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# Hunmanby Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 3 August 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.

We told the NHS England area team and Healthwatch 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**

Hunmanby Dental Practice is near Filey, North Yorkshire and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

# Summary of findings

The dental team includes three dentists, four dental nurses, one dental hygienist, one dental hygiene therapist, a receptionist and a practice manager.

The practice has four surgeries two on each floor, a dedicated room for taking Orthopantomogram (OPG) X-rays, a decontamination room for sterilising dental instruments, a staff room/kitchen and a general office.

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 25 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists (one of whom was the principal), two dental nurses, a 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 – Friday 8:30am – 5:30pm.

## 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.

We identified the practice had visible leadership within the practice and staff felt empowered and were confident in their roles which had a positive impact on staff, patients and the local community. This also demonstrated a commitment to tackling oral health inequalities, tackling inequity and promoting equality :

- Nervous patients said staff were compassionate and understanding. The practice was in the process of putting a 360 video about the practice on the website so patients could have a virtual tour of the practice before coming in. Audio files were available for patients with sight impairment. These included the practice leaflet and the principal dentist was happy to make a recording of any leaflet if required. We were shown different chairs had been implemented in the waiting room for patients including a chair at the same level as a wheelchair.
- We were told the staff worked proactively within the community and the principal dentist regularly attended parent toddler groups and preschool children sessions to discuss oral health, diet and prevention for parent and child. They had found this really useful to answer questions and myths about dental treatments. The practice held open days in the school holiday and had stations around the practice so children could choose what event they wished to be involved with one being a 'selfie' station to take big smiles pictures. The team also worked with a local charity which supported a local hospice the staff helped them by having open days or taking part in events.
- The practice used a detailed risk analysis template within the patient dental care records to assess patients' individual needs and provided each patient with a specific risk assessment to show areas of improvement required. This had become an integral part of each examination as patients found they responded to all the information given and it also gave the team more information about patient's needs, including aesthetic dentistry, tooth wear and oral cancer risk factors. This template was above the recommendations in guidance.

We believe this to be notable practice which is worth sharing.

# Summary of findings

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

- Review the practice's protocols for domiciliary visits taking into account the 2009 guidelines published by British Society for Disability and Oral Health in the document "Guidelines for the Delivery of a Domiciliary Oral Healthcare Service".
- Review the practice's audit protocols to ensure, that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

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

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.

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.

We found there was excellent use of a multi-disciplinary team. Staff were encouraged and supported to undertake dental qualifications, dental competencies and management/patient care qualifications. Staff reported that they felt valued by the principal who was alert to their needs, both at the present time and for their future professional development.

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

The practice had recently been asked to provide domiciliary services and had not put any policies protocols or risk assessment in place. We were assured this would be reviewed as staff felt this was a valuable service they should provide.

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.

Nervous patients said staff were compassionate and understanding. The practice was in the process of putting a 360 video about the practice on the website so patients could have a virtual tour of the practice before coming in.

No action



# Summary of findings

We received feedback about the practice from 25 people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, friendly and calming. 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.

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 patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss. Audio files were available for any patients with sight impairment. This included the practice leaflet and the principal dentist was happy to make a recording of any leaflet if required.

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.

We identified areas of notable practice through visible leadership within the practice. Staff felt empowered and were happy and confident in their roles.

All of the staff had specific roles and responsibilities to support the principal dentist and we saw staff had access to suitable supervision and support for these.

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. We found action plans and learning outcomes were not in place to learn and develop.

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 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 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 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 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 followed relevant safety laws when using needles and other sharp dental items. A detailed sharps risk assessment had been carried out of the sharps which were used within the practice and disposable items were implemented for use in each surgery to reduce any risk.

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.

### 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 saw that staff kept comprehensive 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 five 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.

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

The principal dentist had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections. We were told they were working with the local occupational health service to ensure all staff had received any boosters required for their level of immunity.

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

### Infection control

# Are services safe?

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 regularly.

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 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 stored and kept records of NHS 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. The principal dentist worked closely with all staff members to ensure the audit process evolved in each cycle.

The practice had an (Orthopantomogram) (OPG) which is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a 2-dimensional representation of these

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 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.

