

Mr. Robert Handley

# Abbey Dental Practice

## Inspection Report

3 Kingsmead Square  
Regency Way  
Northwich  
CW9 8UW

Tel: 01606 44725

Website: [www.abbeydentalpractice.co.uk](http://www.abbeydentalpractice.co.uk)

Date of inspection visit: 27/02/2019

Date of publication: 01/04/2019

### Overall summary

We carried out this announced inspection on 27 February 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

#### **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**

Abbey Dental Practice is located in a retail outlet centre near Northwich and provides NHS and private dental care for adults and children.

There is level access to facilitate entrance to the practice for people who use wheelchairs and for people with pushchairs. Car parking is available outside the practice.

The dental team includes the principal dentist, two associate dentists, a dental hygiene therapist, a dental hygienist, six dental nurses, one of whom is a trainee, and two receptionists. The practice has three treatment rooms.

# Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

We received feedback from 24 people during the inspection about the services provided. The feedback provided was positive.

During the inspection we spoke to two dentists, the dental hygiene therapist, dental nurses, and receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9.00am to 7.30pm

Tuesday 8.40am to 5.30pm

Wednesday and Thursday 9.00am to 5.30pm

Friday 9.00am to 4.00pm

Saturday 9.00am to 1.00pm.

## Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which took account of published guidance.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available.
- The provider had staff recruitment procedures in place.

- Staff provided patients' care and treatment in line with current guidelines.
- The dental team provided preventive care and supported patients to achieve better oral health.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for dealing with complaints. The practice dealt with complaints positively and efficiently.
- The practice had a leadership and management structure.
- The provider had systems in place to identify and manage risk. Some risks had not been sufficiently reduced.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.

There were areas where the provider could make improvements. They should:

- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, ensure action taken as a result of an accident is recorded, ensure Disclosure and Barring Service checks are carried out at an appropriate time, and ensure checks on medical emergency medicines and equipment are carried out at the recommended time intervals.
- Review the practice's protocols to ensure audits have documented learning points and the resulting improvements can be demonstrated.

# 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.

Staff received training in safeguarding and knew how to report concerns.

Staff were qualified for their roles, where relevant.

The provider completed most essential recruitment checks before employing staff.

The premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had arrangements for dealing with medical and other emergencies.

The practice had systems in place for the safe use of X-rays.

The provider had procedures in place to manage and reduce risks. Not all these risks had been reduced sufficiently. The provider informed us that the issues were being addressed but did not provide evidence to support this for every issue identified.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, up-to-date and long-lasting. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements for referring patients to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles and had systems to monitor this.

No action



### Are services caring?

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

We received feedback about the practice from 24 people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, courteous and friendly.

They said they were given excellent, detailed explanations about dental treatment and said their dentist listened to them.

Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

Staff protected patients' privacy and were aware of the importance of confidentiality.

No action



# Summary of findings

Patients said staff treated them with dignity and respect.

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

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

The practice's appointment system took account of patients' needs. Patients could book an appointment quickly if in pain.

Staff considered patients' differing needs and put measures in place to help all patients receive care and treatment. This included providing facilities for patients with disabilities and families with children. The practice had arrangements to assist patients who had sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

**No action**



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

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

The provider had arrangements in place to ensure the smooth running of the service. These included systems for the practice team to monitor the quality and safety of the care and treatment provided.

The practice was a member of a practice certification scheme which encouraged good standards in dental care.

The practice team kept accurate, complete patient dental care records which were stored securely.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included auditing their procedures and asking for and listening to the views of patients and staff. Audits did not always identify areas for improvement where relevant.

**No action**



# Are services safe?

## Our findings

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The provider had systems in place at the practice to keep patients safe.

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. Staff told us they felt confident to raise concerns.

We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

The provider had staff recruitment procedures in place to help the practice employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. We saw that recruitment checks were carried out and the required documentation was available. These checks were also carried out for visiting staff.

We saw that clinical staff were qualified and registered with the General Dental Council and had professional indemnity.

The provider had arrangements in place to ensure that the practice's facilities and equipment were safe, and that equipment, including gas and electrical appliances, was maintained according to manufacturers' instructions.

Records showed that fire detection equipment, such as smoke detectors, was regularly tested, and firefighting equipment, such as fire extinguishers, was regularly serviced.

The provider had put arrangements in place at the practice to ensure X-ray procedures were carried out safely and had the required radiation protection information available.

Information was displayed next to the control panel of each X-ray machine to inform the operator about instructions specific to each X-ray machine and room.

We saw that the dentists justified, graded, and reported on the X-rays they took. Staff carried out radiography audits regularly.

Where appropriate, clinical staff completed continuing professional development in respect of dental radiography.

### **Risks to patients**

The provider monitored and acted on risks to patients.

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks.

Staff reviewed risk assessments regularly.

The provider had current employer's liability insurance.

