Dr. Andrew Cumming

University Dental Centre

Inspection Report

9 Northcourt Avenue
Reading
Berkshire
RG2 7HE
Tel: 01189 759660

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Overall summary

We carried out an announced comprehensive inspection on 18 December 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The University Dental Centre is a dental practice providing mainly NHS treatment for both adults and children. The practice is situated in a purpose built centre adjacent to a medical practice near Reading University. The practice has four dental treatment rooms and a separate decontamination room used for cleaning, sterilising and packing dental instruments. The practice is based on the ground floor enabling level access throughout.

The practice employs four dentists, five dental nurses and a receptionist. Two dental nurses are qualified and registered with the General Dental Council and the other three are undergoing training. The practice's opening hours are 9.00am to 5.00pm Monday to Friday.

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

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We collected 45 completed cards and obtained the views of 17 patients on the day of our visit. These provided a positive view of the services the practice provides. All of

Summary of findings

the patients commented that the quality of care was good. Three patient comments were less than favourable about time to wait for an appointment and postponed appointments.

We carried out an announced comprehensive inspection on 18 December 2015 as part of our planned inspection of all dental practices. Our inspection was carried out by a lead inspector and a dental specialist adviser.

Our key findings were:

- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice was visibly clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- The practice had effective safeguarding processes in place for safeguarding adults and children living in vulnerable circumstances.
- Staff reported incidents and kept records of these that the practice used for shared learning.
- Patients' needs were assessed and care was planned and delivered in line with general professional and other published guidance.
- The practice placed an emphasis on the promotion of good oral health and provided regular oral health instruction to patients.
- The practice had enough staff to deliver the service.
- Staff had received training appropriate to their roles and were supported in their continued professional development.
- Staff we spoke with felt well supported by the registered manager and were committed to providing a quality service to their patients.
- Information from 45 completed CQC comment cards and patients who were asked their views of the service on the day of our visit gave us a positive picture of a friendly, caring and professional service.

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

- Establish a system for recording the checks of expiry dates of emergency medicines and equipment.
- Arrange for a more suitable central storage location for emergency medicines and equipment and obtain syringes and needles to deliver emergency adrenalin.
- Establish a system for auditing dental care records.
- Re-establish the auditing of the quality of dental X-rays.
- Use the NHS treatment planning forms (FP17DC) as appropriate to help underpin the consent process.
- Consider using rubber dam during root canal procedures.
- Repair the floor seal in the practice toilet.
- Ensure registered nurses have medical indemnity insurance in place.
- Take notes of discussion and actions resulting from staff meetings.
- Respond to patient feedback posted on NHS Choices website.

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 care which was safe in accordance with the relevant regulations.

The practice had reliable arrangements in place for essential topics such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance to guide their practice. The staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council and were meeting the requirements of their professional registration

Are services caring?

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

We collected 45 completed cards. These provided a positive view of the service; we also sought the view of 17 patients on the day of our visit which also reflected these findings. All of the patients commented the quality of care was good. All 17 patients we spoke with on the day of our visit told us they would recommend University Dental Care to someone new to the area.

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took those these into account in how the practice was run. Patients could access treatment and urgent care when required. The practice provided patients with written information about how to prevent dental problems. All dental treatment rooms were on the ground floor enabling ease of access into the building for patients with mobility difficulties and families with prams and pushchairs.

Are services well-led?

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

The provider was seen as very approachable by staff who felt well supported in their roles and could raise any issues or concerns with the provider at any time. The culture within the practice was seen as open and transparent. All staff told us they enjoyed working at the practice and would recommend it to a family member or friends.

University Dental Centre

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 18 December 2015. The inspection was carried out by a lead inspector and a dental specialist adviser.

We informed NHS England area team that we were inspecting the practice.

During our inspection visit, we reviewed policy documents and staff records. We spoke with five members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the computer system that supported the patient treatment records. We reviewed CQC comment cards completed by patients and obtained the view of patients on the day of our inspection. Patients gave positive feedback about their experience at the practice.

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

Dentists and staff demonstrated a clear understanding of reporting requirements relating to injuries, diseases and dangerous occurrences. The provider explained the system they used to manage safety records, incident reporting and national patient safety and medicines alerts received by the practice. We were told there had been no incidents in the last 12 months.

