

Mrs. Catherine Barrs

# Holywell House Hinckley

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 23 July 2015.

The practice is owned by a sole provider who is the principal dentist in the practice. They are supported by a further six dentists, a dental hygienist, an orthodontic therapist, 10 dental nurses and four administration staff.

The practice provides NHS orthodontic, minor oral surgery and periodontology dental services to both adults and to children. The practice is open Mondays from 9.00am to 6.30pm, Wednesday and Thursdays from 9.00am to 6.00pm. Tuesday surgery finishes at 5pm and on a Friday the practice opens at 8.30am until 3pm but hours can be extended to 6pm if required. Services are available from 8am to 3pm on a Saturday by appointment only. Patients are referred to this service by a dental practitioner.

Mrs Catherine Barrs is the registered provider and the identified registered person for the practice. Registered persons 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 is Anna Sammut.

We viewed 10 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. All of the comment cards reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and

hygienic, they found the staff very friendly and approachable and they found the quality of the dentistry to be excellent. They said explanations were clear and made the dental experience as comfortable as possible

The practice was providing care which was safe, effective, caring, responsive and well-led in accordance with the relevant regulations.

#### Our key findings were:

- The practice recorded and analysed significant events and complaints and cascaded learning to staff.
- Staff had received formal safeguarding training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and appropriate medicines and life-saving equipment were readily available.
- Infection control procedures were in place and the practice followed published guidance.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.

# Summary of findings

- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system.
- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided.

# 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 care which was safe in accordance with the relevant regulations. The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. The practice had recorded significant events and accidents and there were processes in place to investigate and analyse these. Improvement measures implemented where appropriate.

Staff had received formal training in safeguarding, and they could describe the signs of abuse and were aware of the external reporting process. Staff were appropriately recruited and suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

Infection control procedures were in place and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Local rules were displayed clearly where X-rays were carried out. Emergency medicine in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice and serviced and maintained at regular intervals.

### **Are services effective?**

We found that this practice was providing effective care in accordance with the relevant regulations. Patients received an assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits and options available to them. Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner. Staff had received training in the Mental Capacity Act 2005 and understood the principles contained within it.

### **Are services caring?**

We found that this practice was caring in accordance with the relevant regulations. Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. We saw that treatment was clearly explained and patients were provided with treatment plans. People with urgent dental needs or in pain were responded to in a timely manner, often on the same day.

### **Are services responsive to people's needs?**

We found that this practice was providing effective care in accordance with the relevant regulations. Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits, and options were explained.

Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner. Staff were aware of Gillick competency in relation to children under the age of 16.

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

We found that this practice was providing well-led care in accordance with the relevant regulations. The practice staff were involved in leading the practice to deliver satisfactory care. Care and treatment records were audited to ensure standards had been maintained. Staff were supported to maintain their professional development and skills. A range of clinical and non-clinical audits were taking place. The practice sought the views of patients with formal and informal audits.

# Holywell House Hinckley

## Detailed findings

### Background to this inspection

The inspection took place on 23 July 2015 and was conducted by a CQC inspector and a specialist professional advisor.

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 therefore formed the framework for the areas we looked at during the inspection.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with a number of staff working on the day. We reviewed policies, procedures and other documents. We reviewed 10 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the dentists. The practice had a no blame culture and policies were in place to support this. We were told us that there had been no safety incidents in the last year.

### Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and who to contact and how to refer concerns to agencies outside of the practice should they need to raise concerns. They were able to demonstrate that they understood the different forms of abuse and how to raise concerns. From records viewed we saw that staff at the practice were formally trained in safeguarding adults and children. One of the dentists had a lead role in safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. This person had received formal training to help them with this role. No safeguarding concerns had been raised by the practice in the last three years.

The practice had whistleblowing policies. Staff spoken with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received basic life support including the use of the defibrillator (a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.). Staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest.

