Kirkgate Dental Surgery

# Kirkgate Dental Surgery

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 30 June 2015. We had previously inspected the practice on 5 June 2013, when they were found to be meeting the five standards. The practice offers both NHS and private treatments. The staff structure at the practice includes the principal dentist and four associate dentists. There are six fully qualified dental nurses, one trainee dental nurse and a decontamination assistant. There is a practice manager, who has a dental nurse qualification and a receptionist who is the first aider and fire officer. The practice is open from 9.00am to 6.00pm Monday to Thursday and from 9.00am to 5.30pm on Friday. The practice is closed from 1.00pm to 2.00pm each day for lunch.

The practice is housed in converted residential properties and is spread across two floors. There are four treatment rooms, two on the ground floor and two on the first floor. The reception and waiting area are on the ground floor along with a dedicated decontamination room and patient toilet. There is a further waiting area and patient toilet on the first floor. The practice is accessible to patients with restricted mobility as treatment can be carried out in the ground floor treatment rooms.

One of the dentists is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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.

Feedback was provided by 96 patients overwhelmingly they said how well they were treated by all members of staff. All patients commented positively about the care and treatment they had received and the friendly, polite and professional staff. They were listened to and were provided with sufficient information to make informed choices. A number of patients commented on the discussions they had with the dentist about their care and treatment and how they felt listened to and were made to feel relaxed.

We found this practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

**Our findings were:**

- The practice provided a clean well equipped environment.
- There was a system in place for when mistakes might be made, patients would receive an apology and would be informed of any actions taken following an investigation.
- There was promotion of patient education to ensure good oral health.
- The appointment system met the needs of patients and waiting times were kept to a minimum.

# Summary of findings

- The practice had an accessible and visible leadership team. Staff on duty told us they felt supported by the leadership team.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- 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 infection prevention and control practices at the surgery followed current essential quality requirements. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

Patients' medical histories were obtained before any treatment took place. The dentist was aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies.

Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. Staff were suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times.

**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 best practice guidance such as those from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including a review of their medical history. The dentists ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent.

The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) said they were supported by the practice in continuing their professional development (CPD). We saw evidence they were meeting the requirements of their professional registration.

Health education for patients was provided by the dentist and dental nurses. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us they found their treatment successful and effective.

**Are services caring?**

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

Patients were complimentary about the practice and how the staff were caring and sensitive to their needs. Patients commented positively on how caring and compassionate staff were, describing them as approachable, understanding and professional.

Patients felt listened to by all staff and said they were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each option.

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

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

Appointment times met the needs of patients and waiting time was kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen within 24 hours. They would see any patient in pain, extending their working day if necessary.

# Summary of findings

The treatment rooms and waiting rooms and toilets at the practice were on the ground floor and first floor. The toilet on the ground floor was accessible to patients who had restricted mobility.

**Are services well-led?**

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

Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency. Staff at the practice were supported to complete training for the benefit of patient care and for their continuous professional development.

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with. A range of clinical and non-clinical audits were taking place.

# Kirkgate Dental Surgery

**Detailed findings**

## Background to this inspection

The inspection took place on 30 June 2015. The inspection team included two CQC inspectors who had access to remote advice from a specialist advisor.

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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and consulted with other stakeholders, such as NHS England area team / Healthwatch; we did not receive any information from them.

During the inspection we spoke with two dentists, two dental nurses, the practice manager and two patients. We reviewed policies, procedures and other documents. Feedback was provided by 96 patients.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice maintained clear records of significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the dentists or the practice manager. The dentists and staff spoken with had a clear understanding of their responsibilities in Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available.

The practice responded to national patient safety and medicines alert that were relevant to the dental profession. These were received in a dedicated email address and actioned by one of the dentists. Where they affected patients, it was noted in their electronic patient record and this also alerted the dentists each time the patient attended the practice. Medical history records were updated to reflect any issues resulting from the alerts.

Records we viewed reflected the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage.

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

All staff at the practice were trained in safeguarding and one of the dentists was the identified lead for safeguarding. Staff we spoke with were aware of the different types of abuse and who to report them to if they came across a situation they felt required reporting. This was confirmed by their continuing professional development files. A policy was in place for staff to refer to and this contained telephone numbers of who to contact outside of the practice if there was a need.

Care and treatment of patients was planned and delivered in a way which ensured their safety and welfare. Patients told us and we saw dental care records which confirmed new patients were asked to complete a medical history; these were reviewed at each appointment. The dentist was aware of any health or medication issues which could affect the planning of a patient's treatment. These included for example any underlying allergy, the patient's reaction to local anaesthetic or their smoking status. All health alerts were recorded on the front of the patient's dental care record.

