

Deane Dental Care Limited

# Deane Dental Practice

## Inspection Report

The Vibe  
175 Broughton Lane  
Salford  
Lancashire  
M7 1US  
Tel: 0161 478 2980  
Website: [www.deanedental.co.uk](http://www.deanedental.co.uk)

Date of inspection visit: 1 February 2018  
Date of publication: 13/03/2018

### Overall summary

We carried out this announced inspection on 1 February 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.

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

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

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

These questions form the framework for the areas we look at during the inspection.

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

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

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

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

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

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

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

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

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

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

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

##### **Background**

Deane Dental Practice is in Salford and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and pushchairs. On street parking is available near the practice.

# Summary of findings

The dental team includes six dentists, eight dental nurses, a dental hygiene therapist, a receptionist and a practice manager. The practice has four treatment rooms.

The practice is owned by a company 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 managers at Deane Dental Practice were the two principal dentists.

On the day of inspection we collected 34 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 8.00am to 5.00pm

Friday 8.00am to 4.30pm

## **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.

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

- Review the process to ensure that the relevant staff have evidence of immunity to Hepatitis B and risk assess low responders.

# 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.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients said that staff were very supportive and caring during treatment and put them at ease. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice followed the methodology of the government's Dental Prototype Agreement Scheme, to offer a new way of providing dental care, with an increased focus on risk, rating patients according to the level or likelihood of dental disease and providing evidence-based, targeted disease prevention.

They provided additional targeted oral health education in the community. For example, at local Jewish schools and health fairs.

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

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

No action



### Are services caring?

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

We received feedback about the practice from 36 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, helpful and polite. They said that they were listened to, put at ease and given helpful, honest explanations about dental treatment. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

No action



# Summary of findings

Patients confirmed that staff were sensitive and respectful to the cultural requirements of patients and offered choice in line with this.

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. In addition, the practice was part of a local scheme to provide urgent dental care to patients who did not have a dentist.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children.

Staff could speak a range of languages including Urdu, Punjabi, Latvian and Gujarati. They had access to 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.

No action



## Are services well-led?

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

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.

During the inspection we found all staff were responsive to discussion and feedback to improve the practice. Staff spoke passionately about engaging with their local community and striving to meet the different cultural needs of patients.

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action





# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff 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. We noted that the follow up from two previous sharps injuries was not documented in the accident book. This was discussed with the principal dentist to review the process. Evidence that these were followed up was seen in staff files.

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. Staff told us they received safeguarding training. Evidence of safeguarding training was not available for eight members of staff, the provider sent evidence after the inspection that all eight had now completed their training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had whistleblowing and freedom to speak up policies. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice had a sharps risk assessment in place for needles and matrix bands but this did not include the risks from other sharp items. Staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles where necessary in order to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff

accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries. The principal dentist sent an updated risk assessment immediately after the inspection.

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. Staff kept records of monthly checks to make sure these were available, within their expiry date, and in working order. We spoke with the principal dentist about carrying out checks on a weekly basis in line with recognised guidance.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at staff recruitment files. These showed the practice followed their recruitment procedure. All staff had a Disclosure and Barring Service (DBS) check to prevent unsuitable people from working with vulnerable groups, including children.

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

The practice occasionally used a locum dental nurse agency. They did not ensure that appropriate checks were carried out on these staff. The principal dentist told us that they had the same agency staff attend on each occasion to maintain continuity and they would discuss these checks with the locum agency before using the service again. Locum staff received an induction to ensure that they were familiar with procedures but this was not documented. A locum checklist and induction process was implemented and submitted immediately after the inspection.

### Monitoring health & safety and responding to risks



## Are services safe?

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. A fire risk assessment was in place, staff had received fire marshal training and carried out and documented checks of fire detection equipment. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental hygiene therapists 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 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 had carried out audits of specific decontamination procedures but did not undertake full infection prevention and control audits twice a year. We spoke with the practice manager about carrying out six-monthly audits in line with the guidance in HTM01-05; a full audit was carried out and submitted immediately after the inspection.

