

# Mr. Simon William Anderton

# Grays Dental Care

## Inspection Report

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### Overall summary

We carried out this announced inspection on 29 November 2017 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 second dentally qualified inspector.

We told the NHS England area team that we were inspecting the practice. We did not receive any information of concern from them.

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**

Grays Dental Care is in Altrincham and provides NHS and private treatment to adults and children.

Due to the nature of the practice, it cannot be accessed by people who use wheelchairs. On street parking is available near the practice.

# Summary of findings

The dental team includes three dentists, four dental nurses, two dental hygienists, a dental hygienist therapist, two receptionists and a practice manager. The practice has five treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 29 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, two dental nurses, the dental hygiene therapist, one 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 & Thursday 8.30 to 17.30

Tuesday 7.30 to 16.30

Wednesday 8.30 to 20.00

Friday 7.30 to 17.30

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the practice's safeguarding staff training; ensuring it covers both children and adults and all staff are trained to an appropriate level for their role.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

The practice had carried out a sharps risk assessment but it did not include the steps taken to minimise the risk from other sharp instruments and devices.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. It was not evident what level of training six members of staff had completed.

The practice did not have a system to ensure that MHRA alerts were received and actioned if required.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies. The emergency kit did not include a child-sized oxygen mask or dispersible aspirin. The practice took immediate action to obtain these. Glucagon was kept with the emergency drugs kit but the expiry date had not been adjusted in line with the manufacturer's instructions.

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 commented that treatment was always clearly explained and their views listened to. 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.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

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 29 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, professional and caring. They said that they were given helpful, honest explanations about dental treatment, 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.

No action



# Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

## 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 was efficient and met patients' needs. Early morning and late evening appointments were available and patients confirmed that it was easy to arrange and rearrange appointments as necessary. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The premises had steps to the front and rear entrances and the toilets were located on the first floor. A disability access statement was in place and staff made patients aware of the facilities.

The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## Are services well-led?

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

During the inspection we found all staff were responsive to discussion and feedback to improve the practice.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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

The practice 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.

No action





# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff received training during their induction and knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice had also introduced a system for staff to report faults, hazards or equipment failures. The practice manager updated this regularly to record the action that was taken in response.

The practice told us they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) but evidence of this could not be found. We discussed recent relevant alerts with the practice and three items were checked to confirm they were not affected. The principal dentist told us they would review the system to receive alerts and ensure that future alerts are discussed with staff, acted on and stored for future reference.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training; it was not evident what level of training six members of staff had completed. Two members of staff submitted satisfactory evidence after the inspection. The practice manager told us they would ensure that the remaining staff members completed training to the correct level. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice had carried

out a sharps risk assessment but it did not include the steps taken to minimise the risk from other sharp instruments and devices. We discussed this with the principle dentist who gave assurance that this would be reviewed and risk assessed more thoroughly. The clinicians used a safety syringes and staff confirmed that only clinicians assembled, handled and dismantled local anaesthetic syringes. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. The practice had an emergency grab bag containing key information and additional safety equipment for staff. For example, high visibility tabards and torches.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. We noted that the emergency kit did not include a child-sized manual resuscitator mask or dispersible aspirin. The practice took immediate action to obtain these. Glucagon, which is required in the event of severe hypoglycaemia, was kept with the emergency drugs kit but the expiry date had not been adjusted in line with the manufacturer's instructions. The principal dentist told us this would be reviewed. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.



## Are services safe?

The practice occasionally used locum agencies. We saw that the practice ensured that appropriate checks were carried out on these staff. Locum staff received an induction to ensure that they were familiar with practice procedures.

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. A fire safety risk assessment was in place, fire detection equipment was installed and checked on a regular basis and staff carried out fire drills. We noted that access from one of the fire escapes was restricted by parked cars, we discussed this with the practice manager to review. Information relating to the Control of Substances Hazardous to Health (COSHH) was available and hazardous substances were appropriately risk assessed with support from a specialist consultancy company. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists, dental hygienists and dental therapists when they treated patients.

