

Mr. James Lord

Dunluce Dental Practice - Blackpool

Inspection Report

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Overall summary

We carried out a comprehensive inspection on 24 January 2017 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

Dunluce Dental Practice is first opened in 1992 and is located in the south shore area of Blackpool.

The practice has two surgeries, a reception area and the patient toilet on the ground floor of the premises. There is a further surgery on the first floor. The decontamination room is based on the ground floor where access is restricted to staff only. The practice was accessible to people with disabilities and impaired mobility.

There is one principal dentist who is supported by a foundation dentist, two part time dental hygienists, three qualified dental nurses, a trainee dental nurse and a practice manager who is also a qualified dental nurse.

The opening hours are Monday, Wednesday and Thursday from 9.00am to 7.00pm. The practice closes at 5.30pm on a Tuesday and 1.30pm on a Friday. Appointments are available for people who receive private funded care on the first Saturday of every month between 8.30am and 12.30pm. The practice close for lunch between 1 pm – 2pm every day.

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

We reviewed 37 CQC comment cards on the day of our visit; patients were extremely positive about the staff and the standard of care provided by the practice. Patients commented they felt involved in all aspects of their care and found the staff to be helpful, respectful, friendly and were treated in a clean and tidy environment.

Our key findings were:

- The premises were visibly clean and tidy.
- The practice had procedures in place to record and analyse significant events and incidents.
- Staff had received safeguarding training, and knew the process to follow to raise concerns.
- There were sufficient numbers of suitably qualified, skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards, and guidance.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Patients were treated with kindness, dignity, and respect.
- The appointment system met the needs of patients, and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients, and reasonable adjustments were made to enable patients to receive their care and treatment.
- The practice gathered the views of patients and took their views into account.
- Staff were supervised, felt involved, and worked as a team.
- Governance arrangements were in place for the smooth running of the practice, and for the delivery of high quality person centred care.

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

- Review the practice's infection control procedures and protocols 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'. This includes the undertaking of high level cleaning.
- Review the system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities. This includes the monitoring of fire safety and water temperature checks in line with published guidance.
- Review the protocol for completing accurate, complete and detailed records relating to employment of staff. This includes making appropriate notes of verbal reference taken and ensuring recruitment checks, including references, are suitably obtained and recorded.

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 systems in place to assess and manage risks to patients. However the practice needs to review the system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities. This includes the monitoring of fire safety and water temperature checks in line with published guidance.

Staff completed annual training in how to deal with medical emergencies.

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

X-ray equipment was safe and regularly maintained.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

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

Staff were appropriately skilled and suitably trained. Staff induction processes were in place and had been completed.

There was evidence to demonstrate that staff had attended training in safeguarding patients 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.

The practice followed current guidelines when delivering dental care and treatment to patients. Patients' medical history was recorded at their initial visit and updated at subsequent visits. Patients received an assessment of their dental health. Clinicians obtained consent from patients before treatment was provided; and treatment focused on the patients' individual needs.

Staff provided oral health advice to patients and monitored changes in their oral health. Patients were referred to other services, where necessary, in a timely manner.

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).

Qualified staff were registered with their professional body, the General Dental Council, and were supported in meeting the requirements of their professional regulator. Staff received on-going training in a variety of subjects to assist them in carrying out their roles.

No action



Summary of findings

Are services caring?

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

Staff explained that enough time was allocated in order to ensure treatment was fully explained to patients in a way patients understood. Time was given to patients with complex treatment needs to decide which treatment they preferred.

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 37 responses, all of which were very positive, with patients stating they felt listened to, that staff were always friendly and helpful and they received the best treatment at that practice.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment.

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

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 were vacant appointments slots for urgent or emergency appointments each day. Patients could request appointments by telephone or in person.

The practice opening hours were displayed at the practice, in the practice leaflet, and on the practice website.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns.

No action



Are services well-led?

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

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

Environmental risks were assessed and managed.

Staff were encouraged to share ideas and feedback during regular practice meetings. All staff were supported and encouraged to improve their skills through learning and development.

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



Dunluce Dental Practice – Blackpool

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on the 24 January 2017 and was led by a CQC inspector with remote advice from a dental specialist adviser.

Prior to the inspection we reviewed information we held about the practice. During the inspection, we spoke with

the principal dentist, the practice manager, and a dental nurse. We toured the practice and reviewed emergency medicines and all equipment. We reviewed policies, protocols and other documents and observed procedures.

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

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

Staff understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. The practice manager was aware of the notifications which should be reported to the CQC.

The practice manager told us they received recent 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). These were shared with the team via email where appropriate.

