs were discussed with each patient and then if appropriate documented in a written treatment plan. The patient would be provided with a copy of the plan and a copy would be retained in the patient's dental care record.

Policies in relation to seeking patient consent were in place and took account of the 2005 Mental Capacity Act (MCA) and the Gillick competency. Staff had a good understanding of the principles of the MCA and the Gillick competence. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

# Are services caring?

## Our findings

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

We spoke with three patients during the inspection and they were complimentary about the practice, including the care and facilities at the practice. We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 45 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

Measures were in place to maintain the privacy and confidentiality for patients. Patient records were held securely and computer screens were not overlooked in reception. Dental practitioners were chaperoned by another member of staff when providing treatment to

patients. We noted that the door to one of the treatment rooms was left open when patients were being treated. Not only could we see the patient being treated but we could hear the conversation between the dentist and the patient. The dentist advised us that they often left the door open and patients had not raised any concern about this. They said they would close the door if the conversation was of a sensitive or confidential nature. The comment cards did not identify this as a concern and patients we spoke with were okay with the door being left open.

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

From our review of the CQC comment cards, discussions with patients and observation of dental records it was clear that patients were involved in decisions about their care. Information showing NHS and private treatment costs were available in the waiting area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We noted that information was available for patients in the reception area, including the practice opening hours, emergency out-of-hours contact details, fire procedures, the complaint procedure and treatment costs.

Staff confirmed that patients needing an urgent appointment were usually seen on the day they contacted the practice. Even if no appointments were available then patients requiring an urgent consultation would be invited to come in and wait.

### Tackling inequity and promoting equality

The practice was located on an upper floor accessed by a staircase with double handrails at the rear of the building. A disability access audit was completed for the premises in August 2016. This audit is an assessment of the practice to ensure it meets the needs of people with a disability. The practice could not support people who were unable to manage the stairs and the building did not lend itself to being adapted for accessibility. There was a notice in the reception advising patients of this.

The registered manager advised us that patients with mobility needs could be re-directed to a local dental practice that was accessible. Alternatively, the registered manager provided home visits, mainly for check-ups and

dentures, to patients unable to access the surgery. One of the nurses supported the dentist with these planned home visits. Staff told us they had access to a translation service should the need arise.

Staff gave us examples about how they accommodated the specific needs of patients who were unable to work with the current appointment system. This showed staff took into account and were responsive to the particular circumstances and needs of patients.

### Access to the service

Opening hours were displayed in the premises and in the practice information leaflet. Patient feedback indicated there was good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

### Concerns & complaints.

A complaints policy was in place which provided guidance on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC. Information for patients about how to make a complaint was displayed in the waiting area.

The practice had a system in place to manage complaints. Staff advised that no complaints had been received about the service in the last 12 months.

# Are services well-led?

## Our findings

### Governance arrangements

The registered manager was responsible for the day-to-day running of the practice. Governance arrangements included a framework of operational policies and procedures, risk management systems and a programme of audit.

Policies were regularly reviewed to ensure they were up-to-date with national guidance and best practice. The policies we looked at were comprehensive with the exception of the recruitment policy. We highlighted this to the registered manager at the time of the inspection. We observed that staff had signed to indicate they had read the policies.

Risk management processes were in place to ensure the safety of patients and staff members. They were regularly reviewed particularly if any changes had been made at the practice. For example, we saw risk assessments relating to the environment, use of equipment and fire.

Systems were in place to monitor that the environment and equipment was regularly checked and safe to use. For example, we saw a schedule of equipment used at the practice that identified when each piece of equipment was last serviced and when the next service was due.

A business continuity plan was in place, which sets out how the service would be provided if an incident occurred that impacted on its operation.

### Leadership, openness and transparency

Staff told us there was an open culture within the practice that encouraged candour, openness and honesty to promote the delivery of high quality care, and to challenge poor practice. From discussions with staff it was evident the

practice worked as a team and that staff said they were comfortable raising matters with the registered manager. It was also evident the registered manager responded to any matters in a professional and timely manner.

We were told there was a no blame culture at the practice. Staff said the registered manager was approachable and would listen to concerns and act appropriately. Staff told us monthly practice meetings were held involving all staff members. We looked at the meeting minutes for October and November 2016 and noted that clinical matters in relation to risk were discussed. Staff told us any alerts, incidents, complaints or changes were discussed at the meetings.

### Learning and improvement

A programme of audit was in place. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations. Audit topics included radiography, infection prevention and control and failed attendance for appointments.

The registered manager was a member of the Local Dental Committee (LDC). The LDC represents dentists in a defined geographical area and provides guidance for dentists who have a contract to provide NHS dental services. The registered manager advised us they also participated in a local peer review group. Peer review enables dental professionals to work together to improve the quality of service.

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

The registered manager advised us that the practice participated in the NHS Friends and Family Test (FFT) and this was the main way in which patients provided feedback about the service. The FFT is a national programme to allow patients to provide feedback on the services provided. The registered manager said the FFT feedback was reviewed each month and logged on the system.