

Dr. Paul Ellul

# Manor Square Dental Practice

## Inspection Report

Manor Square Dental Practice

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### Overall summary

We carried out an announced comprehensive inspection on 7 September 2016 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 provides NHS treatment to adults and children patients with a small amount of private treatments in the Otley area and beyond.

The dental practice has six treatment rooms. There is a waiting/ reception area, two decontamination rooms, kitchen and staff room /office area. Off street parking is available adjacent to the practice.

The practice has six dentists, a dental therapist, five dental nurses, five trainee dental nurses, five receptionists and a practice manager.

The practice provides general dentistry and is actively involved in vocational foundation training for newly qualified dentists (foundation training enables newly qualified dentists to work within the National Health Service (NHS) system).

The practice is open Monday – Friday 8:30am- 5pm.

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

# Summary of findings

Before the inspection we sent CQC comment cards to the practice for patients to complete to tell us about their experience of the practice. We also talked with six patients. All the feedback we received was positive about the care and treatment received at the practice.

## **Our key findings were:**

- The practice appeared clean and hygienic and a patients we spoke with confirmed this.
- The practice had procedures in place to record and analyse significant events and incidents.
- The premises and equipment were secure and well maintained.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had comprehensive systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified and trained staff to meet the needs of patients.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- We observed that patients were treated with kindness and respect by staff.
- Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- Patients were able to make routine and emergency appointments when needed.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- Patient feedback was regularly sought and reflected upon.

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

- The provider had infection prevention and control procedures in place and staff followed current guidelines for the decontamination of equipment however some improvements were needed to ensure all areas met current guidelines.
- Recruitment procedures were not always robust as not all recruitment documents were in place.

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

Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. All staff had received training in responding to a medical emergency including cardiopulmonary resuscitation (CPR). Additional CPR scenario training sessions were held.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

There were maintenance contracts in place to ensure all equipment had been serviced regularly, including, the autoclave, fire extinguishers, the air compressor and the oxygen cylinder.

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 staff.

There was evidence to demonstrate that staff had attended training in safeguarding procedures and understood their responsibilities in relation to identifying and reporting any potential abuse.

No action



### Are services effective?

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

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

The practice followed guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment promptly.

The practice focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

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

No action



# Summary of findings

## Are services caring?

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

Patients were positive about the care they received from the practice. They commented that staff made them feel at ease and particularly nervous patients felt reassured.

We observed privacy and confidentiality were maintained for patients in reception and over the telephone. Policies and procedures in relation to data protection, security and confidentiality were in place and staff were aware of these.

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood.

No action



## Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. There was enough capacity to accommodate urgent or emergency appointments.

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 were good arrangements in place to share information with staff by means of daily discussions and regular practice meetings, which were minuted for those staff unable to attend.

There was a range of policies and procedures in use at the practice which were easily accessible to staff.

The practice identified, assessed and managed clinical and environmental risks related to the service provided.

Staff held the lead roles for areas such as safeguarding and complaints. They supported others to identify and manage risks and helped ensure information was shared with all team members.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits.

No action



# Manor Square 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on the 7 September 2016 and was led by a CQC inspector accompanied by a specialist dental advisor.

The practice sent us their statement of purpose, and details of staff working at the practice. During our inspection visit, we reviewed policy documents and staff records. We spoke with seven members of staff, including the registered provider/ dentist. We toured the practice and reviewed emergency medicines and equipment.

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 guidance in place and staff were familiar with the process for accident and incident reporting. Any accidents or incidents would be reported to the practice manager and would also be discussed at staff meetings. For example a recent needle stick injury meant that the practice reviewed the supervision arrangement of trainee staff.

Staff had an understanding of the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff told us any accident or incidents would be discussed at practice meetings or whenever they arose. The practice had a process for recording significant events when they occurred.

The practice manager told us they received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). All alerts were shared throughout the practice and actioned accordingly.

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

The practice had up to date safeguarding policies and guidance for staff to refer to including the contact details for the relevant safeguarding professionals in the Leeds area. The staff were aware of their responsibility to safeguard people from abuse. All staff were trained to the appropriate level in safeguarding patients.

We saw that the dentists used a 'rubber dam' when providing root canal treatment to patients in line with guidance from the British Endodontic Society. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns with the practice manager, the principal dentist or external agencies without fear of recriminations.

