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# Midland Road Dental Surgery

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 5 November 2015 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 not providing well-led care in accordance with the relevant regulations.

Midland Road Dental Practice is a general dental practice in central Bedford offering NHS and private dental treatment to adults and children.

The premises consist of a reception area and waiting room on the ground floor and two treatment rooms on the first floor. There is also a separate decontamination room.

The staff team at the practice consists of a principal dentist (who is also the registered manager), an associate dentist, a dental nurse, a trainee dental nurse and three part time receptionists.

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.

Our key findings were:

- There were effective systems in place to reduce the risk and spread of infection. We found the treatment rooms and equipment were visibly clean.
- There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.

# Summary of findings

- The practice promoted good oral and general health. This included the promotion of local smoking cessation services.
- Staff demonstrated their knowledge of the practice's whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.
- At our visit we observed staff were kind, caring and welcoming which put patients at their ease.
- We received feedback from 50 patients. Common themes were patients felt they received excellent personalised service from a caring, efficient and friendly practice team.
- There was an effective system in place to act on feedback received from patients and staff.

## **We identified regulations that were not being met and the provider must:**

- Establish an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

- Maintain an accurate, complete and contemporaneous record in respect of each patient, including a record of the care and treatment provided to the patient and of decisions taken in relation to the care and treatment provided.
- Ensure audits of various aspects of the service, such as radiography and dental care records are undertaken at regular intervals to help improve the quality of the service. The audits must include documented learning points and the resulting actions taken to ensure that improvements are completed.

## **You can see full details of the regulations not being met at the end of this report.**

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

- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice protocols for monitoring the availability of emergency medicines.

# 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 for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. However, the practice had not undertaken a risk assessment for the safe management of sharps (needles and sharp instruments). We found the equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were safe for the provision of care and treatment.

### **Are services effective?**

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

The practice provided evidence based dental care which was focussed on the needs of the patients. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent 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.

Patients told us they had very positive experiences of dental care provided at the practice. Patients felt they were listened to, treated with respect and were involved with the discussion of their treatment options which included risks, benefits and costs. We observed the staff to be caring, friendly and professional.

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

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

The practice provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. The practice offered dedicated emergency appointments each day enabling effective and efficient treatment of patients with dental pain.

### **Are services well-led?**

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Staff told us the principal dentist was always approachable and the culture within the practice was open and transparent. Staff felt well supported and could raise any concerns with the provider. Staff told us they enjoyed working at the practice.

However, the practice did not have effective clinical governance and risk management structures in place. There were limited systems in place to assess, monitor and mitigate the risks to the health and safety of patients, staff and visitors. There were limited systems to assess, monitor and improve the quality of service provided. There was no system in place to ensure a complete and contemporaneous record in respect of each patient was always maintained.

# Midland Road Dental Surgery

## Detailed findings

### Background to this inspection

The inspection was carried out on 5 November 2015 by a CQC inspector and a dental specialist advisor. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, clinical patient records and other records relating to the management of the service. We spoke with the principal dentist, the associate dentist, two dental nurses and two receptionists. We received feedback from 50 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?

This informed our view of the care provided and the management of the practice.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

There was a system in place to learn from and make improvements following any accidents, incidents or significant event.

Staff understood the process for accident and incident reporting including the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence.

Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

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

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. Staff had completed safeguarding training and demonstrated to us their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

The practice had not undertaken a risk assessment giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. This meant they had not identified risks associated with needles and sharp instruments in order to minimise the risk of inoculation injuries to staff. We discussed this with the registered manager who resolved to address this and arrange further training for staff if required.

### Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. Oxygen and medicines for use in an emergency were available.

Staff members took turns (according to a rota) to complete regular checks to ensure the equipment and emergency medicine was safe to use. However, we had concerns the process may not be robust. For example, staff told us the process they followed was to check the expiry date of each medicine and inform the person responsible for stock control if a medicine was due to expire in the next month. We noted the 'Epipen' was due to expire at the end of November 2015 and no replacement had been ordered. We discussed this with the registered manager who resolved to address this. An Epipen is an auto-injector containing epinephrine (adrenaline) for use if a person suffers a severe allergic reaction.

