

## Mawsley Dental Clinic Limited

# Mawsley Dental Clinic

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 8 February 2016 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**

Mawsley Dental Clinic is part of the Southern Dental group. There were seven dentists and two dental hygienists who provided NHS and private treatment to approximately 22,000 patients. The practice employed five trained dental nurses, one trainee dental nurse, and two receptionists.

The two storey practice was located in Mawsley Village and shared a building with the local GP Practice. The ground floor of the practice had two treatment rooms, reception desk, cleaning and storage room, and one of the two decontamination rooms for cleaning, sterilising, and packing dental instruments. There were a further three treatment rooms, a second decontamination room, and a staff room on the first floor.

The premises were accessible to wheelchair users and there were waiting areas and toilets accessible for patients with disabilities on both floors. A lift was available for patients who could not manage the stairs. A car park, with designated disabled parking spaces was available.

The practice manager is the registered manager. 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.

# Summary of findings

We received feedback from 12 patients during the inspection process. We received positive comments about the cleanliness of the premises, the empathy and responsiveness of staff, and the quality of treatment provided.

Four patients told us that staff explained treatment plans to them well. Patients reported that the practice had seen them on the same day for emergency treatment. Patients commented that the service they received was good, and that they were always clear about the costs involved in their treatment.

## **Our key findings were:**

- Staff had received safeguarding training and knew the processes to follow in order to raise any concerns.
- Staff had been trained to deal with medical emergencies and appropriate medicines and life-saving equipment were readily available and accessible.
- Infection control procedures were in place and staff had access to personal protective equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits, and risks and were involved in making decisions about them.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice staff felt involved and worked as a team.

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

- The practice's protocols for conscious sedation should be embedded and implemented, giving due regard to guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document Standards for Conscious Sedation in the Provision of Dental Care 2015.
- Review practice systems and risk assessments, particularly with regard to infection control, X-rays and the arrangements for the use of conscious sedation
- Undertaken at regular intervals audits relating to X-rays and infection prevention to help improve the quality of service.
- Strengthen the clinical oversight, and ensure shared and reflective learning.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

The practice had systems and processes in place to ensure all care and treatment was carried out safely.

Staff had received training in safeguarding vulnerable adults and children, and they could describe the signs of abuse and were aware of the external reporting process. Staff were suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times.

Infection control procedures were in place and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice and this was serviced and maintained at regular intervals.

### **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 guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history. Information was given to patients in a way they understood and the risks, benefits and options available were explained to them.

Staff were supported through training, and opportunities for development. Patients were referred to other services in a timely manner. Staff had received training in the Mental Capacity Act 2005.

### **Are services caring?**

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

Patients were treated with dignity and respect and their privacy was maintained. Patient information and data was handled confidentially. We saw that treatment was clearly explained and patients were provided with treatment plans. Patients with urgent dental needs or pain were responded to in a timely manner, usually on the same day.

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

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

Appointments were easy to book and the practice offered extended opening hours to meet the needs of those who could not attend during normal opening hours. The practice allocated emergency slots each day enabling responsive and efficient treatment of patients with urgent dental needs.

There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area.

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

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

Staff had received an induction, and regular performance reviews. The practice team were an integral part of the management and development of the practice.

# Summary of findings

The practice had a number of policies and procedures to govern activity and held regular staff meetings. It proactively sought feedback from staff and patients, which it acted on.

We found that clinical oversight needed to be improved to ensure reflective learning, monitoring, and drive improvements of services to patients.

# Mawsley Dental Clinic

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

The inspection took place on 8 February 2016 and was conducted by a CQC inspector and a specialist dental 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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications, and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with one dentist, the practice manager, two dental nurses, a receptionist, and the Head of Compliance from Southern Dental. We reviewed policies, procedures and other documents. We received feedback from 12 patients during the inspection process.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints. Staff were aware of the reporting procedures and were encouraged to bring safety issues to the attention of the practice manager. Over the past 12 months, there had been 11 complaints recorded, these were documented and dealt with appropriately. The practice manager told us that there had been no reported significant events at the practice. However, Southern Dental head office collated information from significant events received from all the practices within the group. Staff were able to share this learning through the regular news bulletins that Southern Dental issued.

The practice received national and local alerts relating to patient safety and safety of medicines. The manager, who received the alerts by email, noted if any actions were required and cascaded information as appropriate to the staff. A copy was held at head office and staff were aware of where to locate the information.

