N & G Matthews Limited

# Marple Dental Practice

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 21 March 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**

Marple Dental Practice is located on the main Stockport Road in the centre of Marple. The practice offers a range of private dental services including family dental check-ups, dental hygiene work and children's dentistry. There is a small car park to the rear of the practice and a number of municipal car parks within a short distance of the practice.

One of the registered providers 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.

We received five completed CQC comment cards and spoke with six patients about the care and treatment they received at the practice.

**Our key findings were:**

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The practice had access to an automated external defibrillator and medical oxygen was available on the premises.

# Summary of findings

- The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- Governance arrangements were in place for the smooth running of the practice and there was a structured plan in place to audit quality and safety.

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

- Review the ventilation within the decontamination room giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

# 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.

There were suitable recruitment procedures in place and staff were trained and skilled to meet patient's needs. However, one of the staff files we reviewed only had one reference.

Systems had been implemented to maintain patient and staff safety. There was a policy and procedure in relation to safeguarding children and adults from abuse. Staff were aware of their responsibilities to identify and report suspected abuse.

The practice had emergency equipment and medicines in accordance with the British National Formulary (BNF) and the Resuscitation Council UK guidance. The staff had received training to enable them to respond in the event of a medical emergency in the practice.

There were systems in place in for infection prevention and control, clinical waste management, responding to medical emergencies and the use of dental radiography (X-rays). However, there was not an effective ventilation system in the decontamination room.

We found the equipment used in the practice was well maintained and in line with the manufacturer's guidelines.

**Are services effective?**

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

Patients completed a comprehensive medical history form at every check-up appointment, and these were checked verbally by staff at each visit. Dental care records were detailed and accurate and recorded the discussions between dentists and patients.

The practice carried out effective consultations in line with current National Institute for Health and Care Excellence (NICE) guidance. Patients were provided with advice to help them maintain good oral health and prevent tooth decay.

Staff registered with the General Dental Council (GDC), were supported to maintain their continuing professional development (CPD) training and were meeting the requirements of their professional registration.

**Are services caring?**

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

The patients we spoke with felt well supported and involved with the discussion of their treatment options which included risks, costs and benefits.

Patients told us they were treated with respect and their privacy and dignity was maintained. Patient information and data was handled confidentially.

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

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

The practice had ground floor treatment rooms, so that patients with restricted mobility could access the practice and receive treatment.

# Summary of findings

Emergency appointments were available each day to accommodate patients with a dental emergency. We spoke with two patients on the day of the inspection that had been given emergency appointments. There was sufficient well maintained equipment, to meet patients dental care needs.

A wide range of information was available in the practice and on the practice website for patients to read.

Patients were given the opportunity to give feedback through the practice website and regular patient surveys. Comments and complaints were dealt with effectively and where ideas for improvement had been identified these were actioned.

**Are services well-led?**

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

There were effective clinical governance and risk management structures in place. A wide range of policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. Audits were undertaken to monitor the quality and safety of service provided.

Staff had clear roles and responsibilities and they felt supported and involved in service improvements through effective team communication. There were regular staff meetings and

systems for obtaining patient feedback. Staff told us the principal dentist and practice manager were approachable and any issues raised were listened to and acted upon.

The practice manager maintained a record of staff training to ensure that staff were up to date with the training requirements of the General Dental Council (GDC).

# Marple Dental Practice

**Detailed findings**

## Background to this inspection

The inspection took place on 21 March 2016. The inspection was led by a CQC Inspector and a dental specialist advisor. Prior to the inspection we reviewed the information we already held about the service, requested some basic information from the provider and gathered information from their website.

We informed the NHS England area team and the local Healthwatch that we were inspecting the practice and we did not receive any information of concern from them.

During the inspection we spoke with staff and patients. We were taken on a tour of the premises and examined dental care records, policies and processes and service contracts to ensure the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also observed staff interaction with patients.

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 principal dentist, dental nurses and practice manager were aware of their responsibilities in relation to the Duty of Candour regulation. The principal dentist explained that if something went wrong that affected a patient, they would be given an apology and informed of any actions taken to prevent a reoccurrence.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). They confirmed there had been no accidents that had required notification under the RIDDOR guidance. The principal dentist and practice manager knew when and how to notify CQC of incidents and accidents which caused harm to patients, staff or visitors.

