

Wells Road Dental Surgery Ltd

# Wells Road Dental Surgery

## Inspection Report

Wells Road

Ilkley

LS29 9JB

Tel: 01943 608748

Website: [www.wellsroaddental.co.uk](http://www.wellsroaddental.co.uk)

Date of inspection visit: 30 June 2016

Date of publication: 05/08/2016

### Overall summary

We carried out an announced comprehensive inspection on 30 June 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **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**

The practice provides a range of private and child NHS dental services for patients in and around the Ilkley area.

The dental practice is based on the first floors of a converted building. There is a comfortable waiting room, and reception area, two treatment rooms, decontamination room, staff room/kitchen and office area.

The practice has a principal dentist and one associate dentist supported by two dental nurses, and two receptionists.

The practice is open Monday – Thursday 09:00 am to 5.30pm and Friday 9:00am to 1:00pm.

The owner and principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. 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.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from eight patient comment cards which all gave positive comments about the care and treatment they received at the practice. In addition we spoke with four patients on the day of our inspection. Feedback from patients was positive about the care they received from the practice.

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

# Summary of findings

- The practice had systems to assess and manage risks to patients, including infection prevention and control and health and safety.
- Premises were well maintained and a tour of the building confirmed that good cleaning and infection control systems were in place.
- There was appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies. This included an external defibrillator. Staff had been trained to manage medical emergencies.

- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.

The dental practice had effective clinical governance and risk management structures in place.

# 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 to assess and manage risks to patients. These included maintaining the required standards of infection prevention and control.

There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. Medicines for use in the event of a medical emergency were safely stored however we did recommend that weekly records were maintained to ensure they were in date and safe to use. All staff had received training in responding to a medical emergency including cardiopulmonary resuscitation (CPR).

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. Staff met daily in the morning and at lunch time to discuss any safety concerns or matters arising.

There were maintenance contracts in place to ensure all equipment had been serviced regularly, including, the autoclaves, fire extinguishers, the air compressor, oxygen cylinder and X-ray equipment.

There was documentary evidence to demonstrate that staff had attended training in child protection and adult safeguarding procedures and understood their responsibilities in relation to identifying and reporting any potential abuse.

No action



### Are services effective?

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

The practice followed guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals. Patients' dental care records provided comprehensive information about their current dental needs and past treatment.

We saw that appropriate referrals were made to specialist services for further investigations following changes in the patient's oral health.

Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff we spoke with were aware of the impact of patients' and their family's general health and wellbeing and were proactive in providing information and support.

No action



### Are services caring?

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

No action



# Summary of findings

We received feedback from eight comment cards and four patients on the day about the care and treatment they received at the practice. The feedback was positive about the practice with patients being unanimous in their praise for the care they received. Patients commented on how excellent the service was and the high level of professionalism of the staff. They commented that staff had made them feel at ease and nervous patients felt reassured.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

## Are services responsive to people's needs?

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

We reviewed the CQC comment cards patients had completed prior to the inspection and confirmed patients were happy with the care they received and felt fully involved in making decisions about their treatment.

The practice provided patients with information to enable them to make informed choices about treatment. Patients were given a copy of their treatment plan and associated costs. This gave patients clear information about the different elements of their treatment and the costs relating to them

The treatment rooms were based on first floor of the building. If a patient had limited mobility the dentist could provide some basic treatment in a room based on the ground floor treatment area.

There were arrangements for dealing with any complaints and concerns raised by patients or their carers.

No action



## Are services well-led?

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

There was a comprehensive range of policies and procedures in use at the practice which were easily accessible to staff.

The practice identified, assessed and managed clinical and environmental risks related to the service provided. The principal held the lead roles for infection control, safeguarding and complaints and supported the staff to identify and manage risks and helped ensure information was shared with all team members.

There were daily meetings with all staff where staff were given the opportunity to give their views of the service. Staff told us that they felt well supported and could raise any concerns with the dentist.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits. Where areas for improvement had been identified action had been taken and there was evidence of repeat audits to monitor those improvements had been maintained.

No action



# Wells Road Dental Surgery

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on the 30 June 2016 and was led by a CQC inspector accompanied by a specialist dental advisor.

The practice sent us their statement of purpose, and details of staff working at the practice. During our inspection visit, we reviewed policy documents and staff records. We spoke with three members of staff, including the principal dentist. We toured the practice and reviewed emergency medicines and equipment.

