

# Trawford Shorrock And Associates

# The Spalding Dental Surgery

## Inspection Report

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## Overall summary

We carried out this announced inspection on 26 October 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 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**

The Spalding Dental Surgery is located in Spalding, a market town in Lincolnshire and provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs by way of a raised ramp. Car parking facilities are available at the practice.

The dental team includes five dentists, seven dental nurses, three dental hygienists, six receptionists, a cleaner, a deputy manager and a practice manager.

The practice is purpose built and has four treatment rooms; three are located on the ground floor.

# Summary of findings

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at The Spalding Dental Surgery is one of the three principal dentists.

The provider had plans to extend their premises. We were informed that building work was due to commence in early 2018. The plans included the installation of a laboratory and decontamination room.

On the day of inspection we collected 48 CQC comment cards filled in by patients. This information gave us a positive view of the practice. We did not receive any negative feedback about the practice.

During the inspection we spoke with two dentists, four dental nurses, two receptionists 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 from 9am to 5.15pm and Tuesday to Friday from 8.30am to 5.15pm.

## Our key findings were:

- The practice objectives included the delivery of a high standard of dental treatment in a safe, supportive and caring environment.
- Effective leadership was evident in most areas of the practice. We noted areas where management arrangements required improvement.
- Staff had been trained to deal with emergencies and equipment and appropriate medicines were readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- Staff were aware of their responsibilities for safeguarding adults and children living in vulnerable circumstances.

- The practice had adopted processes for the reporting of incidents and accidents. We found that systems required strengthening to ensure that preventative action was always taken and learning outcomes discussed.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice demonstrated awareness of some of the needs of the local population and took these into account when delivering the service.
- Patients had access to routine treatment and urgent care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice.
- The practice dealt with complaints efficiently.
- Staff we spoke with felt committed to providing a quality service to their patients.

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

- Ensure that documentation regarding equipment and medicines is held by practice management when services such as sedation are provided by clinical professionals who do not regularly work within the practice.
- Review arrangements regarding the storage of paper records to ensure they are held securely.
- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.
- Review the use of risk assessments to monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Review the practice's current audit protocols to ensure audits of key aspects of service delivery are undertaken at regular intervals and where applicable learning points are documented and shared with all relevant staff.

# 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 a number of systems and processes to provide safe care and treatment but we found areas that required strengthening. The practice had processes for reporting incidents, accidents and significant events. We did not find evidence to support that preventative action was always taken and learning outcomes discussed.

The practice had not signed up to receive patient safety alerts. Following our inspection, the practice took responsive action to receive the alerts.

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

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

Most risk assessments were in place, although we noted that the practice had not documented the reasons for not moving to a safer sharps system.

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 appropriate, excellent and of a professional standard. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The dental team understood the importance of Gillick competence and the Mental Capacity Act 2005 and how this related to treatment provided.

The practice had offered sedation occasionally to patients for complex procedures. Patient records we reviewed supported that all appropriate information was documented. We noted that the practice did not hold information to confirm that equipment and medicines used by an externally qualified clinician were fit for use.

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.

No action



### Are services caring?

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

No action



# Summary of findings

We received feedback about the practice from 48 people. Patients were positive about all aspects of the service the practice provided. They told us staff were very caring, considerate and accommodating. They said that they were given helpful, detailed and honest explanations about dental treatment and said their dentist listened to them. A large number of patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

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. Patients could get an appointment quickly if in pain.

Staff considered some of their patients' different needs. This included providing facilities for disabled patients and families with children. The practice did not have a hearing loop installed or have access in place to interpreter services.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. Systems required improvement to ensure that staff learning points were discussed and documented accordingly.

No action 

## Are services well-led?

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

There were some arrangements to monitor the quality of the service and make improvements. We noted areas which required strengthening in relation to governance arrangements. These included ensuring that all preventative action was taken in relation to accidents recorded and documenting discussions held with staff. We found that the absence of record keeping may impact upon the practice's ability to manage risk and support future learning.

There was evidence that the practice monitored clinical and non-clinical areas of their work to help them improve and learn. We also found that some audit processes required review to ensure improvements in quality could be delivered.