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

We found that latex free rubber dams were used in all root canal treatments and this was clearly documented in the dental care records we reviewed. National Patient Safety Alerts and notifications from the Medicine and Healthcare Regulatory Agency (MHRA) were acted on appropriately and cascaded to relevant staff.

The practice had policies for safeguarding vulnerable adults and children that was reviewed in October 2015. There was a named member of staff with lead responsibility for safeguarding issues. Staff had completed safeguarding training and were able to describe the signs of abuse or neglect and how they would raise concerns with the safeguarding lead.

**Medical emergencies**

We found emergency medicines and equipment were available in line with the Resuscitation Council UK guidelines and the guidance on emergency medicines in the British National Formulary (BNF) for medical emergencies in dental practice. A dental nurse was responsible for checking emergency medicines. We saw records to show that the drugs were checked monthly. All medicines were within their expiry date.

There was a medical oxygen cylinder available on the premises, in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. There was a service contract in place and we saw the cylinder had been serviced in December 2015. The expiry date for the oxygen was January 2018.

Staff had access to an automated external defibrillator (AED) in line with current guidance. 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 received annual training in using the emergency equipment and management of medical emergencies.

**Staff recruitment**

There was a recruitment policy in place. Staff recruitment records were stored securely in a locked cabinet to ensure staff personal information was protected. We looked at a sample of four staff recruitment files. We saw the relevant checks had been carried out to ensure that newly recruited staff were suitable and competent for the role. In all of the staff files we reviewed there was evidence of vaccination status, proof of identity and interview notes.

In one file we found there was only one reference. The practice manager told us two referees had been contacted but only one responded. This member of staff had been recruited from college and had a Disclosure and Barring Services (DBS) check in place. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. It was the dental practice's policy to request a DBS check for all staff.

All newly recruited staff underwent a period of induction to ensure they had the knowledge and skills to carry out their role.

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

There was a general risk assessment that covered a variety of environment risk factors in the practice including needle stick injury, fire safety and the use of X-ray equipment. A business continuity plan had been developed for use in the event of an emergency such as loss of electricity, water or gas supplies, water ingress, loss of computer systems or the closure of the premises due to fire. The plan was held off site by the principal dentist and the practice manager and contained a list of contact numbers for various service contractors.

# Are services safe?

There was a well-maintained Control of Substances Hazardous to Health (COSHH) file. This contained information leaflets on all substances used within the practice. 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.

**Infection control**

There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. We saw that staff wore appropriate personal protective equipment (PPE) when treating patients including visors, masks and gloves.

The treatment rooms reception and waiting areas were visibly clean and tidy. They had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection control. We spoke with dental nurses who told us how they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

There were cleaning schedules in place for the premises and cleaning records were maintained suitably. We looked in the cleaning store and found equipment that was used for cleaning the premises was not suitably stored in line with current guidelines. For example we saw floor cleaning mops stored in buckets of water which posed a risk of cross contamination. We discussed this with the practice manager who told us they would speak to the practice cleaner.

There was a contract in place for the safe disposal of dental clinical waste and we saw waste consignment notes that showed waste was collected on a regular basis. We saw that dental waste was appropriately segregated and securely stored pending collection.

There was a separate decontamination room. We noted this room did not have a lock and did not fully close into the rebate to secure the door. We discussed this with the principal dentist and the day after the inspection the practice sent us a copy of an invoice for the purchase of a digital door locking system.

One of the dental nurses gave a demonstration of the decontamination process. We found the practice followed guidance issued by the Department of Health, the Health Technical Memorandum 01-05 decontamination in primary care dental practices (HTM01-05). However, there was no ventilation system within the decontamination room to help minimise the risks of recontamination of sterilised instruments. There was a window in the room but staff told us this was not always open. HTM 01-05 section 6.42 states; the ventilation system in the decontamination area or room(s) should be designed to supply reasonable quantities of fresh air to the positions where persons work and to remove excess heat from equipment and processes.

Used instruments were transported from the treatment rooms in rigid plastic locking boxes to minimise the risks of cross contamination. There was a clear flow from 'dirty' to 'clean' and staff wore appropriate personal protective equipment (PPE) during the decontamination process. This included eye protection, face mask, apron and heavy duty gloves. Instruments were cleaned and inspected under an illuminated magnifying glass to check for any remaining debris. The instruments were then sterilised in an autoclave before being sealed in pouches and dated ready for use again.

The equipment used for cleaning and sterilising was maintained under contract and serviced in accordance with the manufacturers' instructions. The practice kept daily, weekly, and monthly records of decontamination cycles to ensure that equipment was in good working order.