To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice responded to national patient safety and medicines alerts that affected the dental profession. The principal dentist reviewed all alerts and spoke with staff to ensure they were acted upon.

The practice had policies and 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 raise safety issues to the attention of the principal dentist. The practice responded to and made improvements following any accidents or incidents. Incidents were discussed both individually with staff and at daily meetings.

The practice had an incident reporting policy which included information and guidance about the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

We reviewed the accidents book, no accidents had taken place. Serious incidents were recorded, appropriately reported and action taken to minimise future risk.

Staff had an understanding of their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs and in accordance with the statutory duty are given an apology and informed of any actions taken as a result. The provider knew when and how to notify CQC of incidents which could cause harm. Patients were told when they were affected by something that goes wrong, given an apology and informed of any actions taken as a result.

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

The practice had up to date safeguarding policies and guidance for staff to refer to including the contact details for the relevant safeguarding professionals in West Yorkshire. All of the staff we spoke with were aware of their responsibility to safeguard people from abuse. All staff were trained to the appropriate level in adult safeguarding and child protection.

The practice followed national guidelines on patient safety. For example, rubber dams were used when carrying out

root canal treatments in line with guidelines from the British Endodontic Society. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth).

The practice had a policy and procedure to assess risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The policy directed staff to identify and risk assess each substance at the practice. There were risk assessments in place and information regarding materials used to inform staff what action to take if an accident occurred for example in the event of any spillage or a chemical being accidentally splashed onto the skin.

### Medical emergencies

The practice had clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained an emergency resuscitation kit, oxygen and emergency medicines to support patients. This included a wide range of airways and face masks for both adults and children. The practice had in place an emergency box which had emergency drugs and equipment grouped to meet the needs of each potential emergency.

The practice had an automated external defibrillator (AED) to support staff in a medical emergency. (An AED is 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).

We saw records of checks of emergency medicines was infrequent. We discussed this with the staff and recommended that weekly checks were carried out to ensure the equipment and emergency medicines were safe to use, this is in line with recommendations from the resuscitation council (UK). Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months. First aid boxes were easily accessible in the decontamination room.

### Staff recruitment

There were clear recruitment and selection procedures in place that described the process for employing new staff. However we found that with the most recent employee references were not in place prior to recruitment. We spoke

# Are services safe?

to the practice manager who explained that they had spoken verbally to the references but had not recorded this. Other records were omitted from the staff recruitment files, such as proof of identity and health declarations. The practice manager explained that this had been an oversight and would be put in place.

The practice completed Disclosure and Barring service (DBS) checks on all relevant staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We looked at the staff files and found that these were all in place.

We saw that clinical staff were covered by personal indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice) In addition the providers public liability insurance covered all employees working in the practice. Professional registration with the General Dental Council (GDC) was checked annually. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

## **Monitoring health & safety and responding to risks**

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, cross infection, sharps disposal, emergency medicines and equipment.

The practice carried out a number of risk assessments and kept a well maintained Control of Substances Hazardous to Health (COSHH) file. Other assessments included fire safety, health and safety and water quality risk assessments. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

The practice had a comprehensive business continuity plan which described situations which might interfere with the day to day running of the practice. The plan contained a list of contact numbers for staff and various contractors.

## **Infection control**

The practice had a decontamination room situated on the first floor. The room was 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 practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. The practice manager was the infection control lead and they ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, manual cleaning, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

We also saw the infection control audit completed in 2016, which had risk assessed the dental practice and highlighted action to be taken if required.

Posters about good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the treatment rooms and the decontamination room were visibly clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection control. The practice had cleaning schedules for each treatment room which were complete. Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. A cleaner company was engaged to clean the public areas of the building.

There were hand washing facilities in the treatment rooms and staff had access to supplies of protective equipment for patients and staff members.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system with



# Are services safe?

sealed boxes were implemented to ensure the safe movement of instruments between the treatment room and the decontamination room which minimised the risk of the spread of infection.

Staff took us through the decontamination process in both areas and were aware of the work flow in the decontamination area from the 'dirty' to the 'clean' zones.

Staff showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments; and packaging and storing clean instruments. A spot check of bagged instruments showed that they were clean, free from damage and appropriately dated. We noted however that staff did not wear eye protection or an apron throughout the cleaning stages. This was discussed with staff who told us that adequate PPE was in place and they would amend their practice.

