

## Ramsbottom Dental Care

# Ramsbottom Dental Care

### Inspection Report

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### Overall summary

We carried out this announced inspection on 7 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a 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**

Ramsbottom Dental Care is in Bury and provides private treatment to adults and children.

There is level access for people who use wheelchairs and pushchairs. The practice has a car park at the rear of the premises, additional parking, including for patients with disabled badges, are available near the practice.

The dental team includes two dentists, four dental nurses (who also work on reception), a dental hygienist and a practice manager. The practice has two treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the

# Summary of findings

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 Ramsbottom Dental Care was one of the partners.

On the day of inspection we collected 28 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with both dentists, two dental nurses 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, Tuesday and Thursday 9.00am to 5.30pm

Wednesday 9.00am to 6pm

Friday 9.00am to 1.00pm

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.

- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result.
- Review the current legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations. On the day of the inspection the practice were open to feedback and took immediate actions to address the concerns raised during the inspection and send evidence to confirm that action had been taken. They demonstrated a commitment to continuing the work and engagement with staff to make further improvements.

The practice had systems and processes to provide safe care and treatment. The practice did not have a policy for significant events but staff knew the procedures to report them. Evidence was not available that staff had followed any incidents as appropriate with occupational health.

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

An effective system was not in place to ensure national patient safety and medicines alerts were received from the Medicines and Healthcare Products Regulatory Authority (MHRA).

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

The practice manager provided evidence to support the relevant staff had received vaccinations against Hepatitis B. There was no evidence of the efficacy of these vaccinations for four members of staff.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. A sharps and COSHH risk assessments were not in place.

Improvements were needed to the arrangements for dealing with medical and other emergencies. Immediate action was taken to address this.

Improvements were needed to the procedures to reduce the possibility of Legionella or other bacteria developing in the water systems.

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.

The provider used the skill mix of staff in a variety of clinical roles. For example, dentists who had additional training in implants and orthodontics, a dental hygienist had just been employed part time and dental nurses, to deliver care in the best possible way for patients.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

No action



# Summary of findings

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

They displayed oral health education information throughout the practice. Patient's comments confirmed that the dentists were very informative and gave them information to improve their oral health.

## 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 28 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, respectful and caring. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. Internal and external renovations were ongoing to improve the premises which included making reasonable adjustments for patients with disabilities.

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.

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 did not have a policy for significant events but staff knew the procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. We reviewed the most recent incidents recorded in the accident book, we noted that only sharps injuries had been reported. Evidence was not available that staff had followed these up as appropriate with occupational health. We discussed other incidents, including when the practice cellar was recently flooded but this was not recorded as a significant event. We saw evidence that the practice had learned from and made improvements after this incident. This was discussed with the partners to review and ensure staff are encouraged to report and demonstrate learning from any incident that occurs.

The partners told us that they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) but evidence of this was not available. We discussed recent relevant alerts and checked the relevant items to confirm they were not affected. We discussed this with the partners who gave assurance that they would review the process to ensure all relevant alerts are 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. A sharps risk assessment had not been carried out. We were told the practice

followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Staff had access to a community Automated External Defibrillator (AED) at the rear of the building. They had received training to use the device and practiced training scenarios to ensure it could be retrieved and available for use within an acceptable timeframe but staff did not ensure the device was in place and available for use on a daily basis.

Emergency equipment and medicines were available and staff kept records of monthly checks to make sure these were available, and in working order. The oropharyngeal airways and self-inflating bags had expired. Immediate action was taken by the practice to replace these items. We discussed the checking process with the partners who gave assurance that going forward the medical emergency oxygen and AED would be checked daily and the rest of the emergency kit would be checked on a weekly basis.

### Staff recruitment

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

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

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. A fire risk assessment was in place and regular checks of the fire detection systems were carried out and documented. The practice had obtained a CD of safety data sheets relating to Control of Substances Hazardous to Health (COSHH) substances but risk assessments for each individual substance were not available. The practice manager gave assurance that these would be carried out.