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 asked for feedback and listened 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 accidents, incidents and significant events. We found systems required strengthening as it was not evident that preventative action was always taken and learning outcomes discussed. The practice had recorded three accidents within the previous two years. We looked in detail at one accident recorded in November 2015. We noted that the record did not include information to confirm if the staff member affected had taken sufficient responsive action following an injury with a used satelec tip. The practice had not documented preventative actions to be taken when accidents occurred. The practice manager told us that informal discussions were held, but had not always been recorded.

Practice meeting minutes we reviewed did not include information about discussions held amongst staff when complaints or accidents were recorded. The practice had not identified any untoward or significant events within the past two years.

The absence of record keeping may impact upon the practice's ability to manage risk and support future learning. We discussed our findings with the provider who assured us that systems would be strengthened. They provided us with some documentation following our inspection to support that systems were being reviewed.

The practice had not received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The provider contacted us after our inspection to advise us that they had signed up to receive these alerts. They also informed us that they had included alerts as a standing agenda item at future practice meetings.

### 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. The practice manager was identified as the lead for safeguarding concerns. We noted that they last

completed the required training in 2013. Following our inspection, we were informed that the practice manager had refreshed their training and we were provided with evidence. The practice also advised that one of the principal dentists was to become the named lead. We noted that they had received training to the required level to manage safeguarding concerns. We saw evidence that other staff received safeguarding training. 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.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments. We noted that the practice had not implemented the safer sharps system, a requirement from EU Directive. We reviewed the sharps risk assessment completed. The risk assessment did not include information about why the practice had not moved to a safer sharps system. We were informed that needle guards were used to help manage risks associated with sharps injuries and saw that these were available for use in treatment rooms except the hygienists' room. We did not see one available in the hygienist's surgery. We noted that nurses were not involved in handling used needles.

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. The plan was last reviewed in October 2017.

### 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, although we noted

# Are services safe?

some items were missing. The practice did not hold the different sizes of clear face masks for the self-inflating bag and did not hold paediatric pads for the defibrillator. We were informed after our inspection that these had been obtained.

Staff kept records of equipment and medicine checks to make sure they 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 three staff recruitment files. These showed the practice followed their recruitment procedure. We noted an exception in relation to one of the dentist's files we looked at. The practice had not obtained references. We were informed that this was an oversight.

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

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

Most of the practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. The practice had not undertaken a five yearly building electrical safety inspection. After our inspection, we were informed that this had been booked to take place. We looked at documentation held in relation to managing the risk of fire and noted a number of records held. These included a quiz completed by staff to test their knowledge about fire related procedures.

On the day of our inspection, the practice could not locate a waste disposal policy, but this was provided to us afterwards.

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

Two dental nurses routinely worked with the dentists when they treated patients.

## **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 nominated two leads for infection and prevention and control.

The practice had suitable arrangements for transporting, 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 in July 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. The latest assessment was undertaken in August 2017.

The practice employed a cleaner. 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. Whilst the practice had adopted systems for the monitoring of stock, we found a small number of materials used in dental procedures had expired. The provider told us they would immediately remove the items and review their audit process.

## **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 noted that rectangular collimators were not available for use in all of the treatment rooms. The provider told us that an order for one had been placed and this would ensure that they were available in all of the surgeries.

We saw evidence that the dentists justified and reported on the X-rays they took, but this, as well as grading was done retrospectively. The practice carried out X-ray audits every year. We noted that audits required strengthening to demonstrate improvement and learning outcomes.

## Are services safe?

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

The practice kept 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. Dental care records we looked at showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the soft tissues lining the mouth and condition of the gums using the basic periodontal examination scores.

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

The practice had carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The service was provided by an externally qualified clinician who attended the practice very occasionally. We were informed that the clinician who had attended the practice brought equipment and medicines required with them on the day. We were therefore unable to look at this during our inspection. The practice did not hold records such as equipment servicing or information about the medicines held by the sedationists. We were able to review a small sample of patient records. The records showed that consent had been obtained prior to treatment, patients were monitored during treatment and discharge and post-operative instructions were provided. We were assured that there were systems in place to enable treatment to be delivered safely and in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

### Health promotion & prevention

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

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 all 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.

One of the dental nurses had undertaken an oral health education course.