Records showed staff regularly completed training in emergency resuscitation and basic life support including the use of the automatic external defibrillator (AED). 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 we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

### Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for three staff members. Each file contained evidence that satisfied the requirements of relevant legislation. This included evidence of qualifications and photographic evidence of the employee's identification and eligibility to work in the United Kingdom where required. The qualification, skills and experience of each employee had been fully considered as part of the interview process.

Appropriate checks had been made before staff commenced employment including evidence of professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out. The Disclosure and Barring Service carries out checks to 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.

### Monitoring health & safety and responding to risks

# Are services safe?

There were arrangements in place to deal with foreseeable emergencies. Fire safety signs were clearly displayed, fire extinguishers had been recently serviced and staff demonstrated to us how to respond in the event of a fire. There was a business continuity plan in place.

During our inspection we observed a large quantity of paper files stored on the floor in an unused room. We had concerns this could pose a fire hazard and discussed this with the registered manager. They told us the files belonged to another person who had left the practice and they were waiting for them to be collected. They agreed to address this by ensuring safe storage of the files in order to minimise the risk of fire.

The practice did not have a health and safety risk management process in place to assess, mitigate and monitor risks to patients, staff and visitors to the practice. There were no effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was no COSHH file and we found risks (to patients, staff and visitors) associated with substances hazardous to health had not been identified or actions taken to minimise them.

## Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated and rinsed prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused. We found daily, weekly and monthly tests were performed to check the steriliser was

working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

We looked at the treatment rooms where patients were examined and treated. The rooms and equipment appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella had been undertaken in December 2010. This process is to ensure the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Staff told us how they managed the dental unit water lines to minimise the risks associated with Legionella. Records we reviewed confirmed this. However, although staff told us they regularly monitored water temperatures there was no written documentation which reflected this. Therefore, we were unable to confirm which of the control measures recommended by the Legionella risk assessment were regularly undertaken.

There was a good supply of environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spreading.

## Equipment and medicines

# Are services safe?

There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the annual servicing certificates.

An effective system was in place for the prescribing, dispensing, use and stock control of the medicines used in clinical practice such as local anaesthetics. These medicines were stored safely for the protection of patients.

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

We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

The justification, findings and quality assurance of X-ray images taken were recorded in clinical patient records.

The practice had not carried out any X-ray audits which were not in line with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000. The practice did not have a system in place to assess and monitor the quality of X-rays taken in order to minimise the risk of further (and unnecessary) X-ray exposure to patients.



# Are services effective?

(for example, treatment is effective)

## Our findings

### **Monitoring and improving outcomes for people using best practice**

The dentists told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. We asked the dentists to show us some dental care records which reflected this; however, we noted some records were incomplete. For example, not all records showed an examination of a patient's soft tissues (including lips, tongue and palate) had been carried out or that the dentists had recorded details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (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). In addition they did not always record details of treatment options offered to or discussed with patients.

It was clear from our discussions with the dentists and dental nurses that these examinations, assessments and discussions were carried out. We discussed this with the dentists who acknowledged the need to improve record keeping and resolved to immediately address this.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

### **Health promotion & prevention**

The practice promoted the maintenance of good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients.

Information available at the practice promoted good oral and general health. This included the promotion of smoking cessation. The practice team had undergone training with the local smoking cessation service in order to communicate with patients how to access local stop smoking services.

The dentists and dental nurses we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice.

### **Staffing**

There was an induction programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council (GDC). This included areas such as responding to medical emergencies and infection control and prevention.

There was an appraisal system in place which was used to identify training and development needs. Staff told us they had found this to be a useful and worthwhile process and felt well supported by the principal dentist.

### **Working with other services**

Referrals when required were made to other dental specialists. The practice had a system in place for referring and recording patients for dental treatment and specialist procedures such as orthodontics, oral surgery and sedation.

The dentists we spoke with referred patients to other practices or specialists if the treatment required was not provided by the practice. Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. A referral letter was then prepared and sent to the practice with full details of the consultation and the type of treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring.

However, we found that copies of the referral letters were kept centrally and not within each patient's clinical records. There was no system in place to monitor referrals to ensure patients were seen in a timely manner.

### **Consent to care and treatment**

The practice ensured valid consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits and costs



# Are services effective?

(for example, treatment is effective)

were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients were given time to consider and make informed decisions about which option they wanted.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity

to make particular decisions for themselves. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when to make decisions in a patient's best interests.