The practice used a detailed risk analysis template within the patient dental care records to assess patients' individual needs and provided each patient with a specific risk assessment to show areas of improvement required. This had become an integral part of each examination as patients found they responded to all the information given and it also gave the team more information about patient's needs, including aesthetic dentistry, tooth wear and oral cancer risk factors. This template was above the recommendations in guidance.

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

### 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 children based on an assessment of the risk of tooth decay.

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.

We were told the staff worked proactively within the community and the principal dentist regularly attended parent toddler groups and preschool children sessions to discuss oral health, diet and prevention for parent and child. They had found this really useful to answer questions and dispel myths about dental treatments. The practice held open days in the school holiday and had stations around the practice so children could choose what event

they wished to be involved with one being a 'selfie' station to take big smiles pictures. The team also worked with a local charity and supported them by having open days or taking part in events.

### 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.

We found there was excellent use of a multi-professional team. Staff were encouraged and supported to undertake dental qualifications, dental competencies and management/patient care qualifications. Staff reported that they felt valued by the principal who was alert to their needs, both at the present time and for their future professional development.

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. These 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. Referral audits were also carried out to ensure referral processes were effective.

### 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.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The principal dentist felt this was an area staff awareness could be



# Are services effective?

(for example, treatment is effective)

improved upon so they had a detailed action plan and training programme with role play to ensure staff understood their role in more detail. The policy also referred to Gillick competence and staff 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.

# 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 excellent, caring and they make you feel welcome. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. The practice was in the process of putting a 360 video about the practice on the website so patients could have a virtual tour of the practice before coming in. Longer appointments were booked for children or nervous patients. The staff used visual aids and demonstration models to help communication and reinforce important messages to patients.

The practice had been asked by a patient who could no longer access the service if they could provide domiciliary care. There were no policies in place or risk assessments but the principal dentist assured us this would be addressed to ensure staff and patient safety had been reviewed in line with guidance.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited 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 securely.

Music was played in the treatment rooms and there were magazines and a television in the waiting room. The practice also provided drinking water.

Information folders, patient survey results 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.

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.

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. We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. 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 telephoned some older patients on the morning of their appointment to make sure they could get to the practice. They had a long standing relationship with the patients and we were told of occasions where a patient's health had deteriorated and they had worked together to ensure the best care and treatment could be provided.

### Tackling inequity and promoting equality

The practice had taken into consideration the needs of different groups of people, for example, people with disabilities, and put in place reasonable adjustments, for example, handrails to assist with mobility, step free access, a hearing loop, an accessible toilet with hand rails and a call bell. Any steps within the practice had warning tab on the step on to highlight this for staff and patients.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The dentists told us they had installed a second hand rail on the stairs for those with restricted mobility. They had also put in chairs which were sturdier, higher and with arms for those who struggle getting up from lower seats in response to patients' requests. They also had a chair in the waiting room which was at the same level as a wheelchair to allow patients who are wheelchair users to communicate with others at the same level if the need arose.

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, 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 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 aimed to settle complaints in-house and would try speaking 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 and compliments the practice received. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

The practice had not received any complaints since the principal dentist had taken over the practice in 2012. We were told a detailed protocol had been put in place to help staff if the need arose.

We were told of an example of when a patient's comment was used to make changes within the practice. It was clear the practice used comments as a way of improving the service for patients.

# Are services well-led?

## Our findings

### Governance arrangements

The practice was a member of two 'good practice' accreditation schemes. These are quality assurance schemes that demonstrate 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 had embraced their own 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 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 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

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. We found action plans and learning outcomes were in place.

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

We saw staff had completed 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 whole team showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The team had annual appraisals and six monthly personal development plans. 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 the practice provided support and encouragement for them to complete training. We were told of several staff members who had been encouraged and supported to develop their skills within the practice and extended duty courses were completed by staff if they had an interest in that area and it would benefit patients. One staff member had been given extra responsibility which boosted their confidence and led to them enrolling on courses to further extend their duties.

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

The practice had a system in place to seek the views of patients about all areas of service delivery through the use of regular patient surveys and a suggestion box.

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.

## Are services well-led?

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