The dentists at the practice ensured clinical practices reflected current guidance in relation to safety. For example the dentist routinely used rubber dam for certain procedures to ensure their patients safety and to increase the effectiveness of treatment. 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. This ensured patients are not able to swallow solutions or instruments used in the procedure and to ensure the operative site is free from moisture contamination.

### Medical emergencies

There were arrangements in place to deal with foreseeable medical emergencies. We saw the practice had emergency medicines and oxygen available, in accordance with guidance issued by the Resuscitation Council UK and the British National Formulary (BNF), which may be needed to deal with any medical emergencies should they arise. All staff had been trained in basic life support including the use of the defibrillator and were able to respond to a medical emergency. All emergency equipment was readily available and staff knew how to access it. We checked the emergency medicines and found that they were of the recommended type and were all in date. A system was in place to monitor stock control and expiry dates. A new recording system was being introduced.

### Staff recruitment

The practice had a recruitment policy. This described the processes involved when employing new staff. It included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We looked at three staff files and found that the policy had been followed.

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

# Are services safe?

## Monitoring health & safety and responding to risks

The practice had carried out a practice risk assessment in 2014 which included fire safety. There was guidance in the waiting room for patients about fire safety and the actions to take.

Staff were aware of their responsibilities in relation to the control of substances hazardous to health (COSHH), there had been a COSHH risk assessment done for certain materials used at the practice to ensure staff knew how to manage these substances safely.

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by ensuring sharps bins, were stored appropriately in the treatment rooms.

## Infection control

We saw there were effective systems in place to reduce the risk and spread of infection. During our visit we spoke with the dental nurse, who was the designated person in the decontamination room. They were able to demonstrate they were aware of the safe practices required to meet the essential standards published by the Department of Health -'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

The equipment used for cleaning and sterilising dental instruments were maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident the equipment was in good working order and being effectively maintained.

Decontamination of dental instruments was carried out in a separate decontamination room. A dental nurse demonstrated to us the process; from taking the dirty instruments out of the dental surgery through to clean and ready for use again. We observed dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella, a particular bacteria which can contaminate water systems in buildings). Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor. This ensured that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in the water systems.

The segregation of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps and sharps waste was in accordance with the current European Union directive with respect to safe sharp guidelines; this mitigated the risk of staff against infection. We observed sharps containers were correctly maintained and labelled. The practice used an appropriate contractor to remove dental waste from the practice and waste consignment notices were available for us to view.

## Equipment and medicines

We were shown a file of risk assessments covering many aspects of clinical governance. These were well maintained and up to date. The practice manager had a method that ensured tests of machinery were carried out at the right time and all records of service histories were seen. This ensured the equipment used in the practice was maintained in accordance with the manufacturer's instructions, this included the equipment used to sterilise the instruments, the x-ray sets and the compressor. This confirmed to us that all the equipment was functioning correctly.

Medicines in use at the practice were stored and disposed of in line with published guidance. A recording system was in place for the prescribing and recording of the medicines and drugs used in clinical practice. The systems we viewed were complete, provided an account of medicines prescribed, and demonstrated that patients were given their medicines as prescribed. The batch numbers and expiry dates for local anaesthetics were always recorded. Not all of the anaesthetics were stored in their original blister packs. A new protocol was devised to ensure a smaller daily stock was taken in to the treatments rooms and re- assessed at lunchtime; to ensure the anaesthetics remained in their blister packs for the protection of patients.

We found the prescription pads were not stored securely. A new protocol was written to assure the safe keeping of these pads. The pads were to be issued on a daily basis to the dentists and locked securely overnight. This would help to prevent any possible mis-use of the prescription pads.

# Are services safe?

### Radiography (X-rays)

Individuals were named as radiation protection adviser (RPA) and radiation protection supervisor (RPS) for the practice. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment. These included critical examination packs for each X-ray set along with the three yearly maintenance logs in accordance with current guidelines. A copy of the local rules and inventory of X-ray equipment used in the dental practice was available in a file with each X-ray set.

We discussed with one of the dentists the requirement to audit X-rays taken to evaluate the quality of the radiographs. We were informed this had been commenced and was on-going. We saw X-ray holders in the treatment rooms. These ensured good placing in the patient's mouth which contributed to good quality images. The X-rays were correctly mounted and labelled in accordance with current guidelines.