Staff followed relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had been undertaken and this was reviewed annually. We saw that the provider had put in place measures to minimise the risk of inoculation injuries to staff. Not all reasonably practicable measures had been considered, for example, responsibility for dismantling and disposing of used sharp items was not clear. Staff said that sometimes the clinicians dismantled and disposed of used sharp items, sometimes they did. Staff were aware of the importance of reporting inoculation injuries. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury. Information was displayed for staff about action to take should they sustain an injury from a used sharp. We observed it did not include the relevant contact details.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw the provider had carried out checks on the effectiveness of the vaccination in the staff.

We saw that when recruiting staff the provider obtained a copy of a previous Disclosure and Barring Service, (DBS), check from the new staff member. Some of these had been carried out by previous employers and were outwith the

# Are services safe?

recommended time period for the provider to rely on when carrying out their own required recruitment checks. The provider had not assessed the risks associated with this, or considered carrying out new DBS checks.

Staff knew how to respond to medical emergencies and completed training in medical emergencies and life support annually. The practice had medical emergency equipment and medicines available as recommended in recognised guidance. We observed the practice did not have the recommended oro-pharyngeal airways available. The provider ordered these after the inspection and sent us evidence of this. Staff carried out, and kept records of, some checks to make sure the medicines and equipment were available, within their expiry dates and in working order. Staff were unclear as to when checks were carried out on the automated external defibrillator, (AED), medical emergency oxygen and medical emergency medicines. After the inspection the provider informed us that a more robust system of checks had been put in place. We were provided with evidence to demonstrate the new checking system for the medical emergency medicines but not for the AED and medical emergency oxygen.

A dental nurse worked with each of the clinicians when they treated patients.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These took account of The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in accordance with the manufacturers' guidance.

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. We saw all the recommended actions had been completed. We saw evidence of measures put in place by the provider to reduce the possibility of Legionella or other bacteria developing in the water systems, for example, water temperature testing and the management of dental unit water lines.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected and patients confirmed that this was usual.

Staff ensured clinical waste was segregated and stored securely in accordance with guidance.

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the clinicians how information to deliver safe care and treatment was handled and recorded. We looked at several dental care records to confirm what was discussed and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely.

Medical histories were updated at every patient attendance.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

## **Safe and appropriate use of medicines**

The provider had implemented systems for the appropriate and safe handling of medicines at the practice.

The practice had a stock control system for medicines. This ensured that medicines did not exceed their expiry dates and enough medicines were available when required.

The practice had systems for prescribing, dispensing and storing medicines.

Staff stored and kept records of NHS prescriptions as recommended in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

## **Track record on safety**

We saw that the practice monitored and reviewed incidents to minimise recurrence and improve systems.

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

# Are services safe?

Staff told us in the previous 12 months there had been no safety incidents.

We discussed with staff examples of significant events which could occur in dental practices and we were assured that should one occur it would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence.

We saw evidence recorded about two accidents from used sharps. Insufficient information was recorded about action taken in response to the accidents. We discussed these with the provider and staff and were assured appropriate action had been taken at the time.

The provider had a system for receiving and acting on safety alerts, for example from the Medicines and

Healthcare products Regulatory Agency. The practice learned from external safety events as well as from patient and medicine safety alerts. We saw that relevant alerts were shared with staff, acted on and stored for future reference.

## **Lessons learned and improvements**

Staff confirmed that learning from incidents, events and complaints was shared with them to help improve systems at the practice, to promote good teamwork and to prevent recurrences.

There were systems for reviewing and investigating when things went wrong. Staff learned and shared lessons, identified patterns and acted to improve safety in the practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The dentists assessed patients' care and treatment needs in line with recognised guidance. We saw that the clinicians took into account current legislation, standards and guidance when delivering care and treatment.

### Helping patients to live healthier lives

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The clinicians discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients improve their oral health. Information about oral health was displayed on the screen in the waiting room.

### Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under

the age of 16 years of age can consent for themselves in certain circumstances. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers where appropriate and made sure they had enough time to explain treatment options clearly.

### Monitoring care and treatment

The clinicians kept detailed dental care records containing information about patients' current dental needs, past treatment and medical histories.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice completed a period of induction based on a structured induction programme.

The provider offered support, training opportunities and encouragement to assist staff in meeting the requirements of their registration. The provider monitored staff training to ensure recommended training was completed.

### Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

Staff tracked the progress of all referrals to ensure they were dealt with promptly. We observed that information about referrals, for example, where they had been rejected, was not always recorded in patients' dental care records.



# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were welcoming, re-assuring and caring. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The provider aimed to provide a comfortable, relaxing environment for patients.

### **Privacy and dignity**

The practice team respected and promoted patients' privacy and dignity.

The layout of the reception and waiting areas provided limited privacy when reception staff were attending to patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other

patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care.

Staff were aware of the requirements of the Accessible Information Standard, (a requirement to make sure that patients and their carers can access and understand the information they are given), and the Equality Act.

