

Mr. Mohammed Azfar Hyder

# Stanhope Dental Health Centre

## Inspection Report

Dales Street  
Stanhope  
Bishop Auckland  
DL13 2XD  
Tel: 01388529945  
Website: [www.burgesshyder.co.uk](http://www.burgesshyder.co.uk)

Date of inspection visit: 5 December 2016  
Date of publication: 20/12/2016

### Overall summary

We carried out an unannounced responsive inspection on 5 December 2016 to ask the practice the following key question; Are services safe.

Our findings were:

Are services safe?

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

#### Background

Established over 10 years ago, Stanhope Dental Health Centre is located in a purpose-built ground floor premises within a health centre. The practice provides NHS and private treatment to patients of all ages. There is one treatment room with a decontamination area within and a waiting area. The dental reception is located within the Health centre main reception area.

Access for wheelchair users or pushchairs is possible from two ground floor entrances, both which lead into the spacious reception and waiting area. Ample car parking spaces are available at the rear of the practice.

The dental team is comprised of three dentists, four dental nurses, a dental hygienist, a dental hygiene and therapist, one receptionist and a practice manager.

The practice is open:

Monday 08:30 - 17:00

Tuesday 08:45 - 17:00

Wednesday 08:30 - 17:00

Thursday 08:45 - 15:00

A dental hygienist and dental therapist worked alternate Fridays

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- The practice was visibly clean and uncluttered.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in accordance with the published guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).

# Summary of findings

- The practice sought feedback from staff and patients about the services they provided.
- There were clearly defined leadership roles within the practice and staff felt supported at all levels.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

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

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control and the management of medical emergencies. All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

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

**No action**



# Stanhope Dental Health Centre

## 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 was led by a CQC inspector who was supported by a specialist dental adviser.

During the inspection we spoke with the principal dentist, a dental nurse, the practice manager and the receptionist.

To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

# Are services safe?

## Our findings

### Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

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

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

Records showed checks were carried out on the emergency medicines, medical oxygen cylinder and the AED. These checks ensured the oxygen cylinder was sufficiently full and in good working order, the AED was charged and the emergency medicines were in date.

### Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included advertising the job through an agency, a job application form, an interview process, seeking two references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of recruitment files and found the recruitment procedure had been followed.

The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed a sample of recruitment files and these showed that all checks were in place.

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

### Infection control

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We spoke to the dental nurse about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw the daily and weekly tests were being carried out by the dental nurses to ensure the steriliser was in working order.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurse was well-informed about the decontamination process and demonstrated correct procedures. Due to the decontamination area being located in the surgery some process should be completed when no patients are in the surgery. We brought this to the attention of the registered provider to review the process and review the guidelines.

The practice had carried out an Infection Prevention Society (IPS) self-assessment audit in November 2016 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards. No action plans or learning outcomes were in place.

We inspected the decontamination area and the treatment room. We found the treatment area was clean, drawers and cupboards were clutter free with adequate dental materials.

# Are services safe?

There were hand washing facilities, liquid soap and paper towel dispensers in the treatment room and toilets with hand washing technique flow charts in place.

We discussed the use of personal protective equipment (PPE) with all staff; we were told staff removed their PPE and replaced this after each patient including gloves, masks and visors.

## Health promotion & prevention

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

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

The medical history form patients completed included questions about smoking and alcohol consumption. We

were told by the dentists and saw in dental care records that smoking cessation advice was given to patients who smoked. Patients would also be made aware if their alcohol consumption was above the national recommended limit. Staff had all completed training for smoking cessation and alcohol advice for the local support teams. There were health promotion leaflets available in the waiting room to support patients.

## Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. The days the practice did not have a dentist, patients could be seen at any of their sister practices. The dentist told us that patients regularly travelled for continuity of treatment to other locations as they only worked one day per week rotationally between sites.

We were told of a local voluntary transport service that could be utilised if patients struggled to access other services.

Staff told us that patients who requested an urgent appointment would be seen the same day either at this practice or the local sister practice. We were told the patients were given sufficient time during their appointment so they would not feel rushed.