

Davies-Shenfine

# Darras Hall Dental Practice

## Inspection Report

Broadway  
Ponteland  
Tyne and Wear  
NE20 9PW  
Tel: 01661 822645  
Website: [www.darrasdental.co.uk](http://www.darrasdental.co.uk)

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### Overall summary

We carried out an announced comprehensive inspection on 15 December 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

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

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

#### **Background**

The practice is owned by the partnership Davies-Shenfine.

The practice offers complete dental care and full range of cosmetic procedures privately to adults and private complete dental care or primary care dentistry to children under the NHS. There are three surgeries one of which is dedicated to the hygienist.

The practice is open Monday and Wednesday 8:30am to 7:00pm, Tuesday 8:30am to 6pm, Thursday and Friday 8:30am to 5pm and alternate Saturdays 9:00am to 1pm.

There are three dentists, four dental nurses, a hygienist, two receptionists and a practice manager.

The Partnership is the registered provider for the practice. 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.

We received feedback from patients about the service via 10 Care Quality Commission comment cards. All the comments were positive about the staff and the services provided. Comments included: staff are helpful, understanding and great service.

#### **Our key findings were:**

- There was an effective complaints system.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.

# Summary of findings

- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- Patients could access routine treatment and urgent care when required.
- The practice was well-led, staff felt involved and supported and worked well as a team.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services they provided.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

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

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

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and how to report them. Staff had also received training in infection control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by new staff.

We reviewed the legionella risk assessment which was dated January 2015, and no concerns were identified.

### **Are services effective?**

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

Consultations were carried out in line with good practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors noted.

On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was used to plan patient care and treatment. Patients were offered options of treatments available and were advised of the associated risks and benefits. Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved.

Patients were referred to other specialist services where appropriate in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD) activities.

### **Are services caring?**

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the surgery or in a private room.

Comments on the 10 completed CQC comment cards we received included statements saying the staff were extremely helpful, provided excellent service, very professional.

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

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

# Summary of findings

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

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

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

Staff were supported through training and offered opportunities for development.

Staff reported that the registered provider was approachable and they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice undertook various audits to monitor its performance and help improve the services offered. The audits included infection control, X-rays, clinical examinations and patients' records.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

# Darras Hall Dental Practice

## Detailed findings

### Background to this inspection

The inspection was carried out on 15 December 2015 and was led by a CQC inspector. The inspection team also included a dentist specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with two dentists, three dental nurses, a dental hygienist and practice manager. We reviewed policies, procedures, and other records relating to the management of the service. We reviewed 10 completed Care Quality Commission comment cards.

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 investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the partners. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice manager told us that any accident or incidents would be discussed at practice meetings or whenever they arose. The practice manager told us that the policies and procedures were updated annually or whenever any changes were required.

The practice used a complaints policy and processes. The policy set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The registered manager told us that any learning from the complaints was shared at practice meetings.

The practice manager was aware of their responsibilities under the duty of candour. They told us that if there was an incident or accident that affected a patient they would apologise to the patient and engage with them to address the issue.

The practice manager told us that they received alerts by mail from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, action taken as necessary and the alerts were stored for future reference.

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

We reviewed the practice's safeguarding policy and procedures in place for child protection and safeguarding vulnerable adults using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. There was a lead for safeguarding. The partners were trained to level two in respect of safeguarding children. All the other staff

were trained to level one. The lead role included providing support and advice to staff and overseeing the safeguarding procedures within the practice. We saw that all staff had received safeguarding training in vulnerable adults and children within the last 12 months. Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns and were confident that if they raised any concerns they would be followed up appropriately by the practice manager.

The dentists told us that they all routinely used a rubber dam when providing root canal treatment to patients. The dentists who used a rubber dam were following the guidance issued by the British Endodontic Society. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient.

We reviewed a selection of patients' dental care records. They were completed in accordance with the Faculty of General Dental Practice (FGDP) guidance – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. For example, they record that medical histories had been up dated prior to each treatment; soft tissue examinations, diagnosis and consent in addition to other information such as alerts generated by the dentist to remind them that a patient had a condition which required additional care and advice.

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

Staff had fire safety training and the practice undertook annual fire risk assessments. The last assessment took place in November 2015. The fire extinguishers were checked annually.

The practice offered conscious sedation to private patients who were anxious about the treatment planned. We saw records that relevant staff were qualified in sedation and had maintained their training. In addition, the practice had audited its sedation services in accordance with the guidelines. The audits led to improvements in documentation and assessment records of patients. The dentists explained that patients' vital signs including heart

# Are services safe?

rate, blood pressure and oxygen saturation were monitored throughout the process and recorded at 10 minute intervals. These and other measures helped ensure the safety of patients.

## Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where the emergency items were kept. The medicines were arranged in packages with equipment and guidance for each condition. We saw that the practice kept records which indicated that the emergency equipment, emergency oxygen and the AED were checked daily. We checked the emergency medicines and found they were of the recommended type and were in date.

## Staff recruitment

We saw that the practice followed its recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed two personnel files which confirmed that the processes had been followed.

We saw that all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We saw that all relevant staff had personal insurance or indemnity cover in place. The policies were due to expire in August 2016. These policies help ensure that patients could claim any compensation to which they may be entitled should the circumstances arise. In addition, there was employer's liability insurance which covered employees working at the practice which was due to expire in April 2016.

## Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that may arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw that this policy was reviewed annually. The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. The practice had a system to update the folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw that the practice manager had a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance.

The practice manager showed us that there had been a fire risk assessment in November 2015. This and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

## Infection control

The practice had an infection control policy which was reviewed annually. A dental nurse was lead for infection control. We saw from the staff training records that all staff had received training in infection control.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' areas. There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination of dental instruments. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed to guide staff. Staff told us that they wore appropriate personal protective equipment when working in the decontamination room and when treating patients and this included disposable heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). A dental nurse we spoke with spoke knowledgeably about

# Are services safe?

the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination room in lidded boxes.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

All staff were aware of the designated 'clean and 'dirty' areas within the surgeries. However, these zones were not clearly identified in all the surgeries. We discussed this with the practice manager and they told us that they would consider clearly identifying the zones in the surgeries.

We saw that the practice had completed an infection control audit every six months. We saw the results of the July 2015 audit, they achieved 98%.

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

We saw that the sharps bins were being used correctly and located appropriately in the surgeries. Clinical waste was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed that all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

The practice had policies and procedures for dealing with needle-stick and other sharps injuries. Clear guidance for dealing with sharps injuries was displayed in the surgeries and decontamination room.

There was a lead for legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. We reviewed the legionella risk assessment

report dated November 2015. There were no concerns identified. The practice undertook regular tests of their waterlines. These and other measures were taken to increase the likelihood of any contamination being detected early and treated.

## **Equipment and medicines**

Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) was undertaken annually. We saw that the last PAT test had taken place in April 2015. The practice displayed fire exit signage and had fire extinguishers available.

We saw maintenance records for equipment such as autoclaves and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Anaesthetics were stored appropriately. Other than anaesthetics and emergency medicines, no medicines were kept at the practice.

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

The practice had a radiation policy. The X-ray equipment was located in each of the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine in each surgery needed to be operated safely. The local rules were displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor. We saw that the dentists were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The practice manager told us that they undertook X-ray audits every six months. We saw the results of the last two audits. The audit was in accordance with the Faculty of General Dental Practice (FGDP). The audits showed that the X-rays were graded and the reasons for taking the X-ray was recorded. The results were good and within the guidelines.

The dentists were routinely using a rectangular collimator when taking X-rays. A rectangular collimator decreases the amount of radiation the patient is exposed to.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information on the patient's electronic dental records for future reference. In addition, the dentists told us that they discussed patients' lifestyles and behaviours such as smoking and drinking and where appropriate offered them health promotion advice. This was recorded in the patient's records. We saw from the dental records we reviewed that at all subsequent appointments patients were always asked to review their medical history form. This ensured the dentists were aware of the patient's present medical condition before offering or undertaking any treatment. The records showed that routine dental examinations included checks for gum disease and oral cancer had taken place.

The dentists told us that they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. We saw from the dental records that these discussions took place and the options chosen and fees were also recorded.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

Patients requiring specialist treatments that were not available at the practice were referred to other dental specialists. Their oral health was then monitored at the practice after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

### Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice. Staff told us that they offered patients information about effective dental hygiene and oral care in the surgeries.

The practice manager advised us the practice offered patients oral health advice and provided treatment in

accordance with the Department of Health's guidance 'The Delivering Better Oral Health' toolkit. Treatments included applying fluoride varnish to teeth. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay. The records we reviewed confirmed this.

The practice manager explained that they gave oral health care advice to children at a local school annually.

### Staffing

We saw that all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

Staff training was being monitored and recorded by the practice manager. Records we reviewed showed that all staff had received training in basic life support, infection control and safeguarding children and vulnerable adults. Staff were encouraged to attend practice funded training. We saw that some staff had received training over and above their mandatory training, in such areas as sedation, implants and X-rays.

Staff we spoke with told us that they had staff annual appraisals and thought they were useful.

