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# Littlemoor Dental

## Inspection Report

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### Overall summary

We carried out this announced inspection on 4 February 2020 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 Care Quality Commission, (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 this practice was providing safe care in accordance with the relevant regulations.

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

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

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

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

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

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

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

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

##### **Background**

Littlemoor Dental is in Chesterfield, it provides private dental treatment to adults and children.

There is level access in to the practice for people who use wheelchairs and those with pushchairs. The practice has a small on-site car park, or there are car parking spaces, including dedicated parking for people with disabilities available near the practice.

# Summary of findings

The dental team includes two dentists, three dental nurses, including the practice manager and a receptionist. The practice has three treatment rooms, all of which are located on the ground floor. The practice has centralised decontamination facilities.

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

On the day of inspection, we collected 14 CQC comment cards filled in by patients. Feedback received about the practice was positive.

During the inspection we spoke with two dentists, two dental nurses including the practice manager and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday and Tuesday: from 8.15am to 5pm, Wednesday: from 8.15am to 12.30pm, Thursday: from 8.15am to 5pm and Friday: from 8.15am to 12.30pm.

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Dentists were not routinely grading, justifying or reporting on the radiographs they were taking.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.

- Improvements could be made to record keeping in respect of dental care records. In particular the documentation of consent and oral hygiene advice.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice did not have a whistleblowing policy for staff.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Take action to ensure clinicians record in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Implement an effective system for monitoring and recording the refrigerator temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b>	✓
<b>Are services effective?</b>	<b>No action</b>	✓
<b>Are services caring?</b>	<b>No action</b>	✓
<b>Are services responsive to people's needs?</b>	<b>No action</b>	✓
<b>Are services well-led?</b>	<b>No action</b>	✓

# Are services safe?

## Our findings

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

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

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. There was a designated lead person for safeguarding alerts within the practice. They had completed safeguarding training to the required level.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations for example those who had mental health issues.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. There was a lead for infection control as recommended by the published guidance. The lead had undertaken infection control training in line with their continuing professional development.

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

guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed. Records were in place to record when dental appliances had been disinfected both before leaving the practice on their way to the laboratory and on their return.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. The risk assessment had been completed by an external company and was reviewed every two years. We noted the practice was using a proprietary cleaning fluid to clean their dental water lines. The manufacturer's instructions stated that a test strip should be used to ensure the dental water system was flushed clear of the cleaning fluid. Staff told us they did not have any test strips in the practice, so the manufacturer's instructions were not being followed, and staff could not be assured the solution had been purged from the system.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The provider/infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The provider did not have a Speak-Up policy. The provider told us this would be addressed, although it was a very small staff team and staff felt they would be able to raise any issues. Staff were aware of external organisations from whom they could receive support.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used,

# Are services safe?

such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at six staff recruitment records.

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We saw that the five-year fixed wire electrical safety check was overdue. Records showed this had last been completed in July 2010.

A fire risk assessment was carried out in line with the legal requirements. This had last been reviewed in February 2020. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. The provider had registered with the Health and Safety Executive in line with changes to legislation relating to radiography. Local rules for the X-ray units were available in line with the current regulations. The provider had rectangular collimation fitted to the X-ray units to enhance patient safety.

We noted that for one dentist radiographs were not being routinely graded, justified or reported on as described in national guidance.

Radiographs had last been audited between October 2019 and December 2019. The audits had failed to identify the issues relating to grading, justification and reporting.

Clinical staff completed continuing professional development in respect of dental radiography.

## Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had completed sepsis awareness training. Sepsis prompts for staff were displayed in the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support. We noted this training was not being carried out annually as required. One of the emergency medicines (Glucagon which is used to treat low blood sugar in an emergency situation) can be stored in the refrigerator between 2 and 8 degrees centigrade. The glucagon at the practice was stored in the refrigerator, but the temperature was not being monitored.

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

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

## Information to deliver safe care and treatment

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

# Are services safe?

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were hand written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Staff told us patients updated their medical histories at each visit and they were checked by the dentist. Dental care records we saw did not always reflect this.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

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

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

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

Antimicrobial prescribing audits were not being carried out. Current guidance states these should be completed at least annually.

## **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been one safety incident. The practice had systems and processes to record, investigate and analyse any safety incidents that occurred. These were discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians had attended relevant training and meetings to achieve this.

We viewed a sample of dental care records which showed areas where improvements were needed. The records indicated that treatment options were not always explained to patients, medical histories were not always checked, and the findings recorded, and consent was not always recorded.

