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# Hylton Castle Dental Care

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 8 October 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 providing well-led care in accordance with the relevant regulations.

#### **Background**

The practice provides primary care dental services under the NHS to patient in Sunderland.

The practice is open for making appointments: Monday to Friday 9am to 5pm.

There a dentist, five dental nurses and a hygienist/ practice manager.

The registered provider, the dentist is the owner of the practice. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We also received four Care Quality Commission comment cards. All the comments were positive about the staff and the services provided.

#### **Our key findings were:**

- There was an effective complaints system.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.

# Summary of findings

- Patients were treated with dignity and respect and confidentiality was maintained.
- Patients could access routine treatment and urgent care when required.
- The practice was well-led and staff felt involved and supported and worked well as a team.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services they provided.

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

- The registered provider should consider using rubber dams in accordance with guidance issued by the British Endodontic Society.
- Ensure that they follow the guidance issued by the Faculty of General Dental Practice including taking X-rays in accordance with the frequency periods they advise.
- Ensure that legionella risk assessments are undertaken in accordance with recommended frequencies.
- Ensure that there is a lone working policy in place.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

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

The practice had effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, management of medical emergencies and dental radiography.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and how to report them. Staff had also received training in infection control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments.

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 by new staff.

We reviewed the legionella risk assessment which was dated May 2010. We saw that an action plan was put in place and followed to address the concerns that had been identified by the assessment.

### **Are services effective?**

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

Consultations were carried out in line with good practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval, for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors noted.

On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was used to plan patient care and treatment. Patients were offered options of treatments available and were advised of the associated risks and benefits. Patients were provided with a written treatment plan which detailed those treatments considered and agreed, as well as the fees involved.

Patients were referred to other specialist services where appropriate in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD) activities.

### **Are services caring?**

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the surgery or in a private room.

Comments on the four completed CQC comment cards we received included, staff listened and attended to patients needs and staff treated patients with great respect and consideration.

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

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing a dental emergency which enabled them to receive treatment quickly.

# Summary of findings

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

The practice had a complaints process which was available to any patients who wished to make a complaint.

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

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

Staff were supported through training and offered opportunities for development.

Staff reported that the registered provider and practice manager were approachable and felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection control, X-rays, clinical examinations and patients' records.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

# Hylton Castle Dental Care

## Detailed findings

### Background to this inspection

The inspection was carried out on 8 October 2015 and was led by a CQC inspector. The team also included a dentist specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the dentist, two dental nurses and the hygienist/practice manager. We reviewed policies, procedures, and other records relating to the management of the service. We reviewed four completed Care Quality Commission comment cards.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and were encouraged to raise safety issues and bring them to the attention of colleagues and the registered provider. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice manager told us that any accident or incidents would be discussed at practice meetings or whenever they arose. We saw that the practice maintained an accident book which had one entry made within the last 12 months.

The practice had a policy and processes to deal with complaints. The policy set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The registered provider received alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Alerts were disseminated to relevant staff to action and copies of the alert were stored for future reference.

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

We reviewed the practice's safeguarding policy and the procedures in place for child protection and safeguarding vulnerable adults using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The dentist was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice. We saw that all staff had received safeguarding training in vulnerable adults and children in 2015. All staff were trained to level two in respect of safeguarding children. Staff could easily access the safeguarding policy. The staff we spoke with

demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The registered provider told us that they did not routinely use a rubber dam when providing root canal treatment to patients. This was not in accordance with the guidance issued by the British Endodontic Society. A rubber dam is a small rectangular sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient. We discussed this with the registered provider and they assured us that they would consider using rubber dams in the future.

We reviewed four patients' records. They were accurate and complete. The practice recorded that medical histories had been up to date prior to treatment; soft tissue examinations, diagnosis and consent in addition to other information.

The practice had a whistleblowing policy which staff were aware of. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations.

The registered provider and practice manager told us they had processes in place such as sufficient numbers of staff to reduce the likelihood of lone working. Staff told us that on occasions they had worked alone at the practice. The practice did not have a lone working policy. Following our discussions the practice manager stated that they would review their processes and develop a lone working policy.

### **Medical emergencies**

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support in the last 12 months. This included the use of an Automated External Defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept. We saw that the practice kept logs which indicated that the emergency equipment, emergency oxygen and AED were checked daily. Emergency medicines were also checked

# Are services safe?

monthly. We discussed this with the practice manager and they assured us that the checks would now be undertaken on a weekly basis in accordance with the current guidelines. This process helped ensure that the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found that they were of the recommended type and were in date.

