

Mr. Peter Riding

# Beverley House Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 15 December 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**

Beverley House Dental Practice is located in Hessle, Humberside and provides NHS and private treatment to patients of all ages.

Wheelchair users or pushchairs can access the practice through step free access. Car parking spaces are available near the practice.

The dental team is comprised of two dentists, three dental nurses, a dental hygiene therapist and a receptionist working within two treatment rooms.

On the day of inspection we received 12 CQC comment cards providing positive feedback.

During the inspection we spoke with the principal dentist, a dental nurse and a receptionist, to assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

The practice is open:

Monday, Wednesday and Thursday 9am – 5:30pm

Tuesday 9am -7pm

Friday 9am -5pm.

# Summary of findings

The principal dentist is registered with the Care Quality Commission (CQC) as an individual and is legally responsible for making sure that the practice meets the requirements relating to safety and quality of care, as specified in the regulations associated with the Health and Social Care Act 2008.

## **Our key findings were:**

- The practice appeared clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- Staff had been trained to handle medical emergencies and appropriate medicines and life-saving equipment was in accordance with current guidelines.
- The practice had systems in place manage risks.
- Staff understood and received safeguarding training and knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Safe recruitment of staff was in place.
- Treatment was well planned and provided in line with current guidelines.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- The practice was well-led and staff felt involved and supported and worked well as a team.
- The practice sought feedback from staff and patients about the services they provided.
- Complaints were responded to in an efficient and responsive manner.

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

- Review the process to check medical emergency equipment and medicines.
- Review the process of flushing and recording water outlets that are not used daily.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. We found the equipment and drugs were stored in separate areas within the practice and this could cause a delay when responding to a medical emergency.

Lessons and improvements were made when things went wrong.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Premises and equipment were clean and maintained in accordance with current legislation and guidance.

No action



### Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment.

Patients' needs were assessed; care and treatment was delivered in line with current legislation and guidance.

Staff were supported to complete training relevant to their roles and this was monitored.

There was effective process in place to refer to other health care professionals if required.

Informed consent was obtained and recorded.

No action



### Are services caring?

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

The patients who provided feedback were positive about the care and attention to treatment they received at the practice. They told us they had received a good standard of care and treatment, and they were very happy with the treatment and attention to detail that was given.

Patients commented they were treated with dignity and respect.

We observed privacy and confidentiality were maintained for patients.

No action



# Summary of findings

The staff recognised and respected people's diversity, values and human rights.

Dental care records were kept securely in locked cabinets behind the reception desk and computers were password protected.

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

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

The practice had an efficient appointment system in place to meet patient's needs.

Patients had access to telephone interpreter services and the practice had good wheelchair access.

The registered provider took in to account the needs of different people.

Patients could access treatment in a timely way.

Concerns, complaints and compliments were listened and responded to.

**No action**



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

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

There were systems were in place to ensure the smooth running of the practice.

Patient dental care records were complete, legible and stored securely.

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles.

Arrangements were in place to support communication about the quality and safety of services.

The practice regularly monitored clinical and non-clinical areas as part of a system of continuous improvement and learning.

The practice gathered the views of patients and staff about the service provided.

**No action**



# Beverley House Dental Practice

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We informed NHS England area team and Healthwatch that we were inspecting the practice; we received no information of concern from them.

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

Staff understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and guidance was provided to staff within the practice's health and safety policy. The practice manager was aware of the notifications which should be reported to the CQC.

The principal dentist received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. Relevant alerts were discussed with staff, actioned and stored for future reference.

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

The practice had safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence all staff had received safeguarding training in vulnerable adults and children. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the process they needed to follow to address concerns.

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

We looked at procedures required for safe dental care and treatment; this included the use of safe sharps in dentistry and the use of rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. 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 rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had a business continuity plan which managed the risk of service disruption.

### Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical

emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The emergency medicines, emergency resuscitation kits and medical oxygen were stored in separate locations within the dental practice. We brought this to the attention of the principal dentist as this could cause a delay if a medical emergency occurred. Staff knew where the emergency kits were kept.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

We were told that weekly checks were carried out on the emergency medicines, medical oxygen cylinder and the AED. These checks ensured the oxygen cylinder was sufficiently full and in good working order, the AED was charged and the emergency medicines were in date. The check list had no equipment or drug details so it was not possible to say what had been checked.

### Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included advertising the job through an agency, a job application form, an interview process, seeking two references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of recruitment files and found the recruitment procedure had been followed.

The principal dentist told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These 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 a sample of recruitment files and these showed that all checks were in place.

# Are services safe?

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

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

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice.

The practice had maintained a detailed Control of Substances Hazardous to Health (COSHH) folder for cleaning products. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We found no risk assessment in place for any material and all safety data sheets were stored on a CD rom. We discussed this with the principal dentist and they agreed it would be difficult to find what would be required if a material was spilt for example.

We noted there had been a fire risk assessment completed for the premises in 2016. We saw as part of the checks by the team the smoke alarms were tested and the fire extinguishers were regularly serviced. There was evidence that a fire drill had been undertaken with staff. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

## **Infection control**

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We spoke with dental nurse about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light,

sterilising and storage was clearly described and shown. We also saw the daily and weekly tests were being carried out by the dental nurses to ensure the sterilisers were in working order.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05).

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in November 2016 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit did not have an action plan in place to respond to any improvement that could be made.

