

# Gargrave Road Dental Practice Limited

# Gargrave Road Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 6 March 2017 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**

Gargrave Road Dental Practice is located near the centre of Skipton in North Yorkshire and provides private treatment to adults and children. They offer restorative dentistry, dental implants, orthodontics and cosmetic treatments.

Wheelchair users or pushchairs can access the practice through a ramp access at the rear of the building. Car parking is available near the practice.

The dental team is comprised of a dentist, four dental nurses (one of whom is a trainee), two dental hygienists, and a cleaner.

The practice accommodates three surgeries, a waiting area and reception, and a staff room/kitchen.

On the day of inspection we received 31 CQC comment cards providing positive feedback. The patients were complimentary about the care they received at the practice. They told us they found the staff caring and compassionate.

The practice is open: Monday, Tuesday, and Friday 9am-5pm and Wednesday 8:30am-4pm.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered

# Summary of findings

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.

## **Our key findings were:**

- The practice appeared clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- Staff had been trained to handle medical emergencies and appropriate medicines and equipment were readily available in accordance with current guidelines.
- The practice had systems in place to manage risks.
- Staff understood and received safeguarding training and knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Treatment was well planned and provided in line with current guidelines.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The service was aware of the needs of the local population and took these into account in how the practice was run

- The practice was well-led and staff felt involved and supported and worked well as a team.
- The practice sought feedback from staff and patients about the services they provided.
- Complaints were responded to in an efficient and responsive manner.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Recruitment needed to be brought in line with the recruitment procedure.
- Staff kept up to date with the professional training but we noted that staff appraisals were not in place.

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

- Review the protocol for completing accurate, complete and detailed records relating to employment of staff. This includes making appropriate notes of verbal references taken and ensuring recruitment checks, including references, are suitably obtained and recorded.
- Review the learning and development needs of individual staff members and have an effective process established for the on-going assessment and appraisal of all staff.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies.

All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

Staff were suitably qualified for their roles but we found recruitment needed to be brought in line with the recruitment procedure and staff appraisals in place.

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

No action



### Are services effective?

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

Patients' dental care records contained comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made in house referrals for specialist treatment or investigations where indicated.

The practice followed best practice guidelines when delivering dental care.

Staff were encouraged and supported to complete training relevant to their roles and this was monitored by the principal dentist. The clinical staff were up to date with their continuing professional development (CPD).

Informed consent was obtained and recorded.

No action



### Are services caring?

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

No action



# Summary of findings

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 31 cards returned. Comments from nervous or anxious patients confirmed they felt well supported by the staff at the practice.

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

Dental care records were stored securely.

We observed patients being treated with respect and dignity during interactions at the reception desk, over the telephone and as they were escorted through the practice. We also observed staff to be welcoming and caring towards the patients.

Privacy and confidentiality were maintained for patients using the service on the day of the inspection.

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

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

The practice had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice.

Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

**No action**



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

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The principal dentist was responsible for the day to day running of the practice.

Regular clinical and non-clinical audits were completed as part of a system of continuous improvement and learning.

Patient satisfaction surveys were completed and actions taken from findings.

Staff were encouraged to share ideas and feedback as part of their appraisals and personal development plans. All staff were supported and encouraged to improve their skills through learning and development.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues.

**No action**



# Gargrave Road Dental Practice

## Detailed findings

### Background to this inspection

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

The inspection was led by a CQC inspector with remote advice from a specialist dental adviser.

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

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

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

The practice had policies and procedures in place to report, investigate, respond and learn from accidents, incidents and significant events. Staff were aware and understood the process for reporting. Staff understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

The principal dentist received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE) that affected the dental profession. Relevant alerts were discussed with staff, actioned and stored for future reference.

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

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

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a thorough sharps risk assessment.

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

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date.

### Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary

(BNF). Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The emergency medicines, emergency resuscitation kits and medical oxygen were stored in an easily accessible location. Staff knew where the emergency kits were kept.

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

Records showed weekly checks were carried out on the emergency medicines, medical oxygen cylinder and the AED.

### Staff recruitment

Staffing was stable at the practice with some staff being at the practice for over 22 years. We looked at the recruitment record of the newest member of staff. We noted that not all documentation was in place and checks completed. These included seeking references and checking qualifications.

The practice carried out a Disclosure and Barring service (DBS) check for all newly appointed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

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

### Monitoring health & safety and responding to risks

The staff had undertaken risk assessments to cover health and safety concerns to manage and mitigate risks within the practice: this included fire, waste management and safe storage of materials.

All clinical staff were supported by another member of the team when providing treatment to patients.

