

## Kirkgate Dental Practice

# Kirkgate Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 5 October 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**

This practice provides NHS and private treatment to patients of all ages in the Thirsk area and beyond.

The dental practice is based in a listed building in the centre of Thirsk. The building has four treatment rooms on the ground and first floors. There is also a waiting/reception area, a decontamination room and toilet facilities. The practice have a portable ramp to the front door to accommodate patients with restricted mobility. Level access is then provided throughout the ground floor. There is off street parking adjacent to the practice and a public car park nearby.

The practice has a two (partner) dentists and one associate dentist, three hygienists, two dental nurses, two trainee dental nurses and reception staff.

The practice is open Monday-Thursday 8.00am-7:30pm and Friday 8:30am-5pm.

One of the partner dentists is the registered manager with the Care Quality Commission (CQC). 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.

Before the inspection we sent CQC comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 18

# Summary of findings

patients who were positive about the care and treatment received at the practice. They told us staff were respectful and caring, they were involved in their treatment and appointments were accessible.

## **Our key findings were:**

- The premises were visibly clean and well maintained.
- An infection prevention and control policy was in place and sterilisation procedures followed recommended guidance.
- There were sufficient numbers of suitably qualified and trained staff to meet the needs of patients.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- All staff were welcoming and friendly.
- We observed that patients were treated with kindness and respect by staff.
- Patients were able to make routine and emergency appointments when needed.
- There were systems to monitor and continually improve the quality of the service; including a programme of clinical and non-clinical audits.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions.

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

- Review the emergency equipment including the provision of adrenalin, paediatric masks and defibrillator pads.
- Review X-ray grading to ensure only staff who are appropriately trained review the quality of the X-rays.
- Review the frequency of practice meetings and the recording of minutes to ensure that staff have regular access to meetings and those staff unable to attend can have access to information.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

The practice had effective systems in place to assess and manage risks to patients. These included maintaining the required standards of infection prevention and control.

Staff were trained to deal with medical emergencies.

Emergency equipment was in place but some emergency equipment needed review, which the provider took immediate action to replace.

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

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.

X-ray equipment was safe and regularly maintained, however we noted that the x-rays were not always quality audited by staff that had completed the appropriate training. The practice manager assured us that this would be rectified.

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

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. 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 guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals. Patients' dental care records included information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment promptly.

The practice focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

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).

No action



# Summary of findings

## Are services caring?

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

We received feedback from 18 CQC comment cards about the care and treatment they received at the practice. Patients were positive about the care they received from the practice. Comments confirmed that staff were friendly, helpful and made them feel at ease.

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.

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

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 well managed.

Staff training was up to date and appraisals were in place.

Staff felt well supported and found the practice manager approachable, however practice meetings were not held consistently and minutes were not recorded. We also noted appraisals were not in place for all staff.

The practice had systems in place to monitor area such as; infection prevention and control, safeguarding and complaints.

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



# Kirkgate Dental Practice

## 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 5 October 2016 and was led by a CQC inspector accompanied by a specialist dental advisor.

The practice sent us their statement of purpose, and details of staff working at the practice. During our inspection visit, we reviewed policy documents and staff records. We spoke with four members of staff, including the registered provider/ principal dentist. We toured the practice and reviewed emergency medicines and equipment.

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

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

The practice had up to date safeguarding policies and guidance for staff to refer to including the contact details for the relevant safeguarding professionals. All of the staff were aware of their responsibility to safeguard people from abuse. All staff were trained to the appropriate level in safeguarding patients.

The practice followed national guidelines on patient safety. For example the dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth 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 rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

### Medical emergencies

The practice had clear 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. This included a wide range of airways and face masks for both adults and children. The practice had an emergency bag which had emergency drugs and equipment needed to meet the needs of each potential emergency. We noted that some of the equipment needed was omitted or needed replacement. This included the provision of paediatric masks, defibrillator pads and emergency adrenalin. The provider made arrangements during the inspection to obtain these items.

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

We saw weekly records of checks for emergency equipment and emergency medicines were in place. 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.

### Staff recruitment

The practice had a comprehensive policy and set of procedures in place for the safe recruitment of staff. They included seeking references, proof of identity, immunisation status and checking qualifications and professional registration. The practice manager confirmed it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Records confirmed these checks were in place.

We looked at the recruitment files of the two newest members of staff and found they contained appropriate documentation. There was an induction programme for all new staff to ensure they were knowledgeable about practice policies and procedure such as health and safety requirements, practice risk assessments and patient confidentiality.

We saw the dentists and the dental hygienist were covered by personal indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice) The principal dentist had indemnity cover for all other clinical members of staff.

Professional registration with the General Dental Council (GDC) was checked annually. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

### 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, sharps disposal, emergency medicines and equipment.

The practice carried out a number of risk assessments these included fire safety, health and safety and water quality risk assessments. They also displayed a Control of

# Are services safe?

Substances Hazardous to Health (COSHH) poster giving staff easy access to COSHH information. This 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 and requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

The practice had a business continuity plan which described situations which might interfere with the day to day running of the practice.

## Infection control

We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures. All were in accordance with the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health which details the recommended procedures for sterilising and packaging instruments.