The staff records we reviewed with the practice manager provided evidence to support the relevant staff had received vaccinations 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. There was no evidence of the efficacy of these vaccinations for five members of staff. The practice manager was aware of this and had discussed this with staff prior to the inspection. Two members of staff had already followed up with their GP. This was discussed with the practice manager to follow up and risk assess as appropriate.

### Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05:

Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

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 saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

### Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

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

### Radiography (X-rays)

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

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

Clinical staff completed continuous professional development in respect of dental radiography. Two of the dental nurses had received additional training in radiography to facilitate taking X-rays.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

### Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit. They displayed oral health education information throughout the practice. Patient's comments confirmed that the dentists were very informative and gave them information to improve their oral health.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children as appropriate.

The dentist told us they 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.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and the practice supported them to complete their training by offering in-house training, lunch and learn sessions, attending local study days and online training.

The provider used the skill mix of staff in a variety of clinical roles, for example, dental hygienists, a dental therapist and dental nurses with enhanced skills training in radiography, to deliver care in the best possible way for patients.

The practice had not had the capacity to carry out staff appraisals. Staff told us they regularly discussed training needs at meetings and individually. We saw evidence of initial appraisal discussions, the principal dentist told us full appraisals would be carried out in the new year.

### Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included 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 urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they 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 demonstrated a good understanding of their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentist and dental nurses were aware of the need to consider this when treating young people. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.





## Are services caring?

### Our findings

#### **Respect, dignity, compassion and empathy**

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

Patients commented positively that staff were friendly, professional and caring. We saw that staff treated patients respectfully, appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients described high levels of satisfaction with the service provided by the practice. Patients described a calm and welcoming atmosphere, and gave examples of where staff had demonstrated a caring attitude. For example, the hygienist moving rooms so a patient could take their baby into the room in the pram. Nervous patients said staff were compassionate and understanding.

The layout of reception and the waiting room provided limited privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

Music was played in the treatment rooms and there were magazines, toys and children's books about visiting the dentist and a television in the waiting room. Practice information folders and thank you cards were available for patients to read.

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

The practice gave patients clear information to help them make informed choices. 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.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

At the time of the inspection, the practice were improving their website. The practice's website, which was under construction at the time of the inspection, usually provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as implants.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options.





# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they 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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first floor surgery.

Patients were able to book appointments online. They were sent text message and email reminders for upcoming appointments. Staff told us that they telephoned some patients on the morning of their appointment to make sure they could get to the practice. Staff also telephoned patients after complex treatment to check on their well-being and recovery.

### Tackling inequity and promoting equality

The premises had steps to the front and rear entrances and the toilets were located on the first floor. A disability access audit had been carried out and the practice had made reasonable adjustments for patients with disabilities. These included an additional handrail and ensuring the ground floor surgery was available for patients who were unable to access the first floor surgery or had pushchairs. A disability access statement was in place and staff made patients aware of the facilities.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language although staff told us these were rarely needed.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website. At the time of the inspection, the website was being improved. For example, to enable patients to leave online feedback.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day care. They took part in an emergency weekend on-call arrangement with some other local practices for patients who received private funded care. The website, information leaflet 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. Early morning and late evening appointments were available and patients confirmed that it was easy to arrange and rearrange appointments as necessary, even at short notice.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.



# Are services well-led?

## Our findings

### Governance arrangements

The practice was a member of a 'good practice' certification scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The principal dentist 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.

The practice had policies, procedures and risk assessments which were regularly reviewed to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. For example, engaging the services of external health and safety consultancy services to carry out site visits and provide up to date advice as required.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

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

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held regular discussions and meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

During the inspection we found all staff were responsive to discussion and feedback to improve the practice. Actions were taken quickly to address any concerns. For example, in relation to safeguarding training, obtaining MHRA alerts and obtaining items missing from the emergency kit. The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The provider told us that staff changes had impacted on the practice's capacity to carry out staff appraisals. The dental nurses had recently received initial one to one meetings to discuss learning needs, general wellbeing and aims for future professional development. We saw evidence of this in the staff folders. There were plans to carry out structured appraisals in the new year.

Staff told us they completed highly recommended training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and verbal comments to obtain staff and 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.