## **Staff recruitment**

The practice had a recruitment policy. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed two personnel files which confirmed that the processes had been followed. The policy also included an induction programme for new staff to follow.

We saw that all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We saw that all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). The dentist had their own cover and the nurses were covered by the registered provider's personal indemnity policy. In addition, there was employer's liability insurance which covered employees working at the practice which was due to expire in May 2016.

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

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. The practice manager explained to us the process they followed to ensure that their COSHH records were up-to-date.

## **Infection control**

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' areas. There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination of dental instruments. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed to guide staff. Staff told us that they wore appropriate personal protective equipment when working in the decontamination room and when treating patients and this included disposable heavy duty gloves, aprons and protective eye wear.

We found that instruments were cleaned and sterilised in line with published guidance (HTM01-05). The dental nurse we spoke with spoke knowledgeably about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety instruments were transported between the surgery and the decontamination room in lidded boxes.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

All staff were aware of the designated 'clean and 'dirty' areas within the surgery. These zones were clearly identified to avoid the likelihood of confusion or errors.

We saw that the practice achieved 98% in an infection control audit that the practice had completed in October 2015.

We saw from staff records that all staff had received infection control training in January 2015.

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet. We saw that the sharps bin was being used correctly and was

# Are services safe?

located appropriately in the surgery. Clinical waste was stored securely for collection. The practice had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed that all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We reviewed the legionella risk assessment report dated May 2010. Legionella is a term for particular bacteria which can contaminate water systems in buildings. We saw that an action plan was put in place and followed to address the concerns that had been identified by the assessment and action had been taken to address the issue. We discussed the frequency of legionella risk assessments. The registered provider told us that they were in the process of refurbishing the practice however they would ensure a legionella risk assessment is undertaken within the next three months. Staff told us that they flushed the waterlines at the start of each session and between patients. These and other measures help reduce the risk of legionella contamination.

## Equipment and medicines

Staff and the registered provider told us that Portable Appliance Testing (PAT) was undertaken annually. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. We saw that the last PAT test had taken place in January 2015. The practice displayed fire exit signage. We saw that the fire extinguishers had been checked annually to ensure that they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Anaesthetics were stored appropriately. Other than emergency medicines no other medicines were kept at the practice.

## Radiography (X-rays)

The X-ray equipment was located in the surgery. X-rays were carried out safely and in line with the local rules relevant to the practice and the type and model of equipment being used. However, the frequency of taking X-rays was not in accordance with the guidance issued by the faculty of general dental practice. We discussed this with the registered provider. They told us that they had discussed this issue at a training course the day before the inspection and now intended to comply with the guidance.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine needed to be operated safely. The local rules were displayed in the surgery. The file also contained the name and contact details of the Radiation Protection Advisor. We saw that the dentists were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machine had been risk assessed in 2013. We saw the results of a quality audit of the X-rays undertaken in May 2015. The requirements were: grade 1 no less than 70%, grade 2 no more than 20%, grade 3 no more than 10%. The results reviewed were good. The audit had indicated that 95% of the X-rays were graded 1.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medicines and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information on the patient's dental records for future reference. In addition, a dentist told us that they discussed patients' life style and behaviour such as smoking and drinking and where appropriate offered them health promotion advice. This was recorded in the patient's records. We saw from the four dental records we reviewed, that at all subsequent appointments, patients were asked to review their medical history form to ensure that it was up-to-date. This ensured the dentist was aware of the patient's present medical condition before offering or undertaking any treatment. The records showed that routine dental examinations included checks for gum disease and oral cancer had taken place.

The registered provider told us that they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. We saw from the dental records that these discussions took place and the options chosen and fees were also recorded.

Staff told us and the records we reviewed confirmed that patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

Patients requiring specialist treatments that were not available at the practice such as conscious sedation or orthodontics were referred to other dental specialists. Their oral health was then monitored at the practice after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

### Health promotion & prevention

The patient reception/waiting area contained a range of information that explained the services offered at the practice and the NHS fees for treatment. Staff told us that they offered patients information about effective dental hygiene and oral care in the surgeries.

The practice manager advised us that they offered patients oral health advice and provided treatment in accordance with the Department of Health's guidance the 'Delivering Better Oral Health' toolkit. This included fluoride treatment where indicated as this is a recognised form of preventative measures to help protect patients' teeth from decay.

The practice manager told us that they had recently delivered an oral health education session to children at a local school and had plans to deliver further sessions.

### Staffing

We saw that all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

Staff training was being monitored and recorded by the practice manager. Records we reviewed showed that all staff had received training in basic life support, infection control and safeguarding children and vulnerable adults.