The practice manager was the infection control lead 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 infection prevention control audit completed in 2016, which had risk assessed the dental practice and scored 100%.

We looked around the premises during the inspection and found the treatment rooms and the decontamination rooms were visibly clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection prevention and control.

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. A cleaning company was employed daily to clean the public areas of the building.

The practice had systems in place for quality testing the decontamination equipment. The decontamination room

had three autoclaves and a washer disinfectant (equipment that cleans and sterilises dental instruments and devices). There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

We saw all sharps bins were being used correctly and located appropriately.

A Legionella report had been completed by an external company in 2016 and the practice had conducted their own Legionella risk assessment. The practice met the Legionella safety guidelines and completed regular water temperature checks. (Legionella is a germ found in the environment which can contaminate water systems in buildings). The practice had taken appropriate action to ensure the safety of the staff and patients.

## 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 autoclaves (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. Fire alarms and emergency lighting were tested regularly and staff fire drills had taken place.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. The practice held a small stock of antibiotics. These were stored securely and logs were in place to ensure stock control.

## Radiography (X-rays)

The practice had a Radiation Protection Adviser (RPA) and Radiation Protection Supervisor (RPS). X-ray equipment was located in all treatment rooms. 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

## Are services safe?

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. However we noted that the x-rays were not always quality audited by staff who had completed the appropriate training. The practice manager assured us that this would be rectified.

We saw all relevant staff were up to date with their continuing professional development (CPD) training in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found the dental professionals were following guidance and procedures for delivering dental care.

### Monitoring and improving outcomes for patients

A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals 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.

The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental decay, gum disease or oral cancer. This was documented and also discussed with the patient.

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

We received feedback from patients during the visit and via CQC comment cards; we also reviewed patient surveys the practice had undertaken. Comments received reflected that patients were satisfied with the staff explanations and the quality of the dentistry and outcomes. The practice also implemented the NHS family and friends' surveys, the latest results showed 99% of patients would recommend the practice to others. These results were displayed in the waiting area.

### Health promotion & prevention

Dentists were working in accordance with guidance issued in the Public Health England June 2014 publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. 'Delivering better oral health' is an evidence based toolkit to support dental teams in improving their patient's oral and general health.

Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable

The waiting area contained a variety of health promotion leaflets and posters that explained effective dental hygiene and how to reduce the risk of poor dental health. The medical history form patients completed included questions about smoking and alcohol consumption.

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

### Staffing

We saw that new staff had completed a period of induction and training which covered areas such as cardiopulmonary resuscitation and infection prevention and control.

Staff told us they 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.

The dentists completed detailed pro formas or referral letters to ensure the specialist service had all the relevant information required. Referrals made were recorded and monitored to ensure patients received the care and treatment they required in a timely manner. The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks. Referral audits were also carried out to ensure referral processes were of suitable standards. The practice kept a log of all referrals which had been sent.

### Consent to care and treatment

Staff confirmed they ensured patients had sufficient information and the mental capacity to give informed

# Are services effective?

(for example, treatment is effective)

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 had completed training and 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.

# Are services caring?

## Our findings

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

We looked at CQC comment cards patients had completed prior to the inspection. Patients were positive about the care they received from the practice. Feedback commented on how professional and attentive staff were at the practice.

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. Patients' dental care records were stored electronically. Computers were password protected and backed up to secure storage daily.

Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were being seen.

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

### **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. Posters showing NHS and private treatment costs were displayed in the waiting area. 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.

The patient feedback we received confirmed that patients felt involved in the planning of their treatment and fully informed.

# 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 discussed the appointments and found capacity for urgent or emergency appointments. Patients confirmed that emergency appointments were available. We noted that the practice scheduled longer appointments where required if a patient needed more support.

### 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 provided extended and flexible appointment time to patients who were vulnerable and in need of extra care and support.

### Access to the service

The practice is open Monday-Thursday 8am-7:30pm and Friday 8:30am-5pm.

The practice displayed its opening hours on a display board outside the premises, in the practice information leaflet and website.

Patients' feedback confirmed that they were happy with the availability of appointments.

### 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 received two complaints in the last twelve months. We saw records that showed the complaints had been effectively managed and also shared where appropriate with the whole practice to enable staff learning.

# 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. Staff told us that 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**

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 requirements. Duty of Candour is a legal duty to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.

We saw the dentists and practice manager had informal weekly meetings as did the dental nurses. However meeting minutes were not recorded. Practice meetings were not held regularly. We discussed this with the practice manager who agreed that more frequent formal meetings should be in place to ensure effective learning to provide

an opportunity to openly share information and discuss any concerns or issues. We also discussed the importance of taking minutes at meetings to ensure action was followed through and to provide access to information for staff that were unable to attend.

### **Learning and improvement**

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

The practice had introduced clinical and non-clinical audits. These included infection prevention and control, X-ray quality, oral cancer and record keeping. The practice manager provided feedback to staff identifying where improvement actions may be needed.

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

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

A comments and compliments box was available in the waiting area and the practice had undertaken an independent patients' survey. Additional surveys had been undertaken to review customer satisfaction alongside the NHS survey family and friends. The surveys had been reviewed and results displayed.