

Daniel & Joanne Oliver

# Duke Street Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 31 January 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

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

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

#### **Background**

Established in 2013, Duke Street Dental Practice is situated in Darlington, County Durham and provides predominantly NHS treatment to all patients. There are

four treatment rooms, a dedicated decontamination room for sterilising dental instruments, a combined reception and waiting area, and a staff room. Car parking is available on the side-streets near the practice and a pay and display car park is adjacent to the practice. Access for wheelchair users or pushchairs is possible via a portable ramp and a ground floor treatment room can be used for those who require it.

The practice is open:

Monday, Wednesday, Thursday and Friday 0815:1700

Tuesday 0815:1800

The dental team is comprised of the two principal dentists, one of whom is the registered manager, an associate dentist, two dental therapists, seven dental nurses and one receptionist.

One of principal dentists is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

We reviewed 37 CQC comment cards on the day of our visit; patients were very positive about the staff and standard of care provided by the practice. Patients commented they found staff to be very caring and felt they were treated in a clean and tidy environment.

# Summary of findings

## Our key findings were:

- The practice was well organised, visibly clean and free from clutter.
- Staff were very friendly, caring and enthusiastic.
- An Infection prevention and control policy was in place and sterilisation procedures followed recommended guidance.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Dental professionals were maintaining their continued professional development (CPD) in accordance with their professional registration.
- Complaints were dealt with in an efficient and positive manner.
- Staff received annual medical emergency training.
- Equipment for dealing with medical emergencies reflected guidance from the resuscitation council.
- The practice had systems for recording incidents and accidents.
- Practice meetings were used for shared learning.
- Patient feedback was regularly sought and reflected upon.
- Patients could access urgent care when required.
- Staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
- The principal dentist received safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and distributed these amongst all staff within the practice.
- Each member of staff was involved in the running of the practice and designated lead of a specific activity. Staff satisfaction appeared conducive to the overall positive atmosphere.
- The practice was involved in promoting oral health at various schools and/or scouting groups. A 'sugar-display' board was placed in the waiting area; this was regularly updated to show the quantity of sugar in various food products.

# 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.

Infection prevention and control procedures followed recommended guidance.

Equipment for decontamination procedures, radiography and general dental procedures was tested and checked.

Medicines were stored appropriately, both for medical emergencies and for regular use in accordance with recommended guidelines.

Staff we spoke with were knowledgeable about safeguarding systems for adults and children.

The practice had processes for recording and reporting any accidents and incidents.

The registered provider received safety alerts and these were distributed amongst all staff within the practice.

Risk assessments (a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) were in place for the practice.

No action



### Are services effective?

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

Dental professionals referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent and made referrals to other services in an appropriate and recognised manner.

Staff registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD).

No action



### Are services caring?

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

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

We observed patients being treated with respect during our inspection and privacy and confidentiality were maintained for patients using the service.

Dental care records were kept securely in locked cabinets and computers were password protected.

No action



# Summary of findings

## Are services responsive to people's needs?

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

The practice had dedicated slots each day for urgent dental care and every effort was made to see all emergency patients on the day they contacted the practice.

Patients had access to telephone interpreter services when required and the practice made provisions for different disabilities; a portable ramp for wheelchair users and those with pushchairs, large print leaflets for those with reduced vision and a downstairs treatment room was available.

No action



## Are services well-led?

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

We found there were strong support systems in place to ensure the smooth running of the practice.

The principal dentists were on-site every day of the week and there were various policies for staff to refer to. The most important policies were also given to each staff member as part of their induction process and kept in their individual files. Each member of staff was allocated specific duties and designated as lead for those. For example, the sterilisation nurse was made the lead in infection control, deputy lead for legionella and lead for complaints handling.

The principal dentists kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work.

Staff were encouraged to provide feedback on a regular basis through staff meetings, satisfaction surveys and informal discussions.

Patient feedback was also encouraged verbally and online. The results of any feedback were discussed in meetings for staff learning and improvement.

No action



# Duke Street 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 31 January 2017. It was led by a CQC inspector and supported by a dental specialist advisor.

We informed NHS England area team and Healthwatch County Durham that we were inspecting the practice; we received no information of concern from them.

During the inspection, we spoke with the principal dentists, the associate dentist, a dental therapist, two dental nurses and the receptionist.