### Medical emergencies

The practice had clear guidance about how to respond to medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained emergency resuscitation equipment, medical emergency oxygen and emergency medicines to support patients. This included a wide range of airways and face masks for both adults and children. The practice had an emergency bag, which had emergency drugs and equipment needed to meet the needs of each potential emergency. All emergency drugs and equipment were in place in accordance with the recommendations of the BNF and resuscitation council. Although all drugs were in date and expiry dates were recorded, there was no evidence of regular checks. We noted the expiry date on two masks had been surpassed. We discussed this with the practice manager who told us that a weekly check would be put into place for both with immediate effect to ensure that expiry dates were not missed in future.

The practice had a 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.

Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months. Staff were trained in first aid and a first aid box was accessible in the practice.

### Staff recruitment

The practice had a comprehensive policy and set of procedures in place for the safe recruitment of staff. We reviewed the recruitment files of the two newest members of staff.

We noted that whilst other robust employment checks were in place references were sometimes omitted. We discussed this with the practice manager who told us that references would be retained in the staff records in future.

The practice manager told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all

# Are services safe?

clinicians. 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. Records confirmed these checks were in place.

We saw clinical staff were covered by a practice wide indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice) In addition the providers public liability insurance covered all other employees working in the practice.

Professional registration with the General Dental Council (GDC) was checked annually. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

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

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, infection prevention and control, sharps disposal, emergency medicines and equipment.

We saw as part of the fire safety checks fire alarms and emergency lighting 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.

The practice carried out a number of risk assessments these included fire safety, health and safety and water quality risk assessments. They also held control of substances hazardous to health (COSHH) information. 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.

## **Infection control**

The practice had a decontamination room on each floor. The rooms were set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices.

The practice followed the guidance about decontamination and infection prevention and control and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. These included hand hygiene, manual cleaning, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

We also saw the practice had conducted an infection prevention control audit. We noted that an autoclave was sited in an area adjacent to a surgery. Staff said that they occasionally used this area for decontamination of instruments. We discussed with the provider if staff were to continue to use this area it should meet the essential standards detailed in the guidelines.

We saw from staff records they had received infection prevention and control training at different intervals over the last year covering a range of topics including hand washing techniques.

We looked around the premises during the inspection and found the treatment rooms and the decontamination room were visibly clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection prevention and control.

The practice had had three autoclaves and two washer disinfectors. This is equipment that cleans and sterilises dental instruments and devices. We saw robust systems in place for quality testing the decontamination equipment, which they completed once a day.

In accordance with HTM 01-05 guidance an instrument transportation system with sealed boxes were implemented to ensure the safe movement of instruments between the treatment room and the decontamination room which minimised the risk of the spread of infection. We confirmed there were sufficient instruments available to ensure the services provided to patients were uninterrupted.

Staff showed us the decontamination process and were able to demonstrate of the work flow in the decontamination area from the 'dirty' to the 'clean' zones. We discussed procedures involved in cleaning, rinsing,

# Are services safe?

inspecting, sterilising, packaging and storing of clean instruments with staff. We looked at a sample of instruments that had been placed in pouches after cleaning and this demonstrated they were clean, free from damage and appropriately dated. Staff wore eye protection and aprons throughout the cleaning stages.

We saw all sharps bins were being used correctly and located appropriately. The practice operated a “safer sharps” policy to reduce the risk of injury to staff and patients.

The practice had completed a Legionella risk assessment and sought external advice regarding the premises. The practice met the Legionella safety guidelines and completed water testing. (Legionella is a germ found in the environment which can contaminate water systems in buildings). The practice had taken appropriate action to ensure the safety of the staff and patients.

## **Equipment and medicines**

We saw the practice had an arrangement to check portable electrical appliances testing (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use). We noted the gas safety had also been checked.

There were maintenance contracts in place for the equipment such as the autoclave (a device for sterilising dental and medical instruments), washer disinfectant, compressor and X-ray equipment.

We confirmed that the practice NHS prescription pads were held in a secure area. We noted that there was no audit of the prescription pads. We discussed this with the practice manager who told us that an audit of pads would be put into place with immediate effect.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. The practice held a small stock of antibiotics. These were stored securely and logs were in place to ensure stock control.

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

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only.

We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed. We saw that a justification, a grade and a report was documented in the dental care records for all X-rays which had been taken.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health.

The practice had policies and procedures in place for assessing and treating patients. The dental care records contained all the relevant detail including medical history and followed the guidance provided by the FGDP.

The dentists used NICE guidance to determine a suitable recall interval for the patients. 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 for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such as smoking and alcohol consumption and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

We saw regular patient record audits were undertaken by the practice manager and any necessary actions dealt with.