Staff we spoke with told us that they had staff annual appraisals and told us that they were useful in the development of their personal development and training plans for the following year.

Staff told us that they covered for each other when colleagues are absent for example, because of sickness or holidays.

### Working with other services

The registered provider explained that they would refer patients to other dental specialists when necessary. For example, they would refer patients for orthodontic treatment and minor oral surgery when required. The referrals were based on the patients' clinical need. In addition, the practice followed the urgent two week target pathway referral process to refer patient for screening for cancer. The practice had individual protocols for each type of referral and standardised forms to help in the referral process.

### Consent to care and treatment

Staff we spoke with demonstrated an awareness of the MCA 2005 and its relevance to their role. The MCA 2005 provides the legal framework for acting and making decisions on behalf of adults who lack the capacity to

# Are services effective?

(for example, treatment is effective)

make decisions. A registered provider demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA 2005.

Staff ensured patients gave their consent before treatment began. A registered provider informed us that verbal consent was always sought prior to any treatment. In

addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

# Are services caring?

## Our findings

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the surgery or in a private room.

Staff we spoke with understood the need to maintain patients' confidentiality. The registered provider was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient records, both paper and electronic were held securely.

Comments on the four completed CQC comment cards were complimentary about the practice and included comments such as the dentist was very caring and they would recommend the practice to family and friends and great staff.

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

When treating children the dentist told us that to gain their trust and consent they explained the reasons for the treatment. They used diagrams and pictures to explain the treatment being offered. They also told us that they would talk to children in a child friendly way to put them at ease. For patients with disabilities or in need of extra support, staff told us that they would be given as much time as was needed to provide the treatment required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Information displayed in the reception/waiting area described the range of services offered to patients and opening times. Information was also displayed explaining the practice's complaints procedure.

The practice was open for making appointments: Monday to Friday 9am to 5pm.

The surgery times were:

Monday 9am to 1pm

Wednesday 2pm to 5pm

Friday 2pm to 5pm

For patients in need of urgent dental care during normal working hours the practice offered same day appointments for example those patients in pain.

### Tackling inequity and promoting equality

The surgery was located on the first floor of the building accessible via steep flight of stairs. The registered provider was aware that this was not ideal for some patients with mobility problems. Patients were made aware of this limitation in the practice leaflet. The registered provider explained that the premises were rented and there was no scope for improving access. We saw that staff had received

equality and diversity training 2015. Staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

The practice had access to translation services when required for those patients whose second language was English. They also had access to a sign language and lip reading services.

### Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. For patients in need of urgent care out of the practice's normal working hours they were directed by answerphone message to the NHS 111 service who would then direct them to an out of hours dental service for treatment.

### Concerns & complaints

The practice had a complaints policy and procedure. The practice displayed information in the reception/waiting area on how to complain. The staff we spoke with were aware of the complaints process and told us they would refer all complaints to the practice manager to deal with.

We saw that the practice had received no complaints in the last 12 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. For example, there was a recruitment policy, safety policy and an infection control policy. The practice manager explained that they reviewed their policies and procedures annually. This ensured that they were up-to-date. Staff we spoke with were aware of their roles and responsibilities within the practice.

### **Leadership, openness and transparency**

There was an open culture at the practice which encouraged candour and honesty. Staff told us that it was a good practice and they felt able to raise any concerns with each other, the practice manager and the registered provider. They were confident that any issues would be appropriately addressed.

The practice manager and registered provider were aware of their responsibility to comply with the duty of candour and told us that they address any concerns or issues immediately should they arise.

The registered provider and the practice manager told us that their staff worked well as a team and they had confidence in their abilities. Staff told us that the practice was an open and friendly practice with a team of colleagues who worked well together and said that they liked working at the practice.

### **Learning and improvement**

The practice maintained records of staff training which showed that all staff were up to date with their training. We saw that staff had personal development plans. They showed that training was accessed through a variety of sources including formal courses and informal in house training. Staff we spoke with stated they were given sufficient training to undertake their roles and given the opportunity for additional training.

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

The registered provider explained that the practice had a good longstanding relationship with its patients. The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that patients who use NHS services should have the opportunity to provide feedback on their experience. The results for September 2015 were good. Of the 17 respondents, 16 stated that it was extremely likely that they would recommend the practice to family and friends and one stated that they were likely to do so. All the CQC comment cards were complimentary about the services.

We saw that the practice held regular staff meetings which were minuted and gave everybody an opportunity to openly discuss and share any concerns or issues which had not already been addressed during their daily interactions.