We reviewed policies, protocols, certificates and other documents to consolidate our findings.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

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

The practice had systems in place for recording accidents and incidents. Staff were clear on what needed to be reported, when and to whom as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). There were two accidents recorded by the practice within the last twelve months. We reviewed the records and found they were suitably detailed with an explanation of what occurred, when and what measures were put in place. Staff meetings took place every month where these accidents or incidents were discussed so as to enable staff learning. We saw evidence of this in minutes from these meetings.

The practice received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. We saw evidence of these being distributed to other staff members promptly and discussed in staff meetings where appropriate.

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

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a sharps risk assessment which was reviewed in June 2016. Traditional needles and syringes were used by the dentists together with safety measures i.e. rubber guards.

Staff advised us of their local policy on occupational health assistance.

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.

We reviewed the practice's policy for adult and child safeguarding; contact details of the child and vulnerable adult safeguarding teams were clearly detailed in the policy and flowcharts were available for reference. Staff told us their practice protocol and were confident to respond to issues should they arise. The principal dentists were safeguarding leads and training records showed staff had undergone level one or two training as appropriate.

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

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date (expiry May 2017).

### 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 including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses the heart 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 and a weekly check was implemented to check stock and expiry dates.

### Staff recruitment

We reviewed the staff recruitment files for 4 members of staff to check that appropriate recruitment procedures were in place. We found files held all required documents including proof of identity, qualifications, immunisation status, indemnity, references from previous employment and where necessary a Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children.

# Are services safe?

We saw one member of staff had evidence of their initial course (three vaccination doses) for Hepatitis B from over 10 years ago; there was no evidence of a booster vaccination or titre level which would confirm the staff member had current and / or lifelong immunity against Hepatitis B. We spoke to the member of staff who confirmed they did have a booster vaccination and they requested evidence of this from their GP on the inspection day. The principal dentists confirmed they checked this information for all other staff members and we saw evidence of this in the other files we checked. They had not recognised this information was missing for the one staff member and we advised they implement measures to ensure this doesn't occur again. They assured us they would do so.

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

We reviewed various risk assessments (a risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) within the practice.

We looked at the practice risk assessment, health and safety risk assessment and fire risk assessment. These were carried out in accordance with the relevant legislation and guidance.

We found the Control of Substances Hazardous to Health (COSHH) file contained all the products' safety data sheets (these provide information on the general hazards of substances and give information on handling, storage and emergency measures in case of accident) and risk assessments as required by the Health and Safety Executive.

We saw annual maintenance certificates of firefighting equipment including the current certificate from October 2016. Six-monthly fire drills were carried out to ensure staff were rehearsed in evacuation procedures. We saw logs to confirm fire drills and regular testing of the fire equipment took place. The practice had clear signs to show where evacuation points and fire exits were.

We saw the business continuity plan had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

## **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 Department of Health's 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' which details the recommended procedures for sterilising and packaging instruments.

We spoke with the sterilisation nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw regular tests were being carried out by the dental nurses to ensure the equipment was in working order.

We inspected the decontamination and treatment rooms. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Staff described the method used and this was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out in April 2015. We saw measures such as temperature recording were implemented and documented.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and gypsum were collected on a regular basis.

The practice employed a cleaner to carry out environmental cleaning. The dental nurses also regularly cleaned the practice. We observed different coloured cleaning equipment was available for use in accordance with HTM 01-05 guidance.

## **Equipment and medicines**

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

# Are services safe?

We saw evidence of certificates for servicing of the sterilisation equipment, the compressor, X-ray machines and for Portable Appliance Testing (PAT). (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place.

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

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

The practice kept a thorough radiation protection file which included notification of radiation to the HSE, the names of the Radiation Protection Advisor and the Radiation Protection Supervisor, the local rules and maintenance certificates.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. The principal dentists showed us the practice was undertaking regular analysis of their X-rays through a regular audit cycle. We saw audit results from 2013 to 2016 were in line with the National Radiological Protection Board (NRPB) guidance. The principal dentists worked closely with all staff members to ensure the audit process evolved in each cycle to ensure ease of use and full disclosure of results.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

A comprehensive medical history form was filled in by patients and this was checked verbally at every visit. 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.

Patients were advised of the findings and any possible treatment required.

The dentists told us they were familiar with current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon the patients' risk of dental diseases.