Staff understood the process for accident and incident reporting including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). We reviewed the accident book and noted four entries in the past year. These were documented and appropriately managed.

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

The practice had satisfactory child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting, and dealing with suspected abuse. Staff had completed the required training in child protection and described the actions they would take if they were concerned.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small

instruments used during root canal work. The practice showed us that they had rubber dam kits available and confirmed that the dentists used these when carrying out root canal treatment.

We noted that there was good signage throughout the premises clearly indicating fire exits, the location of first aid kits, medical emergency equipment, and X-ray warning signs to ensure that patients and staff were protected.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All staff had received basic life support training. An automated external defibrillator (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm) was available. Staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest.

We checked emergency medicines, equipment and oxygen, and found that they were readily available and were within their expiry dates. This was in line with the Resuscitation Council UK and British National Formulary Guidelines.

### Staff recruitment

The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of identity, checking skills, and qualifications, registration with professional bodies where relevant, and deciding whether a Disclosure and Barring Service check was necessary. 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 reviewed the recruitment files of three employed staff and found that all the necessary checks had been undertaken and recorded.

The practice had a formal induction system for new staff, this included staff signing to say they had read and understood practice policies.

The staff told us that there were usually sufficient numbers of suitably qualified and skilled staff working at the practice although at times they did feel under pressure, as surgeries

# Are services safe?

were always fully booked with patients. Staff told us a system was in place to ensure that where absences occurred, they would cover for their colleague. The practice had access to a locum agency should the need arise.

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

A health and safety policy and risk assessment was in place at the practice. This identified risks to staff and patients who attended the practice.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a Legionella risk assessment and fire evacuation procedures. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place. Legionella is a bacterium found in the environment which can contaminate water systems in buildings and cause harm to patients.

Staff had received annual fire safety refresher training in February 2015 and we noted that further fire training had been arranged for 15 February 2016. Staff were able to describe the actions they would take in the event of a fire. There were sufficient fire extinguishers and they had been serviced June 2015.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. A copy was held off site at the practice manager's home.

## **Infection control**

The practice was visibly clean, tidy, and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. A dental nurse was the lead for infection prevention and shared responsibility with all the dental nurses. The nurses were responsible for the decontamination processes and for the cleaning of the equipment and treatment rooms; an outside contract cleaner was responsible for the reception, waiting areas, and toilets.

An audit of the infection control procedures was completed in December 2015. We noted that the infection control audit was undertaken annually and not six monthly as recommended.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the essential processes and practices to prevent the transmission of infections. Decontamination of dental instruments took place in the dedicated rooms in the practice. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

We found that in general the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices.

The equipment used for cleaning and sterilising was checked, maintained, and serviced in line with the manufacturers' instructions. The practice kept daily, weekly, and monthly records of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Sharps bins were signed, dated and not overfilled. A clinical waste contract was in place and waste matter was securely stored within a designated, locked area at the rear of the property.

The practice had a sharps management policy which was clearly displayed and understood by all staff. Safer syringe systems were being used in the practice and single use items were used, where practical, to reduce the risks associated with cleaning sharp items such as matrix bands. Safer syringe systems mean medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury. Dentists were responsible for safely disposing of the sharps that they generated which also reduced the risk of injury to other staff.

The practice had a record of staff immunisation status in respect of Hepatitis B, and there were clear instructions for staff about what they should do if they injured themselves with a needle or other sharp dental instrument.

## **Equipment and medicines**

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers' guidelines. Portable appliance testing (PAT) took place on all electrical equipment in March 2015.

Medicines in use at the practice were in date, stored and disposed of in line with published guidance. We noted that

# Are services safe?

the practice had labels that had been pre-printed with details of the medicine and were used when dispensing medicines to private patients, these labels had been signed in advance by the dentist. This posed a risk to patients as medicines could have been dispensed without the prescribing dentist checking the details. We highlighted this to the practice; they took immediate action, destroyed the labels, and replaced with unsigned ones.

There were sufficient stocks of equipment available for use and these were rotated regularly to ensure equipment remained in date.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

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

During the inspection, the practice was unable to show the certificate to confirm that they were registered with the Health and Safety Executive as required under Ionising Radiations Regulations 1999 (IRR99) Reg. 6(2) Notification of Work with Ionising Radiations. However, they sent this to us within 48 hours of the inspection.