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. The practice had an ultrasonic bath and an autoclave. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

We saw that all sharps bins were being used correctly and located appropriately. The practice operates a "safer sharps" policy to reduce the risk of injury to staff and patients. Safer syringes had been purchased and where possible sharp items are single use only.

Clinical waste was stored securely for collection. We saw that the provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

We reviewed the last legionella risk assessment report from 2011. The practice met the legionella safety guidelines. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease.

## Equipment and medicines

We saw that the practice had an arrangement to check the portable electrical appliances (PAT) (PAT is the term used to

describe the examination of electrical appliances and equipment to ensure they are safe to use). The most recent test was carried out in 2015. We noted the electrical systems and gas safety had also been checked.

There were maintenance contracts in place for the equipment such as autoclave, X-ray equipment and the air compressor.

We saw evidence to show a fire procedure was in place and that the fire safety equipment was checked annually. However we noted that the fire detection equipment was limited and testing of the alarms did not take place. Staff also told us that they did not undertake fire drills. We discussed this with the registered manager who told us they would seek advice regarding the fire detection equipment from the fire authority and that fire drills and regular systems tests would be put in place with immediate effect.

There was a system in place to ensure that staff received safety alerts from the Medicines and Health Care products Regulatory Agency and the practice manager was aware of recent alerts.

## Radiography (X-rays)

The practice had in place a Radiation Protection Adviser (RPA) and Radiation Protection Supervisor (RPS). The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were posted, a radiation risk assessment was in place and X-ray audits were carried out. The results of the most last audit confirmed they were meeting the required standards. We noted that the X-ray audits however were not taking place regularly and the last audit was some time ago. We discussed this with the registered manager who informed us that these would now be completed annually.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence that the potential benefit and/or risks



## Are services safe?

of the exposure had been considered. The patients dental records indicated each radiograph was quality assured and the findings reported on as per FGDP guidance. X-rays were stored within the patient's dental care record.

We saw that all staff were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients were asked to complete a full medical history when they joined the practice. We observed that patients were asked during their visit for any changes to medical conditions or prescribed medicines before any course of treatment was undertaken. The dental care records we reviewed showed medical histories had been checked.

The practice had policies and procedures in place for assessing and treating patients. The dental care records contained all the relevant detail including medical history and followed the guidance provided by the Faculty of General Dental Practice. X-rays were taken at appropriate intervals and in accordance with the patient's risk of oral disease; they were justified, graded (quality assured) and reported in the patient's care record. This reduced the risk of patients being subjected to unnecessary X-rays.

We received feedback from patients during the visit and via CQC comment cards; we also reviewed patient surveys the practice had undertaken. Comments received reflected that patients were very satisfied with the staff, assessments, explanations, the quality of the dentistry and outcomes.

### Health promotion & prevention

Dentists were working in accordance with guidance issued in the Public Health England June 2014 publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. 'Delivering better oral health' is an evidence based toolkit to support dental teams in improving their patient's oral and general health.

We noted that patients were given advice about their oral health from the dentist. The waiting area contained a variety of leaflets that explained effective dental hygiene and how to reduce the risk of poor dental health. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. We observed the practice had a selection of dental products on sale to assist patients maintain and improve their oral health.

### Staffing

Staff told us they were encouraged to maintain the continuous professional development (CPD) which was a requirement of their registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC and registration certificates were available in the practice.

New staff to the practice had a period of induction to familiarise themselves with the way the practice worked. Staff training was monitored by the practice manager who kept a detailed record of training. This enabled them to identify gaps in CPD and when essential training updates were due.

### Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. Where patients had complex dental needs, such as suspected oral cancer, the practice referred them to other healthcare professionals using their referral process. Referrals made were recorded and monitored to ensure patients received the care and treatment they required in a timely manner. Once the specialist treatment was completed patients were referred back to the practice for follow up and on-going treatment.

### Consent to care and treatment

The dental care records we looked at contained evidence that treatments had been discussed and consent obtained.

