

Dr. Bryan Wilson

# Inglemire Dental Surgery

## Inspection Report

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Date of inspection visit: 13 July 2017  
Date of publication: 27/07/2017

### Overall summary

We carried out a follow-up unannounced inspection at Inglemire Dental Surgery on the 13 July 2017.

We had undertaken an announced comprehensive inspection of this service on the 8 June 2017 as part of our regulatory functions where breaches of legal requirements were found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to each of the breaches. This report only covers our findings in relation to those requirements.

We reviewed the practice against two of the five questions we ask about services, is the service safe and well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Inglemire Dental Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We revisited Inglemire Dental Surgery as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements. We carried out this unannounced inspection on 13 July 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 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 well-led?**

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

##### **Background**

Inglemire dental practice is in Hull and provides NHS and private treatment to adults and children.

There is a small step to access the premises for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

# Summary of findings

The dental team includes two dentists, four dental nurses, a part time practice manager and a receptionist. The practice has two treatment rooms.

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.

During the inspection we spoke with two dentists, three dental nurses, the 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, Thursday & Friday 9am – 5pm

Tuesday 9am – 6:30pm

Wednesday 9am – 3:30pm

## **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 practice had effective leadership. Staff felt involved and supported and worked well as a team.

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

- Review the practice's systems in place for environmental cleaning taking into account current national guidelines.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the processes and systems in place for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.

# 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 implemented systems, processes and reporting procedures 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.

We found prescription pad logs were in place to monitor their use.

Clinical waste was now stored appropriately and all containers were available for the correct segregation of waste.

The practice had suitable arrangements for dealing with medical and other emergencies. All out of date emergency drugs and emergency equipment had been disposed of safely.

Radiation equipment had now been serviced and the practice was awaiting the certificate.

Premises and equipment were now clean and properly maintained.

The practice followed national guidance for environmental cleaning but we found this could be improved upon.

The staff were unaware if any risk assessments for the practice had been completed but a new assessment for the safe use of sharps had been implemented.

MHRA alerts were received by the practice principal and then actioned if required.

The dentists had access to rubber dam when providing root canal treatment to patients and we were told if they could not use this a safety parachute chain would be used.

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.

Dental care records were not always complete, clearly written or 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 introduced 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. We found no practice risk assessment had been put in place but we were told this would be addressed. The practice followed relevant safety laws when using needles and other sharp dental items. A new risk assessment had been put in place for the safe use of sharps.

The dentists now had access to rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment. We were told if they could not use this a safety parachute chain would be used to protect the patients' airway.

We found improvements were necessary to ensure dental care records included information about the patients' current dental needs, past treatment and medical histories. This includes the recording of options, risk and benefits of treatment, the recording of gum scores and the diagnosis.

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 discussed smoking, alcohol consumption and diet with patients during appointments, we saw that this was rarely recorded within the dental care records.

The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions although this was rarely recorded. When we spoke with patients they told us these options were not always discussed with them.

The practice did not have an efficient appointment system to respond to patients' needs, we were told patients were often kept waiting for appointments with one dentist as sessions frequently ran late. The appointment system was designed to allow the dentists to see as many patients as possible on the day; it did lead to one of the dentists running late and patients being kept waiting for appointments.

### **Medical emergencies**

Staff had self-funded a training session in February 2017 as they did not feel confident in responding to medical emergencies and were unsure when they had last completed training in medical emergencies. At the time of our inspection all staff knew what to do in a medical emergency and felt more confident as a result of training.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

### **Staff recruitment**

The practice did not have a staff recruitment policy and procedures to help them employ suitable staff. We were told this was an action they were working on with the newest member of staff as they were working to introduce an induction process.

# Are services safe?

We looked at all staff recruitment files and found all supporting information for all staff was now available. This included DBS checks, references, identification, evidence of immunisations and training and development certificates.

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 had a health and safety policy. There were no risk assessments to help manage potential risk which can occur in a dental practice. 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 when they treated patients.

Some risk assessments and safety data sheets for materials and COSHH had been put in place. We were told this was work in progress to ensure all materials had the required information.

## **Infection control**

The practice had an infection prevention and control policy.

They were aware of the guidance in Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Evidence staff completed infection prevention and control training was available since the last inspection and staff felt more confident in the process and procedures.

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.

Surgeries had been de-cluttered and work surfaces to make it easier to clean between patients.

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 an infection prevention and control audit in June 2017. The 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. A new legionella risk assessment had been completed and the practice was awaiting the full report.

We did not see any cleaning schedules for the premises. We were told the cleaner provided their own equipment but there was no information available to ensure these were stored and used in the correct areas of the practice.

## **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. The X-ray machine had now been serviced and the practice was awaiting the certification.

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.

We saw inconsistent evidence that the dentists justified, graded and reported on the X-rays they took. The dentists were aware of this and had support to peer review and training and development. One dentist had carried out an X-ray audit and the other was in the process of completing their audit.

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

# Are services well-led?

## Our findings

### **Governance arrangements**

The principal dentist had overall responsibility for the management and clinical leadership of the practice.

The practice had new policies and procedures 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.

Staff said they could now 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.

### **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, although they were only at the practice one day per week.

They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and share these with the registered provider. The practice did not hold staff meetings. We were told information would be discussed informally and a record of this was now stored in an accessible diary.

### **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.

Staff told us they completed training, including medical emergencies and basic life support. 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**

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.