## Are services safe?

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

Improvements were needed to the procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Staff carried out and documented monthly water temperature tests but the record showed that the temperature of the hot water was consistently around 40°C. Hot water systems should be maintained to keep hot water stored at 60°C and distributed so that it reaches the outlets at 55°C within one minute. This was discussed with the partners who told us this would be addressed.

We saw cleaning schedules for the premises. At the time of the inspection, extensive internal and external building renovations were in progress. The majority of this took place when the practice was closed to minimise disruption to patients. The practice was clean and patients confirmed this was usual.

The staff records we reviewed with the practice manager provided evidence to support the relevant staff had received vaccinations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. There was no evidence of the efficacy of these vaccinations for four members of staff. This was discussed with the partners to follow up and risk assess as appropriate.

### Equipment and medicines

We saw servicing documentation for the equipment used. Evidence of pressure vessel checks for the steriliser and servicing documentation for the washer disinfecter were not available but these were sent after the inspection. Staff carried out checks in line with the manufacturers' recommendations.

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

The practice kept records of prescriptions as described in current guidance.

### Radiography (X-rays)

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

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

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

The practice had an OPG (Orthopantomogram) 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.





# 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 provided dental implants. The dentist explained the process which patients underwent prior to undertaking implant treatment. This included using X-rays to assess the quality and volume of the bone and whether there were any important structures close to where the implant was being placed. We saw evidence these X-rays were analysed to ensure the implant work was undertaken safely and effectively. We also saw that patients gum health was thoroughly assessed prior to any implants being placed. If the patient had any sign of gum disease then they underwent a course of periodontal treatment. After the implant placement the patient would be followed up at regular intervals to ensure the implant was healing and integrating well and a direct contact number for the dentist was provided if they had any questions or concerns. All of these measures greatly improved the outcome for patients.

A dentist also provided private orthodontic treatment. The dentist explained the process which patients underwent prior to undertaking orthodontic treatment. This included using X-rays, detailed measurements and an assessment of treatment need. Patients were reviewed at regular intervals. Patients undergoing this treatment confirmed that the dentist discussed all planned treatment in detail.

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

### Health promotion & prevention

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

The 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 partners used the skill mix of staff in a variety of clinical roles. For example, dentists who had additional training in dental implants and orthodontics, a dental hygienist had just been employed part time and dental nurses, to deliver care in the best possible way for patients. One of the dental nurses had received additional training in oral health education and part of the renovations included the provision of a new oral health promotion unit.

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.

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



## Are services effective?

(for example, treatment is effective)

may not be able to make informed decisions. The policy also 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.





## Are services caring?

### Our findings

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

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

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

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

The layout of reception and ground floor waiting area did not provide privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients and if a patient asked for more privacy they would take them into another room or the first floor waiting area. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

There was a variety of oral health information, magazines in the waiting rooms.

Practice information folders, patient survey results and thank you cards were available for patients to read. The practice had also helped to raise funds for a local charity.

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

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as orthodontics and dental implants.

Each treatment room had a screen so the dentists could show patients 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 were unable to access the first floor surgery.

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. Patients also commented that the practice had also contacted them to inform them that building work was taking place at the premises. They appreciated this personal touch showed by staff.

### Tackling inequity and promoting equality

At the time of the inspection, internal and external renovations were ongoing to improve the premises which included making reasonable adjustments for patients with disabilities. For example, installing an accessible ground floor toilet.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services but these were rarely needed.

### 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. They took part in an emergency on-call arrangement with some other local practices. 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 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 partners had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

### Leadership, openness and transparency

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

Staff told us there was an open, no blame culture at the practice. They said the partners 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 partners were approachable, would listen to their concerns and act appropriately. The partners discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

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

### Learning and improvement

During the inspection the provider was responsive to feedback and actions were taken quickly to replace expired items in the emergency kit and provide evidence of equipment servicing. The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, orthodontics, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses 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 patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on. For example, renovating the practice and customer skills training.