The practice had a consent policy in place and staff had completed training and were aware of their responsibilities under the Mental Capacity Act (2005) (MCA). Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Staff understood the Gillick competence test this is a method of deciding whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

# Are services caring?

## Our findings

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

We looked at CQC comment cards patients had completed prior to the inspection. Patients were positive about the care they received from the practice. Feedback commented on how friendly, caring and attentive staff were at the practice.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Patient dental care records were stored on paper in a locked cabinet in a secure area. The reception area was away from the waiting area to help ensure conversations could not be overheard. Staff we spoke with were aware of the importance of providing patients with privacy and how to maintain confidentiality.

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

The practice provided patients with information to enable them to make informed choices about their dental care and treatment.

The practice displayed costs of treatments in their information leaflets available in the waiting area and on their web site. Costs were also explained to individuals as part of their ongoing dental care plan.

The patient feedback we received confirmed that patients felt appropriately involved in the planning of their treatment that they felt listened to and were satisfied with the information they had received. They confirmed that they were made aware of all charges prior to their treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered.

The practice provided patients with information about the services they offered in the waiting room and, in the practice leaflet. We looked at the recorded appointments and found there were appointment slots each day for urgent or emergency appointments. Staff told us patients were seen as soon as possible for emergency care and this would be the same day. We spoke with patients during the day who had obtained an emergency appointment who confirmed that the practice had responded promptly. The practice scheduled longer appointments with the dentist where required if a patient needed more support.

### Tackling inequity and promoting equality

The practice had an equality, diversity and human rights policy in place to support staff understanding and meeting the needs of patients. The staff had completed equality and diversity training. Treatment was sometimes provided in a ground floor treatment room where patients had limited mobility however the practice could not offer disabled access.

The staff told us they did not have any patients with language needs however if required an interpreter service

would be sought via the telephone language services. The practice provided extended and flexible appointment time to patients who were vulnerable and in need of extra care and support.

### Access to the service

The practice was open Monday –Thursday 09:00 am to 5.30pm and Friday 9:00am to 1:00pm.

Patients' feedback confirmed that they were happy with the availability of routine and emergency appointments.

The answerphone, practice leaflet and website provided patients with details of how to access out of hour's dental care when the practice was closed.

### Concerns & complaints

The practice had a complaint policy and procedure in place. The procedure explained the process to follow, and included other agencies to contact if the complaint was not resolved to the patients satisfaction. This included NHS England and the Dental Complaints Service (for private patients).

There had been no complaints received in the last 12 months. We saw that a previous complaint had been managed in line with the practice's complaint policy. The practice manager explained that they would seek to resolve any complaint promptly, efficiently and ensure appropriate action was taken.

# Are services well-led?

## Our findings

### Governance arrangements

The registered manager led on the individual aspects of governance such as responding to safeguarding, infection control and managing risks. Staff we spoke with were clear about their roles and responsibilities within the practice and of lines of accountability.

The practice identified where quality or safety was being affected and addressing any issues. The registered manager reviewed all alerts and spoke with staff to ensure they were acted upon.

Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to exposure to hazardous substances and medical emergencies.

There was a comprehensive range of policies and procedures in use at the practice and accessible to staff. These included guidance about quality assurance, information governance, record keeping, and incident reporting.

### Leadership, openness and transparency

The staff we spoke with had a good understanding of the duty of candour. The duty of candour is where the health provider must always be open and transparent when mistakes occur.

Staff told us they felt valued and well supported and reported the dentists were very approachable.

We saw that the practice had daily meetings. Meetings gave staff an opportunity to openly share information and discuss any concerns or issues. Staff told us this helped them keep up to date with new developments and policies.

### Learning and improvement

The practice had supported staff to access some learning and improvement opportunities however we did note that staff were not receiving regular appraisals. We discussed this with the registered manager who advised us that these would be put in place. This was important to ensure staff maintained their continuous professional development (CPD) as required by the General Dental Council (GDC).

The practice audited areas of their practice each year as part of a system of continuous improvement and learning. These included audits of X-rays and infection control procedures. Where areas for improvement had been identified action had been taken, for example through discussion and training at practice meetings.

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

Staff told us that information was shared and that their views and comments were sought informally and their ideas listened to. Staff we spoke with said they could raise any concerns about the practice if they needed to.

The practice completed family and friends surveys which enabled patients to provide feedback on the services provided. We reviewed the results and found these were positive. We also saw that the practice had responded to suggestions/comments from patients, for instance fitting additional hand rails to the stair way to support patients with mobility needs. They also added a children's play area to the waiting room and in response to the children's requests added an 'art' area and displayed the children's finished art work.