Dental X-rays were prescribed according to current selection criteria guidelines with the practice having their own written protocol in place. To prevent patients receiving dental X-rays at inappropriate intervals the dentists recorded electronically when previous X-ray assessments had been carried out. When X-rays were taken, the records showed that the reasons for taking the X-rays and the findings were recorded.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Dental assessments were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

Patients told us they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment. The comments received on CQC comment cards reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

### Health promotion & prevention

The dentist provided patients with advice to improve and maintain good oral health. Patients said they were well informed about the use of fluoride paste and the effects of smoking on oral health. Staff spoken with were aware of the Department of Health publication -'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health.

Information leaflets on oral health were given out by staff. There was an assortment of different information leaflets available in patient areas.

### Staffing

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. They were aware of the training their staff had completed even if this had been done in their own time. Staff kept a record of all training they had attended; this ensured that staff had the right skills to carry out their work. All clinical staff carried out annual medical emergencies and basic life support training. They trained together to ensure they knew their roles and responsibilities should an emergency arise.

Records showed staff were up to date with their continuing professional development (CPD). (All people registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their registration.) Staff records showed professional registration was up to date for all staff and they were all covered by personal indemnity insurance.

Dental nurses were flexible in their ability to cover their colleagues at times of sickness. We were told there had been no instances of the dentist working without appropriate support from a dental nurse.

### Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice, for example dental hygienists and orthodontic treatment.

The practice referred patients for secondary (hospital) care when necessary. For example for assessment or treatment by oral surgeons. Referral letters contained detailed information regarding the patient's medical and dental history.

The dentist explained the system and route they would follow for urgent referrals if they detected any unidentifiable lesions during the examination of a patient's soft tissues.

### Consent to care and treatment

The practice ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent. Staff told us how they discussed treatment options with their patients including the risks and benefits of each option. Patients said the dentists were exceptionally good at explaining their treatment; we saw these discussions were recorded in the patient dental care records. Patients were provided with a written treatment plan for every treatment; this included information about the financial and time commitment of their treatment. Patients were asked to sign a copy of the treatment plan to confirm their understanding and to consent to the proposed treatment. The clinical records we observed reflected that treatment options had been listed and discussed with the patient prior to the commencement of treatment.

Staff spoken with on the day of the inspection were aware of the requirements of the Mental Capacity Act 2005. The dentists told us how they would manage a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient's family and other professionals involved in the care of the patient to

# Are services effective?

## (for example, treatment is effective)

ensure that the best interests of the patient were met. They had not as yet needed to obtain professional help for a patient. Where patients did not have the capacity to consent, the dentist acted in their best interests and all patients were treated with dignity and respect.

Patients said they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment.

# Are services caring?

## Our findings

### Respect, dignity, compassion & empathy

During and our visit received feedback from 96 patients about their care and treatment. All patients commented positively about the caring and compassionate staff, describing them as friendly, understanding and professional. A large number of these patients commented on the happy staff who addressed them politely and cheerfully and the welcoming, relaxed atmosphere.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of patient information and the secure handling of patient information. We observed the inter action between staff and patients and found that confidentiality was being maintained. Records were held securely.

We were told by staff that if they were concerned about a particular patient after receiving treatment, they would contacted them at home later that day or the next day, to check on their welfare.

Patients told us they felt listened to by all staff. We observed reception staff interacting with patients before and after their treatment and speaking with patients on the telephone. Although we were able to hear appointment arrangements being made we did not hear any personal information discussed during our observations in the waiting room. Reception staff were polite and friendly in all situations

### Involvement in decisions about care and treatment

There was information about fees, displayed in the waiting rooms and on the patient information leaflet.

We looked at some examples of written treatment plans and found that they explained the treatment required and outlined the costs involved. The dentist told us that they rarely carried out treatment the same day unless it was considered urgent. This allowed patients to consider the options, risks, benefits and costs before making a decision to proceed.

Patients told us they felt involved at every stage with the planning of their treatment and also during treatment. They all felt very confident in the treatment, care and advice they were given.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice used a variety of methods for providing patients with information. These included a practice website and patient welcome pack given to patients when they joined the practice. The welcome pack and website contained detailed information about their common purpose; to ensure that every patient, experienced the very highest quality care with every treatment, every time. The pack also had details about professional charges, opening times and how to raise concerns about the level of care provided.

The welcome pack asked patients to complete a comprehensive medical history and a dental questionnaire. This questionnaire enabled the practice to gather important information about their previous dental and social history. They also aimed to capture details of the patient's expectations in relation to their needs and concerns which helped to direct the dentists in providing the most effective form of care and treatment for them.