Reliable safety systems and processes (including safeguarding)

We spoke with a dental nurse about the prevention of needle stick injuries. They explained the treatment of sharps and sharps waste was in accordance with the current European Union (EU) directive with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. The practice used a system whereby needles were not re-sheathed using the hands following administration of a local anaesthetic to a patient. The dental nurse was also able to explain the practice protocol in detail should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked how the practice treated the use of instruments used during root canal treatment. A dentist explained these instruments were single use only. They explained that although root canal treatment was not carried out using a rubber dam (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) alternative methods were used to protect the patients airway or swallowing of root canal instruments during treatment.

The registered manager acted as the lead person for safeguarding in the practice. They acted, as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse. Training records showed all staff had received safeguarding training for both vulnerable adults and children. Information was available that contained telephone numbers of whom to contact outside the practice if there was a need, such as the local authority responsible for investigations. The practice reported there had been no safeguarding incidents that required further investigation by appropriate authorities.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED) (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). The practice had in place the emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. However there were no needles and syringes to deliver emergency adrenalin. The practice also had an oxygen cylinder and other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines.

We found the emergency medicines were in date, the oxygen cylinder full and the AED was functioning correctly. However, we found the practice did not operate a formal checking system enabling the practice to replace out of date medicines and ensure the emergency equipment was operating optimally at all times. We also found the storage and access of the emergency medicines and oxygen was not easily accessible should a medical emergency occur. All staff had undergone update training in basic life support during 2015.

Staff recruitment

All the patients we asked said they had confidence and trust in the dentist.

All the dentists and dental nurses who worked at the practice had current registrations with the General Dental Council. The practice had a recruitment policy which detailed the checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications and employment checks including references. We looked at five staff recruitment files and records confirmed all had been recruited in accordance with the practice's recruitment policy. Staff recruitment records were ordered and stored securely.

Are services safe?

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments including Control of Substances Hazardous to Health. Other assessments included fire safety, radiation, general health and safety issues affecting a dental practice and water quality risk assessments. We also found clinical staff were immunised against the blood borne virus Hepatitis B that can be transmitted from patients because of a contaminated sharps injury.

Infection control

All the patients we asked said they felt the practice was clean and hygienic. There were effective systems in place to reduce the risk and spread of infection within the practice. The practice utilised a separate decontamination room with non-vacuum autoclaves (machines used to sterilise instruments) for the processing of used dental instruments and equipment. We reviewed practice policy and protocols in relation to infection control and found that HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being met. We observed the policy was reviewed to take into account changes in national guidelines. It was noted a current audit of infection control processes confirmed compliance with HTM 01 05 guidelines. We saw the last audit was carried out in May 2015.

The lead dental nurse maintained overall responsibility for infection control in the practice and ensured the nurses followed current national guidelines. A trainee dental nurse on duty described the end-to-end process of infection control procedures at the practice. They explained the decontamination of the treatment room environment following the treatment of a patient. We were shown how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental unit water lines.

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) they described the method they used which was in line with current HTM 01 05 guidelines. A current Legionella risk assessment had been carried out by the estates department of the University of Reading. The estates department also maintained monthly water quality checks including the temperatures of the sentinel water taps. These measures ensured patients and staff were protected from the risk of infection due to Legionella.

We noted the dental treatment rooms, waiting area, reception and toilet were clean and tidy. However, we noticed the floor covering had become detached from the skirting board in the patient toilet.

Clear zoning demarking clean from dirty areas was apparent in the treatment rooms and the decontamination room. Hand washing facilities were available which included wall mounted liquid soap, rubs and paper towels in the treatment rooms, decontamination room and toilet. Hand washing protocols were also on display.

We inspected the drawers and cupboards of the treatment rooms and decontamination room. These were well-stocked, clean, well ordered and free from clutter. Instruments were pouched and contained an appropriate expiry date in accordance with current guidelines. It was also obvious which items were single use and these items were clearly new. Each treatment room had the appropriate personal protective equipment available for staff and patient use.

The dental nurse demonstrated to us the decontamination process from taking the dirty instruments through to clean and ready for use again. The process followed a well-defined system of zoning from dirty through to clean. The practice used a system of manual scrubbing utilising two sinks as part of the initial cleaning process. Following inspection with an illuminated magnifier, instruments were then placed in an autoclave. When instruments had been sterilised, they were pouched until required. All pouches were dated with an expiry date in accordance with current guidelines. The nurse also demonstrated systems were in place to ensure the autoclaves used in the decontamination process were working effectively. These included the automatic control test for the autoclave. It was observed the data sheets used to record the essential daily validation checks of the sterilisation cycles were complete and up to date.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed sharps containers, clinical waste bags and municipal waste were properly maintained and this was in accordance with current guidelines. The practice

Are services safe?

used an appropriate contractor to remove dental waste from the practice and we saw it was stored in a separate locked receptacle adjacent to the practice prior to collection. Waste consignment notices were available for inspection. Patients' could be assured they were protected from the risk of infection from contaminated dental waste.

