

# Grafton House Dental Partnership

# Grafton House Dental Surgery

## Inspection Report

Grafton House  
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## Overall summary

We carried out this announced inspection on 10 January 2018 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

Grafton House Dental Surgery (also known as Active Smile) is situated in Evesham town centre, Worcestershire. It provides predominantly NHS treatments to patients of all ages with private treatment options available.

There is level access for people who use wheelchairs and pushchairs. The ground floor of the practice consists of a reception area, a waiting room, an accessible patient toilet and two dental treatment rooms. On the first floor there is a panoramic X-ray room, a patient toilet, four dental treatment rooms and a patient waiting area. On the

# Summary of findings

second floor there is a further dental treatment room, a staff room / kitchen, a patient toilet and a decontamination room for the cleaning, sterilising and packing of dental instruments. In addition to this, the ground floor of the building next door is also used by the practice and contains an information centre, an office, staff toilet, staff kitchen area and a stock room. There are car parking spaces for blue badge holders directly outside the practice and pay and display car parks are available a short walk from the practice.

The dental team includes five dentists, a visiting implantologist, and nine dental nurses including two trainee dental nurse (most of whom also work as receptionists and two who in addition work as treatment care co-ordinators), three dental hygienists, an operations manager, a business manager and a practice manager. The practice has seven dental treatment rooms.

The practice is owned by an individual who is the business manager 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 31 CQC comment cards filled in by patients and looked at results from recent patient suggestions and practice patient satisfaction surveys. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, two dental nurses, two dental hygienists, one receptionist, the business manager 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 8.30 am – 6 pm

Tuesday 7.30 am – 4.45 pm

Wednesday 8.30 am – 6 pm

Thursday 8.30 am – 7 pm

Friday 8.30 am – 4 pm

Saturday 9am – 1pm

## 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.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD) by the business manager and practice manager. We found that not all staff had a full understanding of the Mental Capacity Act (MCA) 2005 and the practice manager had scheduled training in March 2018 to rectify this.
- The practice had systems to help them manage risk. The practice had completed a fire risk assessment and were in the process of completing the required actions such as installing an alarm system.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Contact details for the local authority safeguarding team were displayed in the staff room.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines. Dental care records provided comprehensive information about patients care and treatment.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs. Patients could access routine treatment and urgent and emergency care when required.
- The practice had effective leadership. Staff we spoke with felt well supported by the lead dentist, the business manager and practice manager and were committed to providing a quality service to their patients.
- 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. They should:

- Review the management of prescription pads in the practice and ensure there are systems in place to track and monitor their use.

# Summary of findings

- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's fire risk assessment ensuring all the necessary actions are implemented.

# 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 systems to help them manage risk. The practice had completed a fire risk assessment and were in the process of completing the recommended actions such as installing an alarm system.

The practice held NHS prescriptions securely, some improvement was required in the management and tracking of these. To rectify this, following our inspection the practice implemented prescription tracking logs to account for each prescription.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. The practice had detailed contact information for local safeguarding professionals and relevant policies and procedures were in place.

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.

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, excellent and said that their needs were always met.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. In addition to this the practice had an information centre in the building next door to the practice where patients and members of the public could purchase dental sundries. The practice had two treatment care coordinators who discussed treatment options and oral health education with patients using models and visual displays to enhance understanding and informed consent.

The practice provided hygiene appointments and were committed to supporting the local community and providing preventive oral hygiene advice. One of the treatment care coordinators and a dental nurse visited local schools and nurseries several times a year to provide tooth brushing and dietary advice. The practice advertised this support facility on their practice website.

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

No action



# Summary of findings

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. We found that not all staff had a full understanding of the Mental Capacity Act (MCA) 2005 and the practice manager had scheduled training in March 2018 to rectify this.

## 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 31 people. Patients were extremely positive about all aspects of the service the practice provided. They told us staff were professional, very caring and first class. They said that they were given prompt treatment with honest explanations about their treatment options 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 also commented about the practice being welcoming and good at reassuring children.

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

During the inspection we saw staff showed a caring and respectful attitude towards patients.

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 was efficient and met patients' needs. 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 practice had access to telephone and face to face 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. The practice displayed their complaints policy in the patient waiting room, in the patient information leaflet and on their website.

No action



## Are services well-led?

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

Strong and effective leadership was provided by the business manager and an empowered practice manager. 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 at monthly practice meetings. There was a clearly defined management structure and staff felt supported and appreciated. Staff told us that they felt well supported and could raise any concerns with the practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

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

No action



## Summary of findings

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.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had procedures and supporting documents such as incident forms, an accident book and significant event forms to report, investigate, respond and learn from accidents, incidents and significant events. The practice did not have a policy in place to support the incident reporting procedure on the day of our inspection.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored on file 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 received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had detailed contact information for local safeguarding professionals displayed in the staff room.

There was a whistleblowing policy which included contact details for Public Concern at Work, a charity which supports staff who have concerns they need to report about their workplace. 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 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 with events which could disrupt the normal running of the practice.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. This was last completed in November 2017. The practice also carried out medical emergency scenarios annually to ensure staff felt comfortable dealing with different types of medical emergencies.