Staff told us that they worked very well as a team and covered for each other when colleagues are absent for example, because of sickness or holidays.

### Working with other services

The dentists explained that they would refer patients to other dental specialists when necessary including referrals for minor oral surgery and orthodontic treatment when required. The referrals were based on the patient's clinical need. In addition, the practice followed the two week referral process to refer patients for screening for oral cancer. We saw that the practice maintained a referral log in each surgery and the practice manager monitored the progress of referrals.

### Consent to care and treatment

Staff demonstrated an awareness of the Mental Capacity Act (MCA) 2005 and its relevance to their role. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make

# Are services effective?

(for example, treatment is effective)

particular decisions. The dentists demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff explained how they used pictures and models to help them explain and interact with children to ensure children understood the treatments offered and consent was appropriately received from the child, a parent or guardian.

Staff ensured patients gave their consent before treatment began. Staff informed us that verbal consent was always sought prior to any treatment. In addition, the advantages

and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be withdrawn at any time.

The practice also used consent forms which included details of the risks/benefit and advantages/disadvantages for patients considering oral surgery, sedation, implants and other complex treatments and procedures to sign to indicate their agreement.

# Are services caring?

## Our findings

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the surgery or in a private room.

Staff we spoke with understood the need to maintain patients' confidentiality. There was a lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient records, both paper and electronic were held securely.

Comments on the 10 completed CQC comment cards we received included statements saying the staff were extremely helpful, provided excellent service, very professional.

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

Comments made by patients who completed the CQC comment cards confirmed that patients were involved in their care and treatment.

The dentists we spoke with understood the principles of the Gillick competency test and used it. The test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. Staff told us that patients with disabilities or in need of extra support would be given as much time as was needed to provide the treatment required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting patients' needs**

Information displayed in the reception and waiting areas described the range of services offered to patients and opening times. Information was also available explaining the practice's complaints procedure.

The opening times were:

Monday and Wednesday 8:30am to 7:00pm

Tuesday 8:30am to 6pm

Thursday and Friday 8:30am to 5pm

Alternate Saturdays 9:00am to 1pm

Patients in need of urgent dental care during normal working hours the practice offered same day appointments.

### **Tackling inequity and promoting equality**

All the surgeries were located on the ground floor with step free access for patients with mobility issues. Although there were no washroom facilities available for wheelchair users at the practice the practice had made arrangements with an adjacent GP practice for patients to use their facilities.

We saw that the practice had equality and diversity policy and staff had received equality and diversity training within

the last 12 months. Staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services. The practice had access to a translation service for patients with English as a second language and may require assistance.

### **Access to the service**

Patients could access the service in a timely way by making their appointment either in person, over the telephone or by email. When treatment was urgent, patients would be seen on the same day. Patients in need of urgent care out of the practice's normal working hours were directed by answerphone message to either a process set up for patients receiving treatment privately or for patients receiving treatment under the NHS. Callers would then be directed to the relevant out of hours dental service for treatment.

### **Concerns & complaints**

The practice had a complaints policy and procedures. The practice made available information in the waiting areas on how to complain. The staff we spoke with were aware of the complaints process and told us that they would refer all complaints to the registered manager to deal with. We saw that the practice had received one complaint in the last 12 months which was processed in accordance with its complaints policy.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had comprehensive governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, safety policy and an infection control policy. Staff we spoke with were aware of their roles and responsibilities within the practice.

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

There was an open culture at the practice which encouraged candour and honesty. Staff told us that it was a good practice and they felt able to raise any concerns with each other and the practice manager. They were confident that any issues would be appropriately addressed. Staff also told us that they worked very well together and supported each other.

The practice manager was aware of their responsibilities to comply with the duty of candour and told us that if there was an incident or accident that affected a patient the practice would act appropriately in accordance with the duty.

### **Learning and improvement**

The practice maintained records of staff training which showed that all staff were up to date with their mandatory training. We also saw the practice encouraged additional

training which was undertaken by some staff. Staff confirmed this when they told us that they were given sufficient training to undertake their roles and given the opportunity for additional training. We saw that training was accessed through a variety of sources including formal courses and informal in house training.

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

The practice was participating in the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. We saw the results of the November 2015 test. There were 11 responses; all stated that it was extremely likely or likely that they would recommend the practice to family and friends. We also saw the results of the practice's patient survey dated October 2015 which was similar to the responses the practice received in the November 2015 FFT test.

We saw that the practice held monthly practice meetings which were minuted and gave everybody an opportunity to share information and discuss any concerns or issues which had not already been addressed during their daily interactions. The practice manager gave us an example of when a member of staff suggested changes to the practice's stock control processes which were adopted by the practice.