Clinical staff working at the practice had all received update training in infection control during 2015 and records showed they were also immunised against common blood borne viruses such as Hepatitis B.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclaves had been serviced and calibrated in May 2015. The practices' X-ray machines had been serviced and calibrated in December 2015 in accordance with current guidelines. Portable appliance testing (PAT) for all electrical appliances had been carried out and was due to be carried out in April 2016. Dental care records we saw showed the batch numbers and expiry dates for local anaesthetics were recorded when these medicines were administered. These medicines were stored safely for the protection of patients. We also found the practice had equipment to deal with minor first aid problems and body fluid and mercury spillage.

Radiography (X-rays)

The practice generally had arrangements in place that were in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The practice had records that contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. At this location, the registered manager acted as the Radiation Protection Supervisor. We saw the critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of 3 years.

Dental care records we saw showed when dental X-rays were taken they were justified and , reported upon. A quality assurance process was in place to document the quality of each X-ray taken by the dentists. Apart from the lack of a current audit of the quality assurance records the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists working in the practice carried out consultations, assessments and treatment in line with recognised general professional guidelines. We spoke to three dentists on the day of our visit. They described to us how they carried out their assessment. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Dental care records we saw showed the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores (BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need) and soft tissues lining the mouth were recorded. Although the dentists explained patients were given an indication of the costs of their treatment plan, patients were not generally given a written costed treatment plan unless this involved private treatment. We spoke with the provider about this who told us they would adopt the use of written treatment plans and consent for NHS band two and band three treatments.

Health promotion & prevention

The waiting room and reception area at the practice contained literature in leaflet form that explained about effective dental hygiene and how to reduce the risk of poor dental health. The practice had a comprehensive range of dental health products patients could purchase that were suitable for both adults and children.

Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to them in a way they understood and dietary, smoking and alcohol advice was given to them. Dental care records we observed all demonstrated the dentists had given tooth brushing instructions and dietary advice to patients.

Staffing

There were enough support staff to support the dentists during patient treatment. It was apparent by talking with staff the registered manager supported the ethos that all staff should receive appropriate training and development. This included training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding and other specific dental topics. We asked 17 patients if they felt there was enough staff working at the practice and 14 said there was, two were not sure and one said they didn't feel there was enough staff..

We asked to see evidence of medical indemnity cover for the two nurses registered with the General Dental Council. Both the provider and nurse we spoke with told us they were unaware of the requirement for dental nurses to be indemnified but would rectify this straight away.

Working with other services

The lead nurse explained how the dentists would work with other services if required. Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. Systems had been put into place by local commissioners of services and secondary care providers whereby referring practitioners would use bespoke designed referral forms. This helped ensure the patient was seen in the right place at the right time. We saw a selection of these forms which included referrals for oral surgery problems, suspected mouth cancer cases, orthodontics and patients who required special care dental services as a result of physical and mental impairment. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring. The lead nurse maintained a referral tracking system which we saw enabled patients and dentists to be informed of the progress of each referral.

Consent to care and treatment

All the patients we asked said the dentists involved them in decisions about their care and treatment. The dentists we spoke with had a clear understanding of consent issues.

Are services effective?

(for example, treatment is effective)

They stressed the importance of communication skills when explaining care and treatment to patients and explained in a way and language patients could understand. Two dentists we spoke with explained how they would take consent from a patient who suffered with any mental impairment, which may mean they might be unable to fully understand the implications of their treatment. They told us how they would manage such patients. The dentists explained if there was any doubt about the patient's ability to understand or consent to the treatment, then treatment would be postponed. They explained they would involve relatives and carers to ensure the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The treatment rooms were situated away from the main waiting area and we saw doors could be closed at all, times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the rooms which protected patient's privacy. All but one of the patients we asked told us the dentists treated them with care and concern. Computers used in the practice were not password protected, however this did not present a data protection issue because patient records were in a written manual format. However, on the day of our visit we found the paper records were stored unprotected in a general storage area at the rear of the practice, which made them vulnerable to unauthorised access, by unauthorised people. We made the registered manager aware of this and they immediately took steps to make the room secure by key access only in the first instance.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Staff described to us how they involved patients' relatives or carers when required. They told us they ensured there was sufficient time to explain fully the care and treatment being suggested in a way patients understood. Patients were also informed of the range of treatments available and their cost. . A poster detailing NHS and private treatment costs was displayed in the reception and waiting areas.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to patients . We saw the practice waiting area displayed a variety of information which included the opening hours and emergency 'out of hours' contact details. All but two of the 17 patients we asked said they were satisfied with the opening hours of the practice.