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.

The staff records we reviewed with the practice manager provided evidence to support that relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. There was no evidence of the efficacy of these vaccinations for 10 members of staff, one member of staff was identified as a low responder. This was discussed with the principal dentist to follow up as appropriate, they confirmed after the inspection that this had been completed.

### Equipment and medicines

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

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

The practice stored and kept records of NHS 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 radiographs they took. The practice carried out radiograph audits following current guidance and legislation.

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.

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

The practice followed the methodology of the government's Dental Prototype Agreement Scheme, to offer a new way of providing dental care, with an increased focus on risk, rating patients according to the level or likelihood of dental disease and providing evidence-based, targeted disease prevention. Using this methodology the practice were able to monitor how many patients were in each of the risk categories and provide additional targeted oral health education in the community. For example, at local Jewish schools and health fairs.

The principal dentist shared with us how the dental care and treatment under this scheme was provided using a dental care pathway with a focus on developing an holistic approach to planning patient care.

The practice team was signed up to the ethos of the scheme where dental care needs to be provided using a long-term preventive approach based on individual need and risk. This approach encourages patients to take responsibility for protecting and maintaining their own oral health, with support from the dental team who provide all necessary dental treatment.

The practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

### Health promotion & prevention

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

to improve their oral health. The practice had approached local faith schools to provide oral health education and advertised in local newspapers aimed at the Jewish community to encourage attendance at the practice.

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 as appropriate.

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

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

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

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



## Are services effective?

(for example, treatment is effective)

make informed decisions. Patients confirmed their dentist listened to them, gave them clear information about their treatment. Patients commented that they were given time and did not feel rushed into making decisions.

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 policy also referred to Gillick competence and the dentists and dental nurses 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.

The practice had installed CCTV in the reception and waiting area. Signs were not displayed to advise people they were being recorded and the ICO had not been informed of the use of CCTV. We were sent evidence after the inspection this had been addressed.





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

Anxious patients said staff were compassionate and understanding. Patients confirmed that staff were sensitive and respectful to the cultural requirements of patients and offered choice in line with this. For example, patients could choose whether they saw a male or female dentist, they could also choose between a male or female dental nurse to assist during treatment. They were also asked if they preferred music to be switched off during their appointments.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided 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 practice information in the waiting rooms. The practice provided drinking water. Staff had responded to feedback on the lack of facilities for children in the waiting room by providing books for children, patients commented that they appreciated this.

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. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options. Patients commented that staff were always helpful when asked questions about treatment plans.

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.

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. For example, patient notes were flagged if they required a translator.

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

### Tackling inequity and promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. Staff could speak a range of languages including Urdu, Punjabi, Latvian and Gujarati. They had access to translation services which included British Sign Language. Staff asked patients if they had a preference for a male or female translator.

### 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 care. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. In addition, the practice was part of a local scheme to provide urgent dental care to patients who did not have a dentist. Staff told us they had a good working relationship with the central appointment office that were responsible for booking patients and providing information to the practice.

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

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



# Are services well-led?

## Our findings

### Governance arrangements

The dentists told us that they worked together with the registered manager to manage the practice and provide clinical leadership. The practice manager was responsible for the day to day running of the service. An organisational structure was in place, staff knew the management arrangements and their roles and responsibilities.

The practice had up to date 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 principal dentist 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 principal dentist and 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 regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. The dentists also attended external meetings to share best practice and discuss local needs.

### Learning and improvement

During the inspection we found all staff were responsive to discussion and feedback to improve the practice. Staff spoke passionately about engaging with their local community and striving to meet the different cultural needs of patients. For example, engaging with local Jewish schools and health fairs and using local newspapers aimed at the Jewish community to encourage oral health and attending the dentist. The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist 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.

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

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

The practice used verbal comments to obtain staff and patients' views about the service. The practice had acted on suggestions from patients to provide books for children in the waiting room.

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.