Dentists used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required. A justification, grade of quality and report of the X-ray taken was documented in the patient dental care record.

We used guidance from the Faculty of General Dental Practice (FGDP) to help us make our decisions about whether the practice records and record keeping were meeting best practice guidelines. We found evidence to suggest the practice had systems in place that were equal to what was recommended in the FDGP guidance.

### Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention.

The practice regularly provided oral health and dietary advice to local schools and scouting groups.

Staff told us they applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients.

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 practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion. A 'sugar display' board was present in the waiting area to make people aware of the quantities of sugar in various food or drinks. The items displayed on the board were changed regularly to enable those viewing the board to learn new information.

### Staffing

There were dedicated leads for infection prevention and control, safeguarding adults and children, whistleblowing and complaints.

Prior to our visit we checked the registrations of all dental professionals with the General Dental Council (GDC); this was also confirmed on the day of the inspection. The GDC is the statutory body responsible for regulating dental professionals.

Staff told us they were supported and encouraged to maintain their continuous professional development (CPD) and we saw evidence of this in staff files.

### Working with other services

The principal dentist confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were either typed up or pro formas were used to send all the relevant information to the specialist. Details included patient identification, medical history, reason for referral and X-rays if relevant.

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.

### Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options,

# Are services effective?

(for example, treatment is effective)

risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. The patient would sign this and take the original document. A copy would be retained in the patients' dental care record.

Staff were clear on the principles of the Mental Capacity Act 2005 (MCA) and the concept of Gillick competence. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own

decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

# Are services caring?

## Our findings

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

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

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patients' confidential information could not be viewed by others. If further privacy was requested, patients were taken to the practice manager's office to talk with a staff member.

We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Dental care records were stored electronically and in paper form. Paper record cards were kept securely in locked cabinets behind reception and computers were password protected. Computers were backed up and passwords changed regularly.

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

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing private treatment costs were displayed in the waiting area and on the practice website.

We spoke with staff about how they implemented the principles of informed consent; we looked at dental care records with clinicians who confirmed this was being sought and documented appropriately.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including the practice opening hours, emergency 'out of hours' contact details, complaints and safeguarding procedures and treatment costs. Leaflets on oral health conditions and preventative advice were also available.

The practice had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment.

We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

### Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. The policy was updated annually.

The practice had a disability access audit carried out in September 2016. A disability access audit is an assessment of the practice to ensure it meets the needs of disabled individuals or those with restricted mobility. A portable ramp was present for wheelchair users or those with pushchairs and a ground floor treatment room was available. Patients were made aware of the toilet being

situated upstairs prior to registration and were provided with a list of alternative practices should they wish to choose. Staff had access to a translation service where required and large print leaflets were offered to those with reduced vision. The principal dentist showed us their future improvement plan which included installing a hearing induction loop.

### Access to the service

The practice opening hours were displayed in their premises and in the practice information leaflet. Patients commented they had good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

### Concerns & complaints.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed as recommended by the GDC.

Information for patients was available on the practice website. 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 shared with the whole practice to enable staff learning.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentists held the practice policies, procedures, certificates and other documents. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing and maintenance. We noted policies and procedures were kept under review on an annual basis and updates shared with staff to support the safe running of the service.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. 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.

### Leadership, openness and transparency

The leadership was provided by the principal dentists and each member of staff was assigned a lead role. The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible.

Staff told us they were aware of the legal duty to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.

### Learning and improvement

Staff meetings were scheduled each month to encourage learning and improvement. We saw minutes of meetings from the last 12 months were typed up and reflected a range of subjects being discussed.

A regular audit cycle was apparent within the practice. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations.

Clinical and non-clinical audits were carried out by various members of staff. Topics included patient feedback, radiography, infection prevention and control and record keeping audits. We saw audits were carried out very thoroughly with results and action plans detailed.

Improvement in staff performance was monitored by appraisals every year and we saw evidence of this in staff files.

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

The practice had systems in place to seek and act upon feedback from staff members and people using the service.

Staff and patients were encouraged to provide feedback on a regular basis either verbally, online or through surveys. Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided. Survey results were displayed in reception to show patients how their views have been considered.

Staff told us their views were sought and listened to and that they were confident to raise concerns or make suggestions to the practice manager.