Emergency equipment and medicines were available as described in recognised guidance. 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 the recruitment records for all six staff members which showed the practice had completed appropriate checks for these staff. For example, proof of their identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. The systems and processes we saw were in line with the information required by Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

### 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. The practice had completed a fire risk assessment in May 2017 and were in the process of completing the recommended actions. Most of the actions had been completed such as fire safety training and completing an emergency evacuation plan, however there were some outstanding actions such as installing an alarm system and completing fire drills. We were informed that these were in hand and due to be completed.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous

# Are services safe?

to Health (COSHH) Regulations 2002. All COSHH information including a risk assessment and copies of manufacturers' product safety data sheets were stored in a designated COSHH file.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

A dental nurse worked with the dentists when they treated patients. The dental hygienists worked alone, we were told the decontamination room nurse could support if required for complex treatment.

## Infection control

The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

There was a dedicated decontamination room which was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in the treatment room and the decontamination room with signage to reinforce this. These arrangements met the HTM01-05 essential requirements for decontamination in dental practices.

The practice carried out infection prevention and control audits twice a year. The latest audit completed in November 2017 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 completed in March 2016.

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 held NHS prescriptions, and documented in the patients' clinical care records the prescription number when issued and stored them securely. We found that prescriptions were not recorded and logged prior to being issued which prevented the practice from being able to track all prescriptions and audit them. To rectify this following our inspection the practice created prescription tracking logs for each surgery.

## 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.

The practice had five intraoral X-ray machines which were all fitted with rectangular collimation to reduce the dose of radiation to patients. In addition to this there was a panoramic X-ray machine (OPG) to take X-rays of the entire jaw. The practice used digital X-rays to further reduce the dose of radiation received by patients.

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; this was last completed in September 2017.

Clinical staff completed continuous professional development in respect of dental radiography.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We spoke with three dentists who described how they assessed patients and we confirmed they carried this out using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP). This included guidance regarding antibiotic prescribing, wisdom tooth removal and dental recall intervals.

Dental care records that were shown demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination scores and soft tissues lining the mouth. These were carried out where appropriate during a dental health assessment. All of the dental care records we saw were detailed, accurate and fit for purpose.

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

### Health promotion & prevention

The practice was very focussed on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim, the practice had appointed three dental hygienists to work alongside the dentists in delivering preventative dental care. The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. Dental care records we observed demonstrated that dentists had given oral health advice to patients.

In addition to this the practice had an information centre in the building next door to the practice where patients and members of the public could purchase dental sundries. The practice had two treatment care co-ordinators who discussed treatment options and oral health education with patients using models and visual displays to enhance understanding and informed consent.

The practice were committed to supporting the local community and providing preventive oral hygiene advice. One of the treatment care co-ordinators and a dental nurse visited local schools and nurseries several times a year to provide tooth brushing and dietary advice. We found that

this was greatly appreciated by all the groups visited and saw various examples of thank you cards and letters as a response. The practice advertised this support facility on their practice website and in their practice information.

The dentists 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 based on an assessment of the risk of tooth decay for each child.

The dentists 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

The practice had five dentists and three dental hygienists working over the course of a week and they were supported by nine dental nurses including two trainee dental nurse (most of whom also worked as receptionists and two who in addition worked as treatment care co-ordinators), three dental hygienists, an operations manager, a business manager and a practice manager. An implantologist visited the practice on a regular basis.

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

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

### Working with other services

Dentists 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 dentists told us they gave patients information about treatment

# Are services effective?

(for example, treatment is effective)

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. Some team members did not fully understand their responsibilities under the act when

treating adults who may not be able to make informed decisions. The practice manager had scheduled training in March 2018 to rectify this. The policy also referred to the need to also consider consent when treating young people under 16. 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 we spoke with were aware of their responsibility to respect people's diversity and human rights.

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

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room or the information centre. 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.

There were magazines and comprehensive booklets containing information relating to the services provided at the practice in the waiting room.

The practice had a selection of informative and education leaflets detailing the different treatment options 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.

The practice's website 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 orthodontics and dental implants.

Each treatment room had a screen so the dentists could show patients X-ray images when they discussed treatment options. Two treatment rooms also had large screens to display photos taken with an intraoral -camera to explain treatment options to patients needing more complex treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

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.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice. All patients with long appointments or appointments with the dental hygienists received a reminder courtesy call two days prior to their appointment.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, a lowered area of the reception desk for wheelchair access, two ground floor treatment rooms and accessible toilet with hand rails.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter and translation services which included British Sign Language and braille.

### Access to the service

The practice displayed its opening hours in the premises, on the outside of the practice, in their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept several appointments free for same day appointments. 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.

### 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 did not receive many complaints, but they always aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available from reception 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 within the past two years. 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 business manager and lead 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 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.

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 both the business manager and the practice manager were 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 monthly staff meetings where staff could raise any concerns and discuss clinical and non-clinical updates. In addition to this regular nurse and dentist meetings were held. Immediate discussions were arranged to share urgent information and monthly practice newsletters were displayed in the staff room.

### Learning and improvement

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 business manager and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team including the dentists had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory 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.

The practice was a British Dental Association (BDA) good practice member, a quality assurance programme that allows its members to communicate to patients an on-going commitment to working to standards of good practice on professional and legal responsibilities.

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

The practice used patient surveys, online patient testimonials, verbal comments, appraisals and staff meetings to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, following a patient suggestion, the practice placed coat hooks in the patient toilet.

The result from the practice satisfaction survey in February 2015, which was completed by 16 patients, was very positive. The results showed that 100% of patients always felt that the dental nurse was helpful and friendly, 100% of patients would recommend the practice to family and friends and 100% of patients found the waiting room clean and comfortable.