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. The principal dentist had the lead role in safeguarding and provided advice and support to staff where required. Staff were trained to the appropriate level in safeguarding, and were aware of how to identify abuse and follow up on concerns. Staff had access to contact details for both child protection and adult safeguarding teams.

The clinicians were assisted at all times by a dental nurse. The practice manager would work as a dental nurse if any staff shortage was identified.

The provider had a whistleblowing policy in place with an associated procedure to enable staff to raise issues and concerns. Staff told us there was an open and friendly culture in the practice and they felt confident they could raise concerns about colleagues without fear of recriminations.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safe sharps system had been implemented within the practice and we saw a sharps policy and risk assessment were in place.

The dentists told us they routinely used latex free rubber dam when providing root canal treatment to patients (to avoid any possibility of a reaction to latex) in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, which can be latex (rubber) or non-latex, 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 a rubber dam the reason is recorded in the patient's dental care records giving details as to how the patient's safety was assured by using an alternative method.

Medical emergencies

The practice had 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.

We saw staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months.

Staff had received first aid training and the first aid boxes were easily accessible in the practice.

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

Staff recruitment

The practice had a limited policy in place for the safe recruitment of staff. They included seeking references, immunisation status and checking qualifications and professional registration. The practice's policy was to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff. These checks identify whether a



Are services safe?

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 looked at the recruitment files of the newest member of staff and found it did not contain appropriate documentation. There was no evidence of photographic proof of identity and verbal references had not been record. There was an induction programme for new staff to ensure they were knowledgeable about practice policies and procedure such as health and safety requirements, practice risk assessments and patient confidentiality. The recruitment and employment records were stored securely to prevent unauthorised access.

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

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 and sharps disposal.

The provider had a control of substances hazardous (COSHH) to health risk assessment and associated procedures in place. Staff maintained records of products used at the practice and retained manufacturer's product safety details to inform staff what action to take in the event of, for example, spillage, accidental swallowing, or contact with the skin. Measures were identified to reduce risks associated with these products, for example, the use of personal protective equipment for staff and patients, the secure storage of chemicals, and the display of safety signs.

The provider also ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

Infection control

We saw systems were in place for cleaning, sterilising and storing dental instruments. The decontamination equipment was regularly serviced, validated and checked to ensure it was safe to use. We observed the treatment rooms and the decontamination room to be visually clean and hygienic, however we noted that high level cleaning, for example shelves and privacy glass frames required attention. We noted that the decontamination room was situated away from patient areas to ensure access by patients was restricted. The practice had a cleaning policy in place, with an associated cleaning schedule identifying tasks to be completed on a daily, weekly, and monthly basis.

Cleaning of both the clinical and the non-clinical areas was the responsibility of the practice manager and the dental nurses. The practice used a colour coding system to assist with cleaning risk identification in accordance with HTM 01-05. Staff 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. The practice manager agreed that the cleaning of the treatment rooms required reviewing.

An infection control lead was in place and they ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. 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 six monthly infection prevention control audit was completed in 2016, which had risk assessed the dental practice and highlighted action to be taken if required.

The practice had completed a Legionella risk assessment. The practice met the Legionella safety guidelines however monthly water temperature checks were not performed or recorded. (Legionella is a germ found in the environment which can contaminate water systems in buildings).

The segregation and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. The practice had arrangements for all types of



Are services safe?

dental waste to be removed from the premises by a contractor. Spillage kits were available for contaminated spillages. We observed clinical waste awaiting collection was stored securely.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of servicing certificates for equipment such as the autoclave (a device for sterilising dental and medical instruments), compressor and X-ray equipment. We also saw certificates of electrical and gas safety.

We saw evidence a fire risk assessment was completed and the fire safety equipment was checked annually. The provider had arrangements in place to mitigate the risks associated with fire, for example, safety signage was displayed, fire-fighting equipment was available and fire drills were carried out annually. Staff were familiar with the evacuation procedures in the event of a fire. However the practice did not carry out fire safety checks in line with The Regulatory Reform (Fire Safety) Order 2005 (FSO).

In the treatment room we saw local anaesthetic cartridges were not stored in the original blister packaging to prevent exposure to contamination. The principal dentist and the dental nurses agreed to cease this practise immediately.

Radiography (X-rays)

The practice had a Radiation Protection Adviser (RPA) and Radiation Protection Supervisor (RPS). X-ray equipment was located in the treatment room. The practice's radiation protection files were maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. We found there were suitable arrangements in place to ensure the safety of the equipment.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. The patients dental records indicated each radiograph was quality assured and the findings reported on as per FGDP guidance. X-rays were stored within the patient's dental care record.

