

# Clover House Dental Practice Sleaford Limited

# Sleaford Smile Centre

## Inspection Report

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## Overall summary

We carried out this announced inspection on 15 December 2017 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 registered 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**

The practice is in Sleaford, a market town in the North Kesteven district of Lincolnshire. The practice provides private treatment only to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including some allocated for patients who are blue badge holders, are available in the practice's car park. Car parking arrangements are shared with other local businesses.

# Summary of findings

The dental team includes two dentists, two dental nurses and a patient co-ordinator. Receptionist duties are shared amongst the patient co-ordinator and dental nurses.

The practice has two treatment rooms; both of which are on the ground floor.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Sleaford Smile Centre is the principal dentist.

On the day of inspection we collected 23 CQC comment cards filled in by patients. This information gave us a positive view of the practice. We did not receive any negative feedback about the practice.

During the inspection we spoke with the principal dentist, two dental nurses and the patient co-ordinator.

We looked at patient feedback obtained, practice policies and procedures as well as other records about how the service is managed.

The practice is open: Monday, Tuesday, Wednesday and Friday from 9am to 5pm and alternate Saturdays.

## **Our key findings were:**

- Effective leadership from the provider was evident.
- Staff had been trained to deal with emergencies. Appropriate medicines and lifesaving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting of untoward incidents and shared learning when they occurred in the practice.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice was aware of the needs of the local population and took these into account when delivering the service.
- Patients had access to routine treatment and urgent care when required.
- Staff received training appropriate to their roles and were supported in their continuing professional development (CPD) by the practice.
- The practice had systems to address complaints effectively.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- Governance arrangements were embedded within the practice.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

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

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

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 excellent, first rate and professional.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear and robust arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them 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 23 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, considerate and always accommodated their needs. They said that they were given informative and detailed explanations about dental treatment in a way in which they could understand, and said their dentist listened to them.

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

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



# Summary of findings

## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with hearing loss.

The practice took patients' views seriously. They valued compliments from patients and had processes in place to enable them to respond 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 practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice was committed to monitoring clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. We noted two untoward incidents and one accident that had been recorded during 2017. We saw that learning outcomes had been shared with staff and appropriate action had been taken to manage any risks.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. The patient co-ordinator was the lead for safeguarding concerns and we noted they had undertaken appropriate training for this role. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We were provided with an example of a safeguarding concern which had been identified and handled appropriately.

All staff had Disclosure Barring Service checks in place to ensure they were suitable to work with vulnerable adults and children.

The practice had a whistleblowing policy. The policy referred to the Whistleblowing charity 'Public Concern at Work' and contained their contact information. Staff told us they felt confident they could raise concerns without fear of recrimination.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous

to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. The practice had nominated the head dental nurse to manage COSHH. They had adopted a process for the review of COSHH data on a regular basis to ensure their records were up to date.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. We noted that the practice had not implemented a safer sharps' system. They had however, taken measures to manage the risks of sharps' injuries by using a safeguard when handling needles; a single handed technique with safe one-handed capping if required. The risk assessment completed included measures that dentists only handled sharps from placing to disposal and nurses were not to touch used needles. We noted that this was complied with in practice. We were informed that practice procedure involved only dentists dismantling used matrix bands, and where possible, single use matrix band systems were used reducing the risk of sharps injuries.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan (reviewed in October 2017) describing how the practice would deal events which could disrupt the normal running of the practice.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Training last took place in February 2017. The practice had recorded an incident within the past year which had involved a patient medical emergency. The incident had reflected staff learning was embedded as it had been managed appropriately.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept regular records of their checks to make sure these were available, within their expiry date, and in working order.

### Staff recruitment

# Are services safe?

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

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

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

The practice had undertaken a fire risk assessment and had carried out fire drills and alarm tests. An external specialist company was contracted to service and maintain fire equipment. We saw annual servicing records which were dated within the last year. The practice had recently had emergency lighting installed.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists when they treated patients.

## **Infection control**

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year and we noted staff also discussed training in practice meeting minutes we reviewed (October 2017).

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was

maintained and used in line with the manufacturers' guidance. We noted that dental instruments were checked on a monthly basis to ensure they did not have any imperfections.

The practice carried out an infection prevention and control audits twice a year. The latest audit in July 2017 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

The practice utilised a self-employed cleaner to maintain their premises on a daily basis. We saw cleaning schedules. The practice was clean when we inspected and some patient comments in CQC cards included that high levels of cleanliness were in place.

## **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

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

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

The practice had suitable arrangements to ensure the safety of the X-ray equipment.

The provider met current radiation regulations and had the required information in their radiation protection file.

The practice had adopted robust and detailed audit processes. We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every six months and followed current guidance and legislation. We also noted comprehensive documentation was completed when any risks were identified. For example, when emergency radiographs were required to be taken on an expectant mother.