### Staffing

We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on an induction programme. We were informed that a new structured induction form had been implemented in June 2017 and prior to this information had been recorded more informally. Staff were provided with a copy of the handbook when they started work. This included all relevant information. Staff we spoke with confirmed they had received an induction.

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 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.



# Are services effective?

(for example, treatment is effective)

The practice had documented information to inform staff about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions.

The practice's consent policy referred to Gillick competence and the dentists were aware of the need to consider this

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. We looked at details of a staff meeting held in March 2017. This showed that consent, the Mental Capacity Act 2005 and Gillick competence were discussed.

# 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 caring, considerate and accommodating. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding in CQC comment cards we reviewed. We received a number of positive comments from patients who told us that their anxieties had been allayed since they had first attended the practice.

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. 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 away from public accessible areas, but we noted that they could not be locked when staff were not in attendance.

An information folder was available for patients to read as well as a selection of magazines in the waiting area.

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

The practice offered private dental treatments. The costs for these were made available in the practice. Patients were provided with a detailed welcome pack when they registered at the practice and costs were also included in the information.

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, cosmetic procedures and more complex treatment such as dental implants.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos 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 told us they would offer any additional assistance as required to help their patients. The computer system could be used for staff to input notes regarding patients who required additional assistance or had particular needs.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access with a ramp and accessible toilet with hand rails. The practice did not have a hearing loop installed. We reviewed an Equality Access audit completed by the practice in August 2017. The audit identified the lack of a hearing loop, but did not include an action plan in response to the findings.

The practice did not have access to interpreter/translation services.

### Access to the service

The practice displayed its opening hours in the premises and on their website.

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

The practice was committed to seeing patients experiencing pain on the same day and kept some appointments free for same day appointments. They took part in an emergency on-call arrangement with some other local practices outside of usual working hours. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed they could make routine and emergency appointments easily and were not often kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints procedure providing guidance to staff on how to handle a complaint. The practice information folder 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. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at a collated summary of patient feedback and complaints. This supported that patients' complaints and feedback were reviewed, responded to and appropriate action taken. The document included learning points for staff. We also looked in detail at one complaint which had been received in March 2017. Our review showed that the complaint was addressed and responded to in a timely manner. We examined records of practice meetings held, but did not find that discussions had been recorded following complaints or patient feedback received. The practice manager told us that discussions did take place, but had not always been formally documented. The lack of co-ordinated recording may present a risk that learning points could be missed or not followed up to ensure they were embedded amongst staff.

# Are services well-led?

## Our findings

### Governance arrangements

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

The practice had most policies, procedures and risk assessments to support the management of the service and to protect patients and staff. We noted the sharps risk assessment did not include information explaining why the practice had not adopted a safer sharps system.

Whilst we found there were some arrangements to monitor the quality of the service and make improvements, such as responding to patient feedback, we noted other areas which required strengthening, for example in governance. These included ensuring that all preventative action was taken in relation to accidents recorded and documenting discussions held with staff. We noted that practice meeting minutes did not include learning points from complaints and patient feedback received. We found that the absence of record keeping may impact upon the practice's ability to manage risk and support future learning.

Staff were aware of the importance of 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.

We were informed that the practice manager discussed concerns at staff meetings and on an ad hoc basis when matters arose. Our discussions with staff supported that the practice worked as a team and dealt with issues professionally.

The practice held meetings approximately every three months where staff could raise any concerns and discuss

clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. After our inspection, the practice manager told us that they had made a decision to hold meetings more frequently and had scheduled these to take place every month.

We were informed that several staff had worked in the practice for many years and staff told us it felt like a family environment.

### Learning and improvement

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and infection prevention and control. We reviewed a radiography audit and found that the processes required improvement as justifying, grading and reporting took place retrospectively. The audit did not include dentist specific information or contain recommendations or an action plan to drive improvements.

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

The dental team 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.

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

The practice used patient surveys and verbal feedback to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, an annual report was produced from customer satisfaction questionnaires in 2016/17. The report highlighted improvements made as a result. These included higher seats in the waiting area to help older patients feel more comfortable and copies of personalised treatment plans regarding proposed treatment and costs being provided to patients.

## Are services well-led?

We were informed that staff were able to provide any feedback or suggestions informally.