Where dental care record audits had been completed they failed to demonstrate that areas for improvement had been identified and action taken.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

Discussions with the principal dentist identified that smoking, alcohol consumption and diet were not discussed with patients during appointments. Patients were not routinely referred to a smoking cessation service. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dentists described the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review. Both dentists had received training in the new periodontal guidelines, and were aware of the need to recall patients with gum disease more frequently

### **Consent to care and treatment**

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

In discussions the practice team told us they understood the importance of obtaining and recording patients' consent to treatment. However, we saw that consent was not always recorded within the dental care records, and information relating to treatment options was not always recorded. An explanation of treatment options would help patients to make informed choices leading to valid consent.

The practice's consent policy referred briefly to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age. The policy did not make reference to the Mental Capacity Act 2005 or best interest decisions. There was a poster in reception which showed the flow chart for assessing mental capacity and making best interest decisions, although this information was not in the consent policy.

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

### **Monitoring care and treatment**

The practice kept hand written dental care records containing information about the patients' current dental needs, past treatment and in some cases medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

### **Effective staffing**

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

The practice had a stable staff team, with no new staff for some considerable time. There was a structured induction programme available for staff new to the practice, although it had not been used for some time.

### **Co-ordinating care and treatment**

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.



# Are services caring?

## Our findings

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

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

Staff treated patients with kindness, respect and compassion

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

Patients commented positively that staff were professional, caring and treat us with respect. We saw that staff treated patients with dignity, consideration and understanding. Staff were friendly towards patients at the reception desk and over the telephone.

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

The costs for private dental treatments were on display in the practice.

Patients said staff were compassionate and understanding.

### **Privacy and dignity**

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice

would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. Staff told us that if a patient asked for more privacy they would take them into a private room near the reception desk.

Staff stored paper records securely.

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

Staff helped patients to be involved in decisions about their care. They were aware of the requirements of the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia. All clinical staff were attending an external training course related to treating patients with special needs after this inspection.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

14 cards were completed, giving a response rate of 28%  
100% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness of staff, the professionalism of staff, the cleanliness of the practice and the way treatment was explained and the fact the patients had been attending this practice for many years.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included level access and ground floor treatment rooms.

### Timely access to services

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

The practice displayed its opening hours in the premises and included it in their information leaflet.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients 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.

The had an emergency on-call arrangement with its patients. If this was not available patients were directed to the NHS 111 out of hour's service.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

Staff told us the principal dentist took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. This was displayed within the practice for the benefit of patients. The practice information folder explained how to make a complaint. The practice manager 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 complaints policy identified the time scale in which the practice would respond to any complaints received.

The principal dentist aimed to settle complaints in-house and invited 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 principal dentist had dealt with their concerns.

The practice had received one complaint in the year leading up to this inspection. We saw that the practice had followed their complaints policy.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

We found leaders had the capacity, values and skills to deliver quality, sustainable care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

### **Culture**

The practice had a culture of quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. Managers had systems to identify and act on behaviour and performance that was not consistent with the vision and values of the practice.

Staff discussed their training needs at one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice held regular staff meetings to share information and support staff. Minutes were taken of the meetings as a record of discussions and to be able to refer to decisions taken at the meeting at a later date.

The staff focused on the needs of patients with ground floor treatment rooms and ramped access made accessing treatment for patients with mobility issues easy.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### **Governance and management**

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. We noted several policies which were not dated which made it difficult to assess if they had been kept under review.

Systems and processes for managing risks, issues and performance were not working effectively:

- There was no whistleblowing policy for staff.
- Radiographs were not being graded, justified or reported on by one dentist. The radiograph audit (October 2019 to December 2019) had failed to identify this issue.
- Staff were not following the manufacturer's instructions for the use of the proprietary cleaner for the dental water lines. The instructions stated to use a test strip to check the lines are clear of cleaner. This was not being done.
- The refrigerator temperatures were not being monitored, which meant staff could not be assured the Glucagon was within its use-by-date.
- The five-year fixed wire electrical safety check had not been done since July 2010, systems and processes in the practice had failed to identify this.
- Dental care records audits had not identified issues

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

# Are services well-led?

Quality and operational information, for example, surveys and audits were used to ensure and improve performance. Performance information was combined with the views of patients.

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

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

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

Feedback from patients received by the practice had been positive, with patients saying they felt well treated by staff and were receiving good quality dental care.

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

## **Continuous improvement and innovation**

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. We identified that audits did not have leaning points or action plans, and in some examples had failed to identify areas for improvement.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. There were systems in place to support staff in training and meeting the requirements of their continuing professional development.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.