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were displayed in areas where X-rays were carried out.

A radiation protection advisor and a radiation protection supervisor had been appointed as required by the Ionising Regulations for Medical Exposure Regulations (IR (ME) R 2000), to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The dentist monitored the quality of the X-ray images on an individual basis and dental care records were being maintained. We noted that the practice had not completed an annual audit of X-rays to ensure that they were of the required standard to reduce the risk of patients being subjected to further unnecessary X-rays. The last X-ray audit was undertaken in 2013.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice had various policies and procedures in place for assessing and treating patients. The dental care records contained all the relevant details including patients' medical histories and followed the guidance provided by the Faculty of General Dental Practice. Radiographs (X-rays) were taken at appropriate intervals and in accordance with the patient's risk of oral disease.

The dentists told us that each person's diagnosis was discussed with them and treatment options were explained. Fluoride varnish and higher concentration fluoride toothpaste were prescribed for high risk patients. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice and detailed dental hygiene procedures.

The practice offered treatment under sedation for nervous adult patients who paid privately for their treatment. This involved the administration of a medicine (a sedative) through a vein in their arm to help them to relax during their dental procedure. The patient remains awake during the whole procedure. However, the practice was unable to show us a policy or written protocols for this procedure. The practice sent these to us within five hours of the inspection. Two dentists who had received appropriate training offered this treatment; we spoke with one of these dentists. The dentist told us each patient was risk assessed prior to the procedure and their informed consent was recorded. The procedure was always completed in an appropriate room, with a recovery room available, and a second dentist assisted. The patient's condition was monitored closely during and after the procedure. Patients were given verbal advice about aftercare post procedure and were not supplied with written information as advised in the Standards for Conscious Sedation in the Provision of Dental Care (2015).

### Health promotion & prevention

The waiting rooms and reception area at the practice contained a range of literature that explained the services offered at the practice. Children were given an electronic information pad showing oral health education whilst they were waiting. Staff told us that they advised patients on how to maintain good oral hygiene both for children and

adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health. Patients we spoke with confirmed that they had received health promotion advice.

### Staffing

Dental staff were appropriately trained and registered with their professional body. Staff reported that they were encouraged and supported to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration with the General Dental Council as a general dental professional and its activity contributes to their professional development. Staff records reviewed confirmed this.

Staff told us that they regularly met to discuss training, and their needs, we viewed minutes of staff meetings that had been held. Staff we spoke with said they received regular communication emails and felt supported and involved in discussions about their personal development. The staff had access to the Southern Dental intranet where they were able to access further information, news, and updates. They told us that the practice manager and dentists were supportive, approachable, and always available for advice and guidance.

### Working with other services

The practice had a system in place for referring, recording, and monitoring patients for dental treatment and specialist procedures for example root canal treatment, impacted wisdom teeth and orthodontics. The practice kept a log of these referrals to ensure that patients received timely treatment.

### Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient.

Staff were aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. Staff had received Mental Capacity Act 2005 (MCA) training and were fully

# Are services effective?

(for example, treatment is effective)

conversant with the relevance to the dental practice. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for them.

# Are services caring?

## Our findings

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, respect, and maintained their privacy. The reception area was well designed, spacious and conversations were managed to maintain patient confidentiality. Hot and cold drinks were provided for patients free of charge.

A data protection and confidentiality policy was in place. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that dental care records were held securely.

Patients reported that they felt that practice staff were friendly, helpful, and caring and that they were treated with dignity and respect. Many patients said that staff were always very friendly and professional.

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

Feedback from patients included comments about how professional the staff were and treatments were always explained in a language they could understand. A patient who had attended for emergency treatment told us that staff were sensitive to their anxieties and needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

The practice provided a range of services to meet patients' needs. It offered both NHS and private treatment to children and adults.

There was good information for patients about the practice; this was available in the waiting area, website and in the practice leaflet. This included details about the dental team, the services on offer, how to raise a complaint, and information for contacting the dentist in an emergency. There was clear information about NHS and private costs on display in the waiting room.

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

The practice was based on the two floors; a lift was available providing good access for patients who used wheelchairs or for families with children in push chairs. Toilets suitable for patients with disabilities were available on each floor.