Clinical staff completed continuous professional development in respect of dental radiography. We saw training records for all these staff as well as records of staff meeting minutes which included a radiation quiz devised to test staff knowledge.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. We looked at a sample of nine dental care records. These showed that the findings of patients' oral assessments and details of the treatment carried out were recorded appropriately. This included details of the soft tissues lining the mouth and condition of the gums using the basic periodontal examination scores.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. A sample of dental care records we looked at demonstrated that dentists had provided oral health advice to patients.

Children at high risk of tooth decay were identified and were offered fluoride varnish applications or the prescription of high concentrated fluoride tooth paste to keep their teeth in a healthy condition.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. We were provided with specific examples of advice provided. For example, one of the dentists had held a detailed discussion about diet with a patient who had particular specialist needs and had produced a personalised diet sheet for the patient.

The practice had a selection of dental products for sale and provided personalised health promotion information to help patients with their oral health.

The practice's website contained topical and health promotion information to help patients about their dental health.

### Staffing

We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on a structured induction programme. We were informed that a formalised induction checklist sheet was in the process of being produced.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals and in one to one meetings held. We saw evidence of completed appraisals and records of one to one meetings held between staff and management.

### Working with other services

We looked at a sample of six dental care records which involved patient referrals and noted that a robust systematic approach was in place. The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

We saw the practice recorded patients' consent to care and treatment in their records and provided written treatment plans where necessary. We spoke with the dentist about how they implemented the principles of informed consent. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan.

Patients confirmed in CQC comment cards that 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 dentist we spoke with provided us with specific examples which

# Are services effective?

(for example, treatment is effective)

demonstrated their knowledge of the principles of the Act. We also noted comments made by patients in CQC comment cards which made reference to the dentists; they told us that patients with health problems such as memory loss were always fully engaged with and listened to, without time limitations.

The policy also referred to young people's competence and the dentist was aware of the need to consider this when treating those aged under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

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

Patients commented positively that all staff were helpful, considerate and always accommodated their needs. A large number of comment cards made positive references to individual members of the team. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patient comments included that nervous or anxious patients had overcome their fears through regular attendance at the practice. One of the dentists told us about some of the techniques used to help nervous patients. These included the use of stressballs and breathing techniques.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. They also told us that if they needed to make a telephone call to a patient, they would do this in a private room to ensure identifiable patient information was not overheard.

The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

The practice provided drinking water, tea and coffee for their patients. An information folder was available for patients to read.

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

The practice provided private dental treatments only to patients of all ages. The costs for dental treatment were available to review in the practice and were also displayed on the practice's website.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry, treatments for gum disease, cosmetic procedures and more complex treatment such as dental implants.

The dentists used models, images and laminated guides for explaining treatment options to patients. Patients were also provided with personalised written documentation to help them after receiving more complex treatment such as extractions and dentures.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were informed that patients with mobility problems were seen in a particular surgery room as it was more accessible for their needs.

Staff told us that they contacted their patients one week in advance of their appointment by telephone call, email or text message to remind them to attend the practice. Patients could also request a reminder 24 hours in advance if they requested this.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, a magnifying screen and accessible patient toilet.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services.

### Access to the service

The practice displayed its opening hours in the premises and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum. We looked at when the next routine appointment was available and noted that this was within 24 hours.

The practice was committed to seeing patients experiencing pain on the same day. Staff told us that whilst appointments were not blocked each day for dental emergencies, patients would be triaged and offered an appointment on the same day if this was required. The practice took part in an emergency on-call arrangement with some other local practices.

The website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed in CQC comment cards that they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information folder explained how to make a complaint. The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they would aim to settle complaints in-house and would invite patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and a complaint the practice received within the past twelve months. The practice had processes in place to respond appropriately to feedback or complaints received and to share any learning and improve the service.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist was the registered manager and had overall responsibility for the management and clinical leadership of the practice. The principal dentist was responsible for the day to day running of the service and was assisted in this role by the patient co-ordinator. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. We were provided with specific examples about how the duty of candour had been applied in practice.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist and patient co-ordinator encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist and patient co-ordinator were approachable, would listen to their concerns and act appropriately. The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held shorter weekly and longer monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had robust and detailed quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays, antimicrobial audit and audits in infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. For example, we looked at an X-ray audit which contained clear analysis, learning points, improvements and outcomes.

Recent training records we looked at included an 'away day' which staff attended. A number of training modules were delivered, for example, on safeguarding, radiography and infection control.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and verbal feedback to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff that the practice had acted on. For example, a mirror was fitted in the patient toilet facility and a sofa was replaced with chairs as a result of patient feedback. Staff had suggested and designed a monitoring tool for referrals.