The practice maintained a detailed Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and

# Are services safe?

injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were implemented into the practice a new risk assessment was put in place.

We noted there had been a fire risk assessment and actions had been addressed. We saw as part of the checks the smoke alarms were tested and the fire extinguishers were regularly serviced. There was evidence that a fire drill had been undertaken with staff and discussion about the process reviewed at practice meetings.

We saw the business continuity plan had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

## **Infection control**

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw the daily and weekly tests were being carried out by the dental nurses to ensure the sterilisers were in working order. The practice were aware of the guidance regarding decontamination and infection prevention and control. We noted that only one magnifier was available between the two decontamination areas and that heavy duty gloves were not changed weekly. The principal dentist told us they had ordered a second magnifier and they would ensure the heavy duty gloves would be replaced.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

We inspected the treatment rooms. The rooms were clean, drawers and cupboards were clutter free. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms and toilets.

Records showed the practice had completed a Legionella risk assessment. The practice undertook processes to reduce the likelihood of Legionella developing which included flushing the dental unit water lines in the treatment rooms at the beginning and end of each session and between patients and monitoring hot and cold water temperatures.

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

We saw evidence of cleaning schedules that covered all areas of the premises. Patients confirmed the practice was clean and well maintained.

## **Equipment and medicines**

We saw evidence of servicing certificates for all equipment. Checks were carried out in line with the manufacturer's recommendations and guidelines.

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

The practice demonstrated compliance with the Ionising Radiations Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR (ME) R) 2000.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. The patients dental records indicated each radiograph was quality assured and the findings reported on as per FGDP guidance. X-rays were stored within the patient's dental care record.

X-ray audits were a continuous process carried out by the practice. The audit and the results were in line with current guidance. We saw all staff were up to date with their continuing professional development training in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

We were told patients were recalled on an individual risk based assessment in line with current guidance. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records. In addition, the dentists told us they discussed patients' lifestyle, this was recorded in the patients' dental care records.

We saw patient dental care records had been audited to ensure they complied with the guidance provided by the FGDP. The audits had action plans and learning outcomes in place.

### Health promotion & prevention

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

The practice had a selection of dental products and health promotion leaflets to assist patients with their oral health.

### Staffing

New staff to the practice had a period of induction and a training programme was in place. We confirmed staff were supported to deliver effective care by undertaking continuous professional development for registration with the GDC.

Staff told us they felt well supported and this included in training for their continuing professional development. We saw staff completed training as a group in areas such as emergency life support and safeguarding. Other training was monitored by the staff themselves. We noted that the principal dentist did not complete annual appraisals for his staff. We discussed this with the principal dentist who was aware that this needed to be in place.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients.

### Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines.

### Consent to care and treatment

We spoke with staff about how they implemented informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Patients informed us they were given information and appropriate consent was obtained before treatment commenced.

The practice had a consent policy in place and staff were aware of their responsibilities under the Mental Capacity Act (2005) (MCA). Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

The dentists demonstrated an understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).



# Are services caring?

## Our findings

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

We were told staff would take into account the needs of people's diversity, values and human rights.

We were told staff responded to pain, distress and discomfort in an appropriate way.

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

We observed privacy and confidentiality was maintained for patients who used the service on the day of inspection. We were told if anyone wished to speak to staff in private a spare room would be used.

Patients, who were nervous about treatment, commented they were supported in a compassionate and empathic way.

Dental care records were not visible to the public when in use. Patients' electronic care records were regularly backed up to secure storage. Paper records were securely stored.

Music was played in the waiting room with magazines and a play area for children in place.

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

The practice provided patients with clear information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered.

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

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

### Tackling inequity and promoting equality

The practice had made reasonable adjustments and improvements following their access assessment. A ramped access was available at the rear of the building and the reception area had been lowered. There was a treatment room on the ground floor and where required the hygienist would treat patients with impaired mobility on the ground floor.

There was a patient toilet on the first floor. This was not an accessible toilet for patients with impaired mobility.

### Access to the service

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

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

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

### Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint.

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

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

# Are services well-led?

## Our findings

### **Governance arrangements**

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

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

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

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

All staff were aware of whom to raise any issue with and told us the principal dentist was approachable and would

listen to their concerns and act appropriately. Staff told us there was an open culture within the practice. The practice held regular team meetings to ensure staff could raise any concerns and discuss clinical and non-clinical updates.

### **Learning and improvement**

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

Staff told us they had access to training which helped ensure essential training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the GDC.

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

The practice had systems in place to involve, seek and act upon feedback from staff and people using the service. These systems included patient satisfaction surveys and verbal feedback. We confirmed the practice responded to feedback.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.