Staff identified patients' communication needs.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentists described to us the conversations they had with patients to help them understand their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice organised and delivered services to take account of patients' needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, information was included in patient care records if the patient was unable to access the first-floor treatment room.

The practice had considered the needs of different groups of people, for example, people with disabilities, wheelchair users and people with pushchairs, and put in place reasonable adjustments. These included handrails to assist with mobility, step free access, and a variety of types of seating. Part of the reception desk was at a suitable height for wheelchair users. Ample parking was available outside the practice, including dedicated parking bays for patients with disabilities.

The practice was accessible for wheelchairs and an accessible toilet with hand rails was located on the ground floor.

Two of the treatment rooms were also located on the ground floor.

Staff were unaware how to access interpreter and translation services should people require them. Staff told us such services had never been required.

The practice had arrangements in place to assist patients who had hearing impairment, for example, appointments could be arranged online, by email or by text message.

Larger print forms were available on request, for example, patient medical history forms.

### Timely access to services

Patients could access care and treatment at the practice within an acceptable timescale for their needs.

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

The practice's appointment system took account of patients' needs. We saw that the clinicians tailored appointment lengths to patients' individual needs. Patients could choose from morning and afternoon, evening and weekend appointments. Staff made every effort to keep waiting times and cancellations to a minimum. Patients told us they had enough time during their appointment and did not feel rushed.

The practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day.

The practice's website, information leaflet and answerphone provided information for patients who needed emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointments.

### Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information on how to make a complaint was clearly displayed for patients.

The provider was responsible for dealing with complaints. Staff told us they would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response. The provider aimed to settle complaints in-house. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns or should they not wish to approach the practice initially. We saw this did not include contact details for NHS England. The provider assured us this would be added and sent us evidence after the inspection to confirm this had been done.

We looked at comments, compliments and complaints the practice received within the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Leadership capacity and capability

We found the leader had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The practice had a business continuity plan describing how the practice would manage events which could disrupt the normal running of the practice.

### Vision and strategy

The provider had a clear vision and had set out values for the practice.

The provider had a strategy for delivering high-quality, patient-centred care and supporting business plans to achieve priorities. The practice planned its services to meet the needs of the practice population.

The practice leader had the experience, capacity and skills to deliver the practice's strategy and address risks to it.

The provider's strategy included the implementation of a dental team approach to deliver care and treatment at the practice. They did this by using a skill mix of dental care professionals, including dentists, a dental hygiene therapist, a dental hygienist and dental nurses to deliver care in the best possible way for patients.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

### Culture

The practice had a culture of learning and improvement.

Staff said they were respected, supported and valued.

We saw the provider took effective action to deal with poor performance.

The provider and staff demonstrated openness, honesty and transparency when responding to incidents and complaints. Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they were confident to do this. They told us the provider was approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

### Governance and management

The provider had systems in place at the practice to support the management and delivery of the service.

The practice was a member of a practice certification scheme which encouraged good standards in dental care.

The provider subscribed to a dental practice compliance scheme to assist with governance. We saw the provider had put in place effective governance systems and processes, for example, in relation to adequate staffing, patient consent and safeguarding.

Systems included policies, procedures and risk assessments to support governance and to guide staff. These were accessible to all members of staff. We saw that these were reviewed to ensure they were up to date with regulations and guidance.

The practice had systems in place to ensure risks were identified and managed, and had put measures in place to reduce risks.

The provider had overall responsibility for the management and clinical leadership of the practice and for the day to day running of the service. Staff were allocated some additional responsibilities to assist in monitoring the quality and safety of the service. Where staff were allocated these responsibilities, supervision and support were not always effective. After the inspection the provider informed us that roles and accountability had been clarified, for example, the lead for infection prevention and control. The provider told us further clarification would take place at the next staff meeting.

### Appropriate and accurate information

The practice's staff acted appropriately on information.

# Are services well-led?

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

## **Engagement with patients, the public, staff and external partners**

The practice involved patients, the public, staff and external partners to support high-quality sustainable services. Patient survey

The practice used patient surveys to obtain the views of patients about the service. We saw examples of suggestions from patients which the practice had acted on, for example, patients had requested new seating in the waiting room and online appointment booking, and the practice had provided these in response.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

The provider and staff were open to discussion and feedback during the inspection.

## **Continuous improvement and innovation**

The provider had systems and processes in place to encourage learning, continuous improvement and innovation.

We saw the practice had systems in place to monitor the quality of the service. These included, for example, audits. We reviewed audits of dental care records, X-rays, and infection prevention and control. Staff kept records of the results of these. Associated action plans and learning points were not identified where necessary to help the practice identify where improvements could be made.

The provider valued staff contributions. We saw evidence of learning from complaints and feedback.

Staff told us the practice provided support and training opportunities for their on-going learning.

The clinical staff completed continuous professional development in accordance with General Dental Council professional standards. Staff told us the practice provided support and encouragement for them to do so.