# Are services caring?

## Our findings

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

The provider and staff explained how they ensured information about people using the service was kept confidential. Patients' dental care records were kept securely in locked cabinets. Staff members demonstrated their knowledge of data protection and how to maintain confidentiality. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms.

Patients told us they felt they received personalised care and treatment from friendly and caring staff in a calm and relaxing environment. On the day of our inspection, we observed staff being polite, friendly and welcoming to patients.

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

The dentists told us they used a number of different methods including tooth models, display charts, pictures, leaflets and computer animated software to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following examination of and discussion with each patient.

Staff told us the dentists took time to explain care and treatment to individual patients clearly and was always happy to answer any questions. Patients confirmed this and told us they felt listened to by staff who were attentive to their care and treatment needs

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Staff reported (and we saw from the appointment book) the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

Several patients told us the practice had been very caring and reassuring and when dealing with their anxiety relating to the anticipation of dental treatment. Two patients told us the practice had been especially supportive and responsive when providing care and support to their children.

The practice had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

### Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. A translation service was available for patients if they required it.

The premises were not accessible to people using wheelchairs. However, patients were given details of

alternative local practices they could access if they required treatment. The practice had considered their ageing population of patients and planned to convert a storage room on the ground floor into a treatment room to facilitate access for those with limited mobility.

### Access to the service

We asked the receptionists how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. We saw the website also included this information. Each day the practice was open, an emergency treatment hour was set aside for people with urgent dental needs. Staff told us patients requiring emergency care during practice opening hours were always seen the same day. We reviewed patient feedback which commented positively on the ease of accessing emergency dental care.

### Concerns & complaints

There was a complaints policy which provided staff with information about handling formal and informal complaints from patients. Information for patients about how to make a complaint was available in the practice waiting room.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist (as the registered manager) had responsibility for the day to day running of the practice and was supported by the practice team. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns.

We found there were limited systems in place to identify and manage clinical and environmental risks related to the care and treatment provided to patients. For example, the practice had not assessed, monitored or mitigated the risks associated with needles and sharp instruments or the Control of Substances Hazardous to Health (COSHH).

### Leadership, openness and transparency

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the principal dentist without fear of discrimination.

### Management lead through learning and improvement

The practice had carried out an audit in October 2015 on infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. This indicated the facilities and management of decontamination and infection control were managed well. We were shown other audits of infection control, however; these were not dated. Therefore, we were unable to confirm whether or not the practice carried out regular six monthly infection control audits in line with guidance.

The practice did not regularly assess and monitor the quality of service provided in order to learn and improve. For example, There was no system in place to assess and monitor the quality of X-rays taken in order to minimise the risk of further (and unnecessary) X-ray exposure to patients.

In addition, the practice did not have an effective system in place to maintain an accurate, complete and contemporaneous record in respect of each patient; and there was no process in place to monitor referrals made to other services to ensure patients were seen in a timely manner. The provider acknowledged during the inspection this would be useful and resolved to undertake regular audit processes in future to identify where improvements may be needed.

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

There was a system in place to act upon suggestions received from patients using the service. The practice had recently introduced (April 2015) the NHS required Friends and Family Test (FFT). This provided patients with an opportunity to give feedback on the care and treatment received. A summary of patient feedback was displayed in the waiting room for patients to view. This indicated that patients were very satisfied with the care and treatment they had received.

The practice held staff meetings every six months. Staff members told us they found these were a useful opportunity to share ideas and experiences which were listened to and acted upon. For example, a staff member had suggested the introduction of a communications book at reception to facilitate more effective communication between the part time receptionists. We observed this had been done and staff told us it was very useful.

However, although staff were able to talk to each other informally on a daily basis they told us they would prefer to hold meetings more regularly to ensure robust communication in the practice. This need had also been identified at a previous meeting in April 2015 although this had not yet been actioned.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p><b>The practice did not have effective systems in place to;</b></p> <ul style="list-style-type: none"><li>• Assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.</li><li>• Maintain an accurate, complete and contemporaneous record in respect of each patient, including a record of the care and treatment provided to the patient and of decisions taken in relation to the care and treatment provided.</li><li>• Ensure audits of various aspects of the service, such as radiography and dental care records are undertaken at regular intervals to help improve the quality of service. Practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.</li></ul> <p>Regulation 17 (1)(2)(a)(b)(c)(f)</p>