The practice had a sharps management policy which was clearly displayed and understood by all staff. The practice was not using a safer syringe system; however following the inspection the principal dentist had arranged a demonstration of a safe syringe system for 31 March 2016.

A Legionella risk assessment had been undertaken in 2015. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The dental nurses flushed the water lines in treatment rooms at the beginning and end of each session and between patients and monitored cold and hot water temperatures each month.

**Equipment and medicines**

We reviewed the practice maintenance file and found that the equipment in use at the practice was regularly serviced and well maintained. For example, we saw service notes showing that the air compressor, firefighting equipment and X-ray equipment had all been inspected and serviced

# Are services safe?

in the last 12 months. Portable appliance testing (PAT) had been completed in May 2015 in accordance with good practice guidance. PAT is the name of a process where electrical appliances are routinely checked for safety.

Medicines in use at the practice were in date, stored and disposed of in line with published guidance.

**Radiography (X-rays)**

The practice had a well maintained radiation protection file that was up to date and demonstrated appropriate maintenance of X-ray equipment. Local rules were in place and displayed in treatment rooms. A radiation protection supervisor (RPS) and a radiation protection advisor (RPA) had been appointed. Dental care records showed that X-rays were graded as they were taken. The dentists carried out annual audits of the X-rays taken to ensure that the quality of the images was of the required standard. We looked at training records and saw that all staff responsible for taking X-rays had received training.

# Are services effective?

(for example, treatment is effective)

## Our findings

**Monitoring and improving outcomes for patients**

The dentists used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them.

New patients were asked to complete a medical history questionnaire detailing any health conditions, medicines being taken and any allergies suffered. Dental care records demonstrated that the medical history was updated at subsequent visits to check there had been no changes.

Dental care records demonstrated that a basic periodontal examination (BPE) screening tool was used to assess the condition and treatment needs of each patient. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).

We found that dental care records were written during or directly after treatment. The records were updated with the proposed treatment and reflected discussions with the patient. Details of the treatments carried out were documented and included local anaesthetic, type of anaesthetic, and site of administration, batch number and expiry date. Where X-rays were taken the justification was recorded along with the results.

**Health promotion & prevention**

There were health promotion leaflets available in the practice advising patients how to maintain good oral health. Oral cancer screening was undertaken as part of every examination.

Preventative oral health advice was given such as smoking cessation, alcohol consumption and good oral hygiene techniques such as brushing or tooth care products.

We found dentists worked in line with guidance issued in the DH publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

**Staffing**

The practice had two dentists, two dental hygienists and five dental nurses. All dental care professionals were registered with the General Dental Council (GDC). We checked staff records and found staff registration with the GDC was current.

Staff were supported to maintain their continuing professional development (CPD) which is a requirement of continued registration with the GDC as a general dental professional. The training records showed how many hours training staff had undertaken together with training certificates for courses attended. Staff told us they had good access to training and received annual appraisals to identify any development needs.

Daily catch up meetings and monthly practice meetings were held with all staff. Staff we spoke with told us they felt well supported and enjoyed working at the practice.

**Working with other services**

The practice worked with other professionals in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations. A referral form or letter was sent to ensure the specialist service had all the required information. Urgent referrals for suspected serious conditions such as oral cancer were made on a specific template which was faxed to the hospital to ensure it was received quickly. Once the specialist treatment was completed patients were referred back to the practice for on-going follow up and treatment.

**Consent to care and treatment**

We saw evidence that treatment options including risks and benefits, as well as costs were discussed with each patient. We found consent forms were signed by the patient. Patients we spoke with confirmed they gave both verbal and written consent to their treatment.

Dentists and dental nurses were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The staff we spoke with were familiar with Gillick competence. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge.

# Are services caring?

## Our findings

**Respect, dignity, compassion & empathy**

We received feedback from 11 patients via CQC feedback cards and through speaking with patients on the day of the inspection. Feedback was extremely positive about the standard of care and treatment provided by staff. Comments included comfortable, fantastic, good treatment, would recommend and reassuring.

Patients told us they felt the staff were professional in their approach. They told us staff treated them with respect and were kind and considerate. Some patients commented on the sensitivity shown to those who were anxious about dental treatment.

We overheard staff speaking to patients on the telephone and at the reception desk and found their manner to be polite and friendly.