### Health promotion & prevention

Dentists were working in accordance with guidance issued in the Public Health England June 2014 publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. 'Delivering better oral health' is an evidence based toolkit to support dental teams in improving their patient's oral and general health.

We noted that patients were given advice about their oral health from the dentist. Patients who had a high rate of dental decay were also provided with a detailed diet advice leaflet which included advice about tooth brushing and prescribed high fluoride toothpastes to help reduce the decay process. We confirmed in dental care records that smoking cessation advice and alcohol awareness advice was given to patients where appropriate.

The waiting area contained a variety of health promotion leaflets and posters that explained effective dental hygiene and how to reduce the risk of poor dental health.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

### Staffing

New staff had completed a period of induction and training which covered areas such as cardiopulmonary resuscitation and infection prevention and control.

Staff told us they received on-going training to support their skill level and they were encouraged to maintain a variety of continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

### 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. Where patients had complex dental needs, such as suspected oral cancer, the practice referred them to other healthcare professionals using their referral process.

The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

### Consent to care and treatment

The dental care records we looked at contained evidence that treatments had been discussed and consent obtained. The dentists told us that they ensured patients gave their consent before treatment began and a treatment plan was signed by the patient. We saw evidence that individual treatment options, risks, benefits and costs were always discussed with each patient. Patients were given time to consider and make choices about which option they preferred.

Staff confirmed they ensured patients had sufficient information and the mental capacity to give informed

# Are services effective?

(for example, treatment is effective)

consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

The practice had a consent policy in place and staff had completed training and 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.

# Are services caring?

## Our findings

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

Patients we spoke with were positive about the care they received from the practice. Feedback commented on how caring and friendly staff were at the practice.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Staff told us they were aware of the importance of providing patients with privacy and how to maintain confidentiality. Patients' dental care records were stored electronically and on paper. Paper records were in a locked cabinet. Computers were password protected and backed up daily to secure storage.

Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were being seen.

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

The practice provided patients with information to enable them to make informed choices about their dental care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

The practice displayed costs of treatments in their information leaflets and on their web site. Costs were also explained to individuals as part of their ongoing dental care plan.

# 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.

The practice provided patients with information about the services they offered in the waiting room web site and in the practice leaflet.

We looked at the recorded appointments and found there were appointment slots each day for urgent or emergency appointments.

### Tackling inequity and promoting equality

Reasonable adjustments had been made to the premises including, ramps and a ground floor treatment room. The practice had a disabled toilet and baby changing facilities on the ground floor.

The staff told us they did not have any patients whose first language was not English, however were aware of any interpreter service should the need arise.

Some children's toys were available in the waiting area.

The practice provided extended and flexible appointment time to patients who were vulnerable and in need of extra care and support.

### Access to the service

The practice opening hours are in the practice information leaflet and on the practice website.

The practice is open Monday – Friday 8:30am- 5pm.

The practice supported patients to attend their forthcoming appointment by having a reminder system in place. This included sending text, email message, telephone and letter reminders.

Where treatment was urgent patients would be seen within 24 hours or sooner if possible. When the practice was closed patients who required emergency dental care were signposted to the NHS 111 (NHS patients). Details for patients of what to do if they have a dental emergency outside normal opening hours was also available in the practice information leaflet, web site and on the front door of the practice.

### Concerns & complaints

The practice had a complaint policy and procedure in place. The procedure explained the process to follow, and included other agencies to contact if the complaint was not resolved to the patients satisfaction. The surgery had received five complaints in the last 12 months. We confirmed that the practice had responded in line with their complaints policy.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had governance arrangements in place including various policies and procedures for monitoring and improving the services provided for patients. Staff were aware of their roles and responsibilities within the practice. The practice manager was in charge of the day to day running of the service.

Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to exposure to hazardous substances and medical emergencies.

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

We saw that the practice had quarterly practice meetings with all staff and monthly team meetings. Meetings gave staff an opportunity to openly share information and discuss any concerns or issues.

### **Learning and improvement**

The practice supported staff to access some learning and improvement opportunities. Staff received regular appraisals and were supported with further development and training to ensure continuous professional development (CPD) as required by the General Dental Council (GDC).

There was a programme of clinical and non-clinical audits taking place at the practice. These included infection prevention and control, X-ray quality and record keeping. The practice manager provided individual feedback to staff and discussed the trends and themes at staff meetings, identifying where improvement actions may be needed.

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

The practice participated 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. The practice had merged their own survey with the FFT. The latest results showed that 99% of patients asked said that they would recommend the practice to friends and family and 99% felt involved with the decision making about their care.