Emergency medicines, a defibrillator and oxygen were readily available if required. This was in line with the Resuscitation Council UK and British National Formulary Guidelines. We checked the emergency medicines and found that they were of the recommended type and were all in date. Staff told us that they checked medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order. These checks were recorded.

### Staff recruitment

The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We saw that staff had received a Disclosure and Barring Service check which was recorded on their file.

The practice had a formal induction system for new staff.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred, staff told us that they would cover for their colleagues.

### Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified risks to staff and patients who attended the practice. The risks had been identified and control measures put in place to reduce them.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a Legionella risk assessment and fire evacuation procedures. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.

Processes were in place to monitor and reduce these risks so that staff and patients were safe. Staff told us that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested, and records in respect of these checks were completed consistently.

### Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly

# Are services safe?

described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. We were told that the dental nurses and receptionist had their responsibilities in each area within the practice. The practice had in place systems for testing and auditing the infection control procedures.

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises. Posters describing proper hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities. Sharps bins were properly located, signed, dated and not overfilled. A clinical waste contract was in place and waste matter was stored securely until collection.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had two dedicated decontamination rooms that were set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. The decontamination rooms had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 01-05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and followed the correct procedures. The practice cleaned their instruments manually and also used an ultrasonic washer. Instruments were then rinsed and examined visually with a magnifying glass and sterilised in an autoclave. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that met the recommendations from the Department of Health.

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Staff wore appropriate uniforms that were clean and staff told us that they changed them daily. They also told us that they wore personal protective equipment when cleaning instruments and treating people who used the service. Staff files reflected that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. 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 blood borne infections.

The practice had a legionella risk assessment in place. Regular tests were conducted on the water supply. This included maintaining records and checking on the hot and cold water temperatures achieved.

## Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. Portable appliance testing (PAT) took place on all electrical equipment. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use and these were rotated regularly to ensure equipment remained in date for use. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were recorded for evidential and audit purposes.

## Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were displayed in areas where X-rays were carried out. However we saw that an x-ray machine was located within the decontamination room. We advised the principle dentist that they should review the risks associated with the location of this machine.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who

## Are services safe?

required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The dentists monitored the quality of the X-ray images on a regular basis and records were being maintained. This

ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms and the dentists considered each person's circumstance to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies.

The dentists we spoke with told us that each person's diagnosis was discussed with them and treatment options were explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice and general dental hygiene procedures. The patient notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations.

We reviewed 10 comment cards. Feedback we received reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. Patients would either be seen at a nearby dental practice or offered an appointment at the practice's sister site close by.

### Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health.

### Staffing

We found that the practice was suitably staffed to meet the needs of patients and the service. Dental staff were appropriately trained and registered with their professional

body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Staff files we looked at showed details of the number of hours they had undertaken and training certificates were also in place.

Staff training was being monitored and training updates and refresher courses were provided. The practice had identified some training for example, in basic life support. Staff had received training in the safeguarding of children and vulnerable adults. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

The practice had procedures in place for appraising staff performance and records we reviewed showed that appraisals had taken place. Staff spoken with said they felt supported and involved in discussions about their personal development. They told us that all the dentists were supportive and always available for advice and guidance.

### Working with other services

The care and treatment required was explained to the patient including the type of treatment required. During orthodontic treatment the patient remained with their own dental provider for general dental treatments. When the patient had received their treatment they would be discharged back to their dental practice for further follow-up and monitoring.

### Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient. Training records we looked at showed that staff had attended Mental Capacity Act 2005 (MCA) training. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The dentists we spoke with were also aware of and understood the use of Gillick competency in young persons. Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.



## Are services effective?

(for example, treatment is effective)

The practice used the standard NHS consent form for any surgery they undertook and had a separate consent form

for the fitting of retainers. Written consent was also gained for the taking of photographs of patients. Photographs were used to demonstrate the effectiveness of retainers and the appearance of the patient's teeth.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was open plan but we were told by reception staff/dental nurse that they considered conversations held at the reception area when other patients were present. Staff members we spoke with told us that they never asked patients questions related to personal information at reception.