We inspected the decontamination and treatment rooms. The rooms were very clean, drawers and cupboards were tidy with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

Records showed the practice had completed a Legionella risk assessment in December 2010. The practice undertook processes to reduce the likelihood of Legionella developing which included running the dental unit water lines in the treatment rooms at the beginning and end of each session and between patients, the use of purified water and monitoring hot and cold water temperatures. Legionella is a term for particular bacteria which can contaminate water systems in buildings. The practice had water outlets that were not used daily. We were told these were run every few months but this was not recorded.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and amalgam was collected on a regular basis.

The practice employed a cleaner to carry out daily environmental cleaning. All equipment was available and in line with recommendations.

## **Equipment and medicines**

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

# Are services safe?

We saw evidence of servicing certificates for sterilisation equipment and X-ray machines in August 2016 and Portable Appliance Testing (PAT) in May 2016. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

There was a system in place for prescribing, administration and storage of medicines.

We saw the practice was storing NHS prescriptions securely in accordance with current guidance. We found there was no log in place to ensure all prescriptions were accounted for. This was brought to the attention of the principal dentist and they assured us this would be addressed immediately.

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

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance

history. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only.

We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries, in the X-ray room and within the radiation protection folder for staff to reference if needed. We saw that a justification, a grade and a report was documented in the dental care records for all X-rays which had been taken.

Intra-oral X-ray audits were carried out by the practice annually. The audit and the results were in line with the National Radiological Protection Board (NRPB) guidance.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists and specialists carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). This was repeated at each examination if required in order to monitor any changes in the patient's oral health.

The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such as smoking and alcohol consumption and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

We saw patient dental care records had been audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice. The audits had action plans and learning outcomes in place. This helps address any issues that arise and sets out learning outcomes more easily.

### Health promotion & prevention

The practice focused on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental decay. Staff told us that the dentists would always provide oral hygiene advice to patients where appropriate or refer to the hygiene therapist for more detailed advice.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that smoking cessation advice was given to patients who smoked. Patients would also be made aware if their alcohol consumption was above the national recommended limit.

### Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included making the new member of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the induction files.

Staff told us they had good access to on-going training to support and advance their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents. Staff also felt they could approach the practice manager at any time to discuss continuing training and development as the need arose.

### Working with other services

The principal dentist confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were either typed up or pro formas 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 staff about how they implemented informed consent. Informed consent is a patient giving permission to

# Are services effective?

(for example, treatment is effective)

a dental professional for treatment with full understanding of the possible options, risks and benefits. Patients informed us they were given information and appropriate consent was obtained before treatment commenced.

Staff were clear on the principles of the Mental Capacity Act and the competency assessment for children under 16. The

act is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain the treatment options.

# Are services caring?

## Our findings

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

Feedback from patients was very positive and they commented they were treated with care, respect and dignity. We observed staff were always interacting with patients in a respectful, appropriate and kind manner and to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection.

We were told if patients wanted to talk in private a room this would be sought.

Dental care records were not visible to the public on the reception desk. Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper records were securely stored in a locked cabinet in accordance with the Data Protection Act.

We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy

Patients, who were nervous about treatment, commented they were supported in a compassionate and empathic way. There was male and female dentists so patients could choose who they saw.

Music was played in the treatment rooms for patients and a selection of magazines and a television was in the waiting room.

Children had an area with toys and books.

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

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area. The practice's website provided patients with information about the range of treatments which were available at the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We were told the patients were given sufficient time during their appointment so they would not feel rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

The practice had an information leaflet and a website. The information leaflet included details of the staff, dental treatments which are available and a description of the facilities. The practice's website provided patients with information about the range of treatments which were available at the practice.

### Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity to any patient group such as step free access and accessible toilet with hand rails. The practice had completed an audit as required by the Equality Act.

Staff had access to a translation service with contact details of braille and transcription services also available for staff to refer to should the need arise. We were told patient information could be made available in different formats and languages.

### Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet and on the practice website.

We confirmed waiting times and cancellations were kept to a minimum.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so that no patient was turned away. The patients told us when they had required an emergency appointment this had been organised the same day. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

### Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room and in the practice information leaflet.

Information was available of what steps they needed to take if they were not happy with their findings.

The principal dentist was responsible for dealing with complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the principal dentist to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially.

We reviewed comments, compliments and complaints the practice had received and found they were responded to appropriately and outcomes were shared with staff to prevent, learn and improve services.

# Are services well-led?

## Our findings

### Governance arrangements

There was an effective management structure in place. Staff were supported, managed and were clear about their roles and responsibility. We were told staff met their professional standards and followed their professional code of conduct.

The principal dentist was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the use of equipment and infection prevention and control.

### Leadership, openness and transparency

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

All staff were aware of whom to raise any issue with and told us the principal dentist was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held meetings to ensure staff could raise any concerns and discuss clinical and non clinical updates. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter

### Learning and improvement

We saw audits were carried out thoroughly with results and action plans clearly detailed. Quality assurance processes were used at the practice to encourage continuous improvement. This included clinical audits such as dental care records, X-rays and infection prevention and control.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. They were keen to state that the practice supported training which would advance their careers.

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

The practice had systems in place to involve, seek and act upon feedback from staff and people using the service. These systems included carrying out bi-annual patient satisfaction surveys, comment card in the waiting rooms and verbal feedback. We confirmed the practice responded to feedback.

Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided.