

## Precision Dental Clinic

# Precision Dental Clinic

## Inspection Report

284 Adswood Road  
Stockport  
Cheshire  
SK3 8PN

Tel: 0161 419928

Website: [www.precisiondentalclinic.co.uk](http://www.precisiondentalclinic.co.uk)

Date of inspection visit: 12 March 2019

Date of publication: 24/05/2019

### Overall summary

We carried out this announced inspection on 12 March 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

#### **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**

Precision Dental Clinic is in Stockport and provides NHS and private treatment to adults and children.

The practice has a portable ramp to facilitate access to the practice for wheelchair users. Car parking spaces are available near the practice.

The dental team includes two dentists, one dental nurse, one receptionist and a practice manager. The practice has one treatment room.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager.

# Summary of findings

Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Precision Dental Clinic is one of the principal dentists.

On the day of inspection, we collected nine CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, the dental nurse, the receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 9am to 5pm

## **Our key findings were:**

- The practice appeared clean and well maintained.
- Infection control procedures did not reflect published guidance in all areas.
- Staff had completed training in how to deal with medical emergencies. Not all medical emergency equipment was in date.
- The practice had some systems to help them manage risk to patients and staff.
- Staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.

- Staff felt involved and supported and worked well as a team.
- The provider asked patients for feedback about the services they provided.
- The provider had suitable information governance arrangements.

There were areas where the provider could make improvements. They should:

- Review the practice's Legionella risk assessment and implement any recommended actions, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular ensuring water temperatures reach the recommended limit.
- Review the process to ensure all medical emergency equipment is in date taking into account the guidelines issued by the resuscitation council and the General Dental Council, in particular Paediatric AED pads and needles to administer adrenaline.
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice. In particular, immunisation status or an adequate risk assessment.
- Review the practice's protocols to ensure audits of infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

# 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.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles.

Premises and equipment were clean and properly maintained. Improvements could be made to the process for decontaminating used instruments.

Staff had completed training in how to deal with medical and other emergencies. On the day of inspection some medical emergency equipment had passed their expiry date.

We noted there was some out of date local anaesthetic in the surgery. Action was taken to address this immediately..

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as fantastic, safe and good. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

No action



### Are services caring?

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

We received feedback about the practice from nine people. Patients were positive about all aspects of the service the practice provided. They told us staff were excellent, knowledgeable and welcoming.

They said that everything was fully explained and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

Patients said staff treated them with dignity and respect.

No action



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

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

No action



# Summary of findings

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to interpreter services.

The practice took patients views seriously. There was a complaint procedure displayed in the waiting room. There were no external contact details on this policy.

## Are services well-led?

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

Systems and processes were not working effectively to ensure compliance with the relevant regulations. For example:

- The system for checking the expiry dates of medical emergency equipment was not working effectively..
- The system ensure Hepatitis B effectiveness for staff members was not effective.
- The process for ensuring out of date local anaesthetic is identified and disposed of was not effective.

The practice team kept complete patient dental care records which were typed and stored securely.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff. We noted that there was no date on the most recent infection prevention and control audit. There was also no action plan and it failed to identify the issues which we identified on the day of inspection.

No action



# Are services safe?

## Our findings

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect. On the day of inspection, we asked staff if there was a safeguarding policy. They were unable to locate it. We asked if there were any contact details of the local safeguarding team. We were shown a poster in the staff room which had details of the local children's safeguarding team. There were no details of the contact details for the adult safeguarding team. We were later sent evidence of a safeguarding policy which included details for both children and vulnerable adults. There were contact details within this for both children and vulnerable adults.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was documented in the dental care record and a risk assessment completed.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy to help them employ suitable staff. This reflected the relevant legislation. We

looked at three staff recruitment records and found some information was not available on the day of the inspection, this was sent to the inspector after the inspection by the provider.

We noted that the dentists were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice was currently undergoing refurbishment which involved some re-wiring work. We saw on the fuse box that the electrical installation had last been inspected in November 2014 and the next recommended inspection was in November 2017. We were told that as re-wiring work had been done the installation had been checked as part of this and they were awaiting confirmation. We saw evidence the boiler had been serviced.