All staff were up to date with their continuing professional development training in respect of dental radiography.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed dental care records. They contained information about the patient's current dental needs and past dental history. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screening. The principal dentist also used the basic periodontal examination (BPE) to check patients' gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are.

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

Health promotion & prevention

The patient reception and waiting area contained a range of information that explained the services offered at the practice including the fees for NHS and private dental treatment. The practice had a varied selection of oral health leaflets available and a good selection of dental products was on sale in the reception area to assist patients with their oral health.

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 to support dental teams in improving their patient's oral and general health. High fluoride toothpastes and fluoride varnish applications were recommended as appropriate for patients at high risk of dental decay in line with DBOH.

Staffing

Staff confirmed they had completed a period of induction and training which covered areas such as cardiopulmonary resuscitation (CPR) and infection prevention and control.

We saw staff were encouraged to maintain the continuous professional development (CPD) which was a requirement

of their registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC and registration certificates were available in the practice.

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. Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines.

Consent to care and treatment

Patients told us they were given appropriate information to support them to make decisions about the treatment they received. The principal dentist confirmed they ensured patients had sufficient information and the mental capacity to give informed 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 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.

The dentist demonstrated an understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).



Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 37 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

We discussed how the practice cared for its patients to ensure they had a comfortable treatment as possible. Staff understood the importance of emotional support when delivering care to patients who were nervous about dental treatment. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

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. We noted patients' paper dental records were held securely stored.

Staff were confident in data protection and confidentiality principles and had completed information governance training.

The treatment rooms were situated away from the main waiting area and we saw the 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. Leaflets were available showing NHS and private treatment costs. The practice's website provided patients with information about the range of treatments which were available at the practice.

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.



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 and in the practice leaflet.

We looked at the recorded appointments and found capacity for urgent or emergency appointments. We confirmed the practice scheduled longer appointments where required if a patient needed more support.

We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had an equality, diversity and human rights policy in place to support staff understanding and meeting the needs of patients. The staff told us they did not have any patients whose first language was not English, however if required, an interpreter service would be sought via the telephone language services.

The practice was accessible to people with disabilities and impaired mobility. Parking was available near the premises. The waiting room, reception, toilet facilities and the treatment room were based on the ground floor. The foundation dentist, who provided NHS funded dental care, worked in the surgery on the first floor. On the day of inspection we saw that a patient with mobility problems was seen in a ground floor surgery by the foundation dentist.

The practice made provision for patients to arrange appointments by telephone or in person, and patients

received appointment reminders by telephone call. 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 opening hours are Monday, Wednesday and Thursday from 9.00am to 7.00pm. The practice closed at 5.30pm on a Tuesday and 1.30pm on a Friday. Appointments were available for people who receive private funded care on the first Saturday of every month between 8.30am and 12.30pm. The practice closed for lunch between 1pm – 2pm every day.

We saw patients could access treatment and care in a timely way. The practice opening hours, and the 'out of hours' appointment information, were displayed. Emergency appointments were available daily for patients. There was a weekend rota covered by other local dentists but the principal dentist covered their own emergency patients during the week.

Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses.

Staff told us they raised any patient comments or concerns with the practice manager immediately to ensure responses were made in a timely manner.

The practice had not received any complaints in the last twelve months.



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.

There was an effective management structure in place to ensure responsibilities of staff were clear. Staff told us they felt supported and were clear about their roles and responsibilities.

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

The overall leadership was provided by the principal dentist and the practice manager. The ethos of the practice was to provide the best service possible to patients. This was clearly apparent throughout our discussions with the staff team.

We saw the practice had regular full practice meetings. We saw recorded minutes of the meetings, with set agenda items such as significant events and noted that items discussed included clinical and non-clinical issues.

The provider operated an open door policy. Staff said they could speak to the provider if they had any concerns, and that the provider and all their colleagues were approachable and supportive.

Learning and improvement

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

Staff confirmed that learning from incidents, audits, and feedback was discussed at staff meetings to share learning to inform and improve future practice.

The practice had introduced clinical and non-clinical audits. These included infection prevention and control, X-ray quality and record keeping. The practice manager provided feedback to staff identifying where improvement actions may be needed. There was a full audit calendar in place to ensure audits were undertaken at regular intervals.

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

Staff told us information was shared and they could raise any concerns about the practice if they needed to.

A patients' survey was conducted by the practice in the last 12 months. 32 completed responses were received, 27 of these were very satisfied with the practice and the care they received. There was only one negative comment about the décor in the waiting room. The surveys comments had been reviewed and responded to.

The practice also displayed the family and friends NHS survey results for November 2016. There were 15 responses of which 12 patients (93%) were extremely likely to recommend the practice to others.