

David Ian Wiper

# Broughton Dental Surgery

## Inspection Report

19 Northway,  
Broughton,  
Preston,  
PR3 5JX

Tel: 01772 861780

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

Date of inspection visit: 5 September 2019

Date of publication: 23/09/2019

### Overall summary

We carried out this announced inspection on 5 September 2019 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**

Broughton Dental Surgery is in Preston and provides private treatment to adults and children.

There is level access at the rear of the premises for people who use wheelchairs. Car parking spaces are available directly outside the practice.

The dental team includes one dentist, two dental nurses (one of which is a trainee), a part-time dental hygienist and a part time receptionist. The practice has two treatment rooms.

# Summary of findings

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.

On the day of inspection, we collected 16 CQC comment cards filled in by patients. Patients were positive about all aspects of the service the practice provided.

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

The practice is open: Monday to Friday 8.30am to 5pm

## **Our key findings were:**

- The practice appeared clean, tidy and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider 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.
- Staff provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems to deal with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b>	✓
<b>Are services effective?</b>	<b>No action</b>	✓
<b>Are services caring?</b>	<b>No action</b>	✓
<b>Are services responsive to people's needs?</b>	<b>No action</b>	✓
<b>Are services well-led?</b>	<b>No action</b>	✓

# Are services safe?

## Our findings

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

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies, procedures and displayed flowcharts 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, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination. We highlighted with the principal dentist how local contacts could also be included and discussed with staff to allow early resolution of any concerns.

The dentist used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

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

procedures. The practice occasionally used agency staff. We saw that these staff were subject to essential checks and received an induction to ensure that they were familiar with the practice's procedures.

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

The premises had been renovated to a high specification. The provider retained detailed reports and certificates of completion and safety from contractors involved in the renovation of the building. This included electrical, fire safety, asbestos and radiographic safety reports. Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection, emergency lighting and firefighting equipment were regularly tested and serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

We saw evidence that the dentist justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and staff confirmed that only the dentist was permitted to assemble, re-sheath and dispose of needles and other sharp items where necessary to minimise the risk of

# Are services safe?

inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. A member of staff was in the process of testing to ensure the vaccinations had been effective. A risk assessment was in place for them to prevent accidental exposure.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

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

A dental nurse worked with the dentist and the dental hygienist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water temperature and quality testing, flushing lesser-used outlets and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean and tidy when we inspected. Patients also commented on the high standards of cleanliness they observed.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

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

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

## **Safe and appropriate use of medicines**

The provider had reliable systems for appropriate and safe handling of medicines.

## Are services safe?

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentist was aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out. The most recent audit indicated the dentist was following current guidelines.

### **Track record on safety and Lessons learned and improvements**

There were comprehensive risk assessments in relation to safety issues. Staff were clear on how to report any incidents or untoward occurrences.

There had been no safety incidents at the practice. They had systems for reviewing and investigating when things went wrong to prevent such occurrences happening again in the future.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

The practice had systems to keep up to date with current evidence-based practice. We saw that the dentist assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The dentist had an interest in endodontics, (root canal treatment). They used a specialised operating microscope to assist with carrying out root canal treatment. This equipment linked to a screen which enabled the patient to understand and see the progress of the procedure being carried out. The dentist also used a computer assisted anaesthesia system. This enabled single teeth to be anaesthetised more comfortably with no numbness of the surrounding lip, tongue or cheek.

### Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

Where applicable, the dentist and dental hygienist 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.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved co-ordinating care with the dental hygienist and providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

### Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed their dentist listened to them, gave them clear information about their treatment and involved them in making decisions about their care.

The practice's consent policy included information about the Mental Capacity Act 2005. The team had received training and understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance. The dental care records we looked at were of an exceptionally high standard and very detailed.

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

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

# Are services effective?

(for example, treatment is effective)

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs informally and at annual appraisals and meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

## **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections. Information on sepsis was displayed for staff.

The provider also had systems for 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.

Staff monitored all referrals to make sure they were dealt with promptly.

The practice was a referral clinic for endodontic treatment and we saw they monitored and ensured the dentists were aware of all incoming referrals daily. We received comments from patients who had been referred to the practice. They complimented the staff and service provided. They confirmed they would recommend the practice to others.



# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

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

Patients said staff were compassionate, understanding and kind when they were in pain, distress or discomfort. Several patients commented that they were very nervous. They described how staff put them at ease and made them comfortable.

Practice information, price lists, magazines and thank you cards were available for patients to read. A television and a water cooler were provided in the waiting room. A newsletter was displayed for patients informing them of any changes made to improve patient experience.

### Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' 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.

### Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

requirements under the Equality Act.

Staff would know how to access interpretation and translation services were available for patients who did not speak or understand English, but these had never been required.

Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

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

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models, videos, X-ray images and an intra-oral camera. The intra-oral cameras and microscope with a camera enabled photographs and videos to be taken of the tooth being examined or treated and shown to the patient or relative to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

The dentist conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice was fully accessible for patients with disabilities in line with a disability access audit. These included parking directly outside the practice with step-free access, wide access doors, a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell.

### Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients could choose to receive text message and email reminders for forthcoming

appointments. Staff telephoned some patients before their appointment to make sure they could get to the practice. Patients who requested urgent advice or care were offered an appointment the same day. Patients 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.

The practice's 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.

### Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and had systems to respond to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint which was displayed clearly for patients.

The provider was responsible for dealing with these. Staff would tell them about any formal or informal comments or concerns straight away so patients received a quick response.

The provider 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 had dealt with their concerns.

The practice had not received any complaints. When compliments were received, these were shared with the team.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

We found the provider had the capacity and skills to deliver high-quality, sustainable care. They demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### **Culture**

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

We saw the provider had systems to identify and take effective action to deal with staff poor performance.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour in the event of any incidents or complaints.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### **Governance and management**

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The dentist had overall responsibility for the management, clinical leadership and day to day running of the practice with support from staff. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. They used a dental compliance service and interactive diary to assist them in this process.

We saw there were clear and effective processes for identifying and managing risks, issues and performance. This included completing regular compliance check questionnaires and checklists.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

### **Engagement with patients, the public, staff and external partners**

Staff involved patients, the public, staff and external partners to support high-quality sustainable services. During the inspection