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling

of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that patient records, both paper and electronic were held securely.

The patients who completed comment cards reported that they felt that practice staff were kind and caring and that they were treated with dignity and respect and were helpful. One comment said that staff always listened to concerns and provided excellent advice and appropriate treatment. Many of the cards recorded that staff were always very friendly and professional.

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

Comment cards completed by patients included comments about how professional the staff were and treatments were always explained in a language they could understand. Patients also commented that staff were very sensitive to their anxieties and needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patient's needs

The practice information leaflet and information displayed in the waiting area described the range of services offered to patients, the complaints procedure, information about patient confidentiality and record keeping.

Appointment times and availability met the needs of patients. Patients with emergencies were seen within 24 hours of contacting the practice, sooner if possible. The practice's answering machine informed patients of contact details during this time.

### Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. They had also considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. Within the practice there were two surgeries on the downstairs floor and two further surgeries on the first floor which were accessible by stairs. There were facilities for the disabled including an adapted toilet.

The practice had made available information in the language spoken by the patient. For example a new patient had arrived from Vietnam. The practice had all the relevant information leaflets translated into Vietnamese for this patient. When leaflets were translated they were kept on file for future use if required.

### Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen within

24 hours or sooner if possible. The patient leaflet informed patients about the importance of cancelling appointments should they be unable to attend so as to reduce wasted time and resources.

The arrangements for obtaining emergency dental treatment outside of normal working hours, including weekends and public holidays were clearly displayed in the waiting room area. Staff we spoke with told us that patients could access appointments when they wanted them. Patients who completed comment cards confirmed that they were very happy with the availability of routine and emergency appointments.

All practitioners working on the day held appointments open for emergencies. On call and out of hours services were provided by the dentists on a rota basis. Patients were also telephoned to discuss the concerns and information was given which could help relieve the symptoms.

### Concerns & complaints

The practice had a complaint procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Details of how to raise complaints were accessible in the reception area. Staff we spoke with were aware of the procedure to follow if they received a complaint. From information reviewed during the inspection we saw that the practice had received three complaints during the last 12 months.

The practice manager told us that there had been three complaints made within the last 12 months and actions had been taken which resolved these. CQC comment cards reflected that patients were satisfied with the services provided.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice.

There were systems in place for carrying out clinical and non-clinical audits taking place within the practice. These included assessing the detail and quality of patient records, oral health assessments and X-ray quality. Relevant risk assessments were in place to help ensure that patients received safe and appropriate treatments.

There was a full range of policies and procedures in use at the practice. Staff were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them. This enabled dental staff to monitor their systems and processes and to improve performance.

### **Leadership, openness and transparency**

The culture of the practice encouraged candour, openness and honesty. Staff told us that they could speak with any of the dentists if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns.

All staff were aware of whom to raise any issue with and told us that the dentists would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

### **Management lead through learning and improvement**

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. Staff

were aware of the practice values and ethos and demonstrated that they worked towards these. There were a number of policies and procedures in place to support staff improve the services provided.

We saw that the dentist reviewed their practice and introduced changes to practice through their learning and peer review. A number of clinical and non-clinical audits had taken place where improvement areas had been identified. These were cascaded to other staff if relevant to their role.

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

Staff told us that patients could give feedback at any time they visited. A recent patient survey had been carried out and the results of this had been positive, with patients expressing a high level of satisfaction with the services they received.

The practice had systems in place to review the feedback from patients who had cause to complain. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

The practice held regular staff meetings, informal staff discussions and staff appraisals had been undertaken. Staff we spoke with told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted. Staff told us that they felt part of a team.

There were two reviews recorded by patients on the NHS Choices web site. Both of these were very complimentary about the practice and the service they received.

22 patients had completed the friends and family test and all agreed that they would recommend this practice. The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.