Patients' dental care records were mainly stored electronically with some paper records. Electronic records were password protected and regularly backed up to secure storage. Computer screens in reception were sited in such a way that they could not be seen by patients booking in at the reception desk. This ensured patient confidentiality was maintained. Paper records were stored in locked filing cabinets.

**Involvement in decisions about care and treatment**

Patients told us they had been given good explanations about their treatment and felt fully informed. They told us they were given treatment options including benefits and risks and afforded time to consider the most appropriate choice for them. Patients told us once they had decided on a course of treatment they were given a treatment plan outlining the cost of treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting patients' needs**

Information about the practice was available on the practice website and in the practice leaflet. This included how to make routine and emergency appointments and how to access treatment when the practice was closed. There was also information on how to maintain healthy teeth and gums displayed in the practice.

The patients we spoke with told us they were able to book at appointment to suit their lifestyle and commitments. We saw emergency appointments were available each day to support patients who were experiencing dental pain. We reviewed the appointment system and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist.

The costs of treatments were clearly displayed in the reception and waiting room. This information was also available on the practice website.

**Tackling inequity and promoting equality**

The practice is situated in a single storey building with good access for patients with mobility difficulties. There was a car park at to the rear of the building with level access for wheelchair users. There was also an adapted toilet. The reception areas, waiting rooms and treatment rooms were all spacious enough to manoeuvre a wheelchair or pram.

Where English was not a patients first language staff had access to a telephone translation service to ensure the patient had all the information they required about their treatment.

**Access to the service**

The practice displayed its opening hours on the premises and on the practice website. New patients were also given a practice information leaflet which included the practice contact details and opening hours. The leaflet also detailed the days each dentist was available.

Early morning and evening appointments were available giving patients access to dental care at a time to suit them. The practice opening hours were Monday and Wednesday 9am to 6pm, Tuesday 9am to 7.30pm, Thursday 8am to 5pm and Friday 9am to 1pm. The practice leaflet and website gave out of hours contact details for patients to access treatment when the practice was closed.

**Concerns & complaints**

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The document included details of other organisations to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. This included the Parliamentary and Health Service Ombudsman and the Dental Complaints Service.

The staff we spoke with told us they would listen to any concerns and pass them to the principal dentist or practice manager to ensure they were deal with. There had been no complaints about the practice in the last 12 months.

# Are services well-led?

## Our findings

**Governance arrangements**

The practice was run by the principal dentist and supported by a practice manager with other staff taking lead roles. Staff told us they were supported to meet their continuing professional development needs.

There were comprehensive policies and procedures in place that were well maintained and kept under review. We saw that most policies had been reviewed and where relevant updated during 2015. The practice had systems in place to audit quality and safety that included essential audits for patient records, infection control and radiography.

Governance issues were discussed at the monthly staff meetings. This provided an environment where improvement and continuous learning were encouraged and supported.

Policies and procedures relating to health and safety were in place. There was a risk management process to ensure the safety of patients and staff members. This included fire safety risk assessment and a Legionella risk assessment.

There was a comprehensive business continuity plan to ensure patients received care and treatment should the practice have an emergency situation such as a flood.

**Leadership, openness and transparency**

We spoke with staff who told us there was a culture of candour, openness and honesty within the practice. Staff were able to explain how they were open and transparent with patients in line with their responsibilities under the Duty of Candour regulation. Staff said they felt comfortable about raising any concerns they may have with the practice manager or the principal dentist.

**Learning and improvement**

We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC). Staff told us they had good access to training and this was monitored to ensure essential training was completed each year. This included essential training such as responding to medical emergencies and basic life support.

National Patient Safety Alerts and notifications from the Medicine and Healthcare Regulatory Agency were acted on appropriately and cascaded to relevant staff.

Regular staff meetings were held and minuted so staff that were unable to attend were kept up to date. In addition daily informal meetings were held to discuss any urgent issues. Staff told us the practice manager and principal dentist respected their views, knowledge and input at staff meetings.

All staff had annual appraisals at which learning needs, general wellbeing and professional development were discussed. We saw evidence of completed appraisal forms in the staff files.

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

The practice carried out patient satisfaction surveys on an on-going basis. Patients were also able to leave comments on the practice website. We checked the practice website and saw that without exception the comments from patients were positive. Staff told us that any suggestions or comments they received from patients were reported to the practice manager and where appropriate discussed at practice meetings.

The staff we spoke with told us their views were listened to, the principal dentist was approachable and they could go to them if they had suggestions that might improve the service.