Patients new to the practice were required to complete a patient questionnaire so the practice could conduct an initial assessment and respond to their needs. This included a medical history form. The dentists undertook a full examination when patients attended for their first appointment and this was documented in the dental care record. This was in-line with current best practice.

We looked at the appointment schedules for patients and found patients were given adequate time slots for appointments of varying complexity of treatment. Examination appointments were at least 15 minutes long and filling appointments were at least 20-30 minutes long. We did not see evidence of routine double booking of patients. Generally, the practice had dedicated urgent slots as well as asking patients to sit and wait to be seen.

Tackling inequity and promoting equality

The practice building was spacious and fully accessible to wheelchair users, prams and patients with limited mobility. The reception desk had a lower counter in the centre which accommodated wheelchair users without them needing to move to a separate area.

Treatment rooms were large and accessible to patients who could transfer from wheelchairs. Telephone interpreter services were also available for patients whose first language was not English. One surgery was set up to treat patients in their own wheelchair who could not, or did not wish to, transfer to a dental chair.

Access to the service

Appointments were available Monday to Friday between 9.00am and 1.00pm and 1.30pm and 5.00pm. Appointments could be made in person and by telephone. The practice did not have a website but we were told this was something the provider was exploring. The practice supported patients to attend their forthcoming appointment by having a reminder system in place. This included telephoning patients who had appointments for complex treatment and families who were attending appointments together.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave telephone details for NHS emergency dental support services.

Concerns & complaints

The provider was the designated lead for the handling of complaints. Staff we spoke with were aware of the procedure to follow if they received a complaint and forms were available for recording complaint information. For example, a complaint would be acknowledged within three working days and a full response would be provided to the patient within 40 working days. We were told no complaints had been received in the previous 12 months of our inspection. We looked at NHS Choices website and found the provider had not responded to negative feedback posted by patients. We spoke to the provider about this who said they would address this oversight.

Patient information about how to make a complaint was not visible in the practice. We asked 17 patients if they knew how to make a complaint if they had an issue and nine said yes, five weren't sure and three patients told us they wouldn't.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location consisted of the provider and lead nurse who shared responsibility for the day to day running of the practice.

We saw a number of policies and procedures in place to govern the practice and these covered a wide range of topics. For example, control of infection and health and safety.

We noted the management policies were kept under review and had been updated in the last year. Staff were aware of where policies and procedures were held and we observed they were easily accessible. Medical indemnity arrangements were in place for all the dentists but at the time of our visit the two registered nurses did not have indemnity cover.

Leadership, openness and transparency

It was apparent through our discussions with the dentists and nurses the patient was at the heart of the practice with the dentist adopting a holistic approach to patient care. We found staff to be hard working, caring and committed to the work they did.

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the provider or lead nurse. They felt they were listened to and responded to when they did so.

Staff told us they enjoyed their work and were well supported.

Learning and improvement

We found there were a number of clinical and non-clinical audits taking place at the practice. These included infection control, clinical record keeping and x-ray quality. There was evidence of repeat audits at appropriate intervals and these demonstrated standards and improvements were being maintained. For example Infection Prevention Society audits were undertaken in accordance with current guidelines.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Training was completed through a variety of media and other resources.

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

The practice had gathered feedback from patients through patient feedback forms in the waiting area, compliments and complaints. Changes made as a result of this feedback included plans to extend surgery times. We were told patient feedback forms were read and actioned as appropriate but no analysis was carried out over a period of time which would detect patient satisfaction trends and results were not fedback to patients.

All of the staff told us they felt included in the running of the practice and how the dentists and lead nurse listened to their opinions and respected their knowledge and input at meetings. We were told staff turnover and sickness absence was low. Staff told us they felt valued and were proud to be part of the team.

All staff and dentists working at University Dental Centre took lunch together every day. We were told this was an effective way of passing on messages and information. The lead nurse told us meetings took place but these were not recorded but would start to take notes from the next meeting going forward.