Records showed that fire detection equipment, such as the fire alarm was regularly tested.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

### **Risks to patients**

The practice's health and safety policies and procedures were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. When we checked staff folders we noted that there was no evidence of the immunity to the Hepatitis B virus for one member of clinical staff and no risk assessment in place to mitigate the risk.

# Are services safe?

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

During the inspection we checked the medical emergency medicines and equipment. We noted the needles used to administer adrenaline and the paediatric defibrillator pads had passed their expiry date. Staff were unaware of where some emergency items were stored on the day of inspection and evidence was later seen to show all items were available but not stored with the medical emergency equipment. We brought this to the attention of the provider to ensure all staff were aware of the location of all medical emergency equipment.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

The practice held information about substances which are hazardous to health. We were shown material safety data sheets for these substances.

The practice had an infection prevention and control policy and procedures. These reflected guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had arrangements for transporting, sterilising and storing instruments but not all processes were in line with HTM 01-05. We asked staff to describe the process for manually decontaminating instruments prior to sterilisation. Instruments were soaked in a solution which was not temperature monitored. We asked if these instruments were scrubbed to remove debris. We were told they were not. This is not in line with guidance laid out in HTM 01-05.

Records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We asked to see evidence of water temperature testing. We saw that these

temperatures were all below 55 degrees centigrade. The risk assessment had identified that hot water temperatures should exceed this temperature and no action had been taken to address this.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We asked to see evidence of an infection prevention and control audit. We were shown one which had not been dated. This audit did not have an action plan and had not highlighted the issues which we identified with regards to the decontamination of used instruments.

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

## **Safe and appropriate use of medicines**

During the inspection we noted some out of date local anaesthetic in the surgery. These had expired in December 2017 and December 2018. The out of date local anaesthetic was immediately removed from the surgery.

The practice stored and kept records of NHS prescriptions as described in current guidance.

The dentist was aware of current guidance with regards to prescribing medicines.

## **Track record on safety and Lessons learned and improvements**

## Are services safe?

In the previous 12 months there had been no significant events or incidents recorded. We discussed with staff what could constitute a significant event. For example, the fire risk assessment which was carried out on 4 March 2019 had identified that the fire extinguishers had not been subject to their annual service. In addition, a routine test for the

X-ray machine had last been carried out in March 2015. This had been identified in the week prior to the inspection and had been addressed. Neither of these had been recorded as significant events.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the principal dentists who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

### **Helping patients to live healthier lives**

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

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

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### **Monitoring care and treatment**

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the dentists recorded the necessary information.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

### **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.



# Are services effective?

(for example, treatment is effective)

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were excellent, knowledgeable and welcoming. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

### **Privacy and dignity**

The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. We were told that no confidential details would be discussed at the reception desk. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given:

- Interpretation services were available for patients who did not use English as a first language.
- Staff communicated with patients in a way that they could understand.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models and X-ray images which were shown to the patient to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had made reasonable adjustments for patients with disabilities. These included a portable ramp to assist wheelchair users to access the practice and an accessible toilet with hand rails and a call bell.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Patients were sent text message reminders about upcoming appointments. Patients who had longer appointments were also given a courtesy call the day before their appointment.

### Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent

appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Patients requiring emergency dental services outside normal working hours were signposted to the NHS 111 out of hour's service.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. We noted the complaints procedure in the waiting room did not have details of external organisations on if should patients wish not to complain directly to the practice. We were later advised that it had been updated to ensure the contact details of the relevant organisations were available.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. The practice manager aimed to settle complaints in-house.

No complaints had been received in the past 12 months.

# Are services well-led?

## Our findings

### Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### Governance and management

The principal dentists had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

Systems and processes to support an effective clinical governance system and to ensure compliance with the regulations were not always working effectively. For example:

- The system to ensure medical emergency equipment was in date was not effective.
- The system to ensure local anaesthetic does not pass its expiry date was not effective.
- Legionella temperature monitoring was not effective to ensure if the hot water did not reach 55 degrees centigrade or above this was reported.
- The system and processes to support the recruitment process failed to ensure Hepatitis B titre levels were in place or supporting risk assessments and up to date registration with the GDC for one clinical member of staff.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

### Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys to obtain patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

### Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. We noted the infection prevention and control audit had not been dated so we could not identify when it had been completed. In addition, it had not identified the issues we found on the day of inspection with regards to the decontamination process.

The principal dentists showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.