The practice had some patients whose first language was not English and had access to translation services if required. Staff spoke some different languages including Urdu. The practice did not have a hearing loop for patients who used hearing aids but were able to describe how they managed communication with patients. For example they ensured that they spoke clearly and faced the patient or used written information. The practice did have information available in Braille for patients who were blind.

The staff were able to obtain information, usually without delay, in other formats or languages if required.

### **Access to the service**

The practice was open Monday to Wednesday 8am to 8pm, Thursday, and Friday 8am to 5pm. The extended hours met the needs of patients unable to attend during the working day.

Appointments could be booked by phone or in person. Staff told us patients were seen as soon as possible for emergency care and this was normally on the same day. Patients we spoke with and comment cards said that the practice had responded quickly when they had a need for urgent treatment.

The practice's answer phone message detailed how to access out of hours emergency care if needed.

All the patients we spoke with were satisfied with the appointments system and said it was easy to use.

### **Concerns & complaints**

There was information available for patients giving them details of how to complain. The practice had 11 complaints recorded in the past 12 months. The complaints had been documented and patients responded to appropriately, for example a patient had complained about the care and treatment they had received. The dentist concerned had written to the patient giving a clear explanation of the events of the consultation, an apology and an opportunity for the patient to discuss further should they wish.

Patients we spoke with told us they felt confident that staff would respond appropriately to any concerns they had. The staff were aware of how to deal with a complaint should they need to.

# Are services well-led?

## Our findings

There was a range of policies and procedures in use at the practice. These included health and safety, infection prevention control, needle stick injury and safeguarding people. However, the practice was not able to show us a policy or procedure in respect of conscious sedation services offered at the practice. They sent this to us within five hours of the inspection.

The practice completed the NHS information governance tool kit each year to measure its compliance with the laws regarding how patient information is handled.

Audits for quality assurance within the practice needed to be improved; for example, the actions from an infection control audit completed in 2013 were not reflected in the audit completed in 2014 to show if changes had been implemented and improvements made. The practice had not undertaken an annual audit to monitor the quality of X-Rays since 2013.

There were meetings involving all the staff where a range of practice issues such as administrative protocols, complaints, and targets were discussed. Minutes of the meetings were taken for those who could not attend. The Southern Dental group sent through regular bulletins which gave information on complaints, compliments, changes, and updates. The staff all had access to the intranet and told us that they found these useful and they were able to share the information and learning in the practice.

The practice achieved accreditation and was awarded the Silver Investors in People award in July 2013. Investors in People was established in 1991 and sets standards for better people management.

Staff received a yearly appraisal of their performance, in which they were set specific objective which were then reviewed after six months. Staff reported that their appraisal was useful, and helped them identify any further training needs.

Staff reported they felt supported by the management team and enjoyed their work.

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

We found that there was a lack of clinical oversight in the practice to assurance that the quality of services was

managed. In April 2015, a clinical manager had been appointed by Southern Dental to attend the practice, provide support, and meet with the dentists. The clinical manager attended the practice every six months. There was no written evidence from these meetings available to us and therefore we were not assured that reflective and shared learning was robust.

The practice manager was responsible for the dental nurses and receptionists and managed performance through appraisal and review system.

Staff told us they felt able to raise concerns at any time and did not wait for the regular meeting if they had something they needed to raise. They were aware of the whistle blowing policy and understood when it was appropriate to use it. Staff felt their suggestions were listened to; for example, staff reported that the timing of appointments on Saturdays did not allow enough time for them to have a break for lunch. The practice manager authorised for the appointment schedule to be altered.

### **Learning and improvement**

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. Staff told us they had good access to training and the practice monitored this to ensure essential training was completed each year.

There was no formal system of peer review in place for the dentists to help monitor their performance and drive improvement; however, staff we spoke to said that they met regularly to discuss cases and events.

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

Patients were given the opportunity to give feedback and influence how the service was run at each appointment. The practice advertised the NHS choices website, offered comment cards for the NHS family and friends test as well as their own questionnaire. The practice had made changes following patient feedback; for example, a patient had told the practice that staff had ignored them at the reception desk. The practice manager spoke with the staff and implemented a system that would ensure all staff acknowledged patients in a timely and appropriate way.

Although there was no specific survey for staff, staff told us that the manager and dentists were approachable and they

## Are services well-led?

felt they could give their views about how things were done at the practice. Staff confirmed that they had regular communication emails and meetings where they could suggest improvements to how the practice ran.