Patients views were sought when changing the waiting room chairs. Patients were able to 'try out and review' before the final purchase was made. We saw there were a variety of chairs available which would meet varying patients' needs.

### Tackling inequity and promoting equality

The treatment and waiting rooms at the practice were on the ground floor and first floor. The patient toilets were on both floors. The ground floor toilet was accessible to patients who had restricted mobility. There was a portable ramp from street level into the surgery to be used when necessary.

Staff we spoke with explained to us how they supported patients with additional needs such as a learning disability. They ensured patients were supported by their carer and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient understood.

### Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen within 24 hours or sooner if possible. The practice opening hours were Monday to Thursday 9.00am to 6.00pm and Friday 09.00am to 5.30pm. Outside these hours the practice answer phone directed patients to call the emergency telephone number, if they had a dental emergency.

### Concerns & complaints

We arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our visit and 96 patients chose to comment. All of the comment cards completed were complimentary about the service provided. However two expressed some concerns about their recent treatments. The principal dentist reviewed their dental records and confirmed the treatments had been completed appropriately and both patients had been seen recently and had no complaints.

The practice had a system in place for handling complaints and concerns. Information about how to complain was in the practice patient information leaflet and available in the waiting area. Any verbal complaints were handled in the practice by the staff on duty at the time and discussed with the dentist at the end of the session. There had not been any complaints since registering with the CQC

# Are services well-led?

## Our findings

### Governance arrangements

The practice statement of purpose indicated the overall ethos of the practice was to provide a friendly and professional service to their patients. The practice aimed to establish an individually-developed personal dental health regimen for each patient to meet their dental care needs and aimed for a high level of oral health. The practice also ensured all patients were fully involved in any decisions about dental treatment.

### Leadership, openness and transparency

There was clear leadership in the practice. The registered manager who was the principal dentist provided clinical leadership to all staff. Each dentist held responsibility as the clinical lead for identified areas such as safeguarding, X-rays and auditing. The practice manager was responsible for human resources, policies, procedures and risk assessments. We found that policies, procedures and risk assessments were in place to support the running of the service. We spoke at length with the practice manager who had a clear understanding of governance and their role and responsibilities. They told us they had been supported by the dentists and that standards had been set for them to follow.

The dentists were responsible for the day to day running of the service. They led on the individual aspects of governance such as risk management and audits within the practice. There were some systems in place to monitor the quality of the service. For example the infection control procedures had been audited and changes made to improve practice. There was on-going monitoring of X-rays to ensure consistent quality. Clinical records were currently audited in line with BDA guidelines. Clinical standards were informally monitored by the principal dentist, for example when covering dental emergencies for an associate dentist on holiday. A more formal system was to be implemented once a consultation process with the dentists had been completed.

We were told that formal whole practice meetings were rare because of the part-time nature of some of the staff. We saw minutes from meetings which had happened. Staff told us there was an open culture within the practice and they had the opportunity and were confident to raise issues at any time.

Practice staff were clear about what decisions they were required to make, knew what they were responsible for as well as being clear about the limits to their authority. It was clear who was responsible for making specific decisions, especially decisions about the provision, safety and adequacy of the dental care provided at the practice and this was aligned to risk. Staff told us they felt valued, well supported and knew who to go to in the practice with any concerns.

We reviewed information on risk assessments covering all aspects of health and safety and clinical governance. These were well maintained and up to date. We also reviewed a number of policies which were in place to support staff. This included a whistleblowing policy.

### Management lead through learning and improvement

The management of the practice was focused on achieving high standards of clinical excellence. Staff at the practice were all working towards a common goal to deliver high quality care and treatment.

At the time of our inspection we were told some meetings were informal and not minuted. Staff spoken with on the day of the inspection felt they always received all relevant information.

Staff appraisals were used to identify training and development needs that would provide staff with additional skills and to improve the experience of patients at the practice.

A number of clinical and non-clinical audits had been commenced where improvement areas had been identified. The practice was formulating a rolling audit process for all staff to be included. Any findings identified were cascaded to other staff if relevant to their role.

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

Patients who used the service had been asked for their views about their care and treatment. The practice sought continuous patient feedback and conducted annual patient satisfaction surveys. The most recent survey conducted in January 2015 showed that patients were satisfied with the service and the treatment they had received. All comments were positive.

# Are services well-led?

There had not been any formal complaints received in the practice in the past 12 months . A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

Staff we spoke with told us their views were sought informally and also formally at their appraisals. They told us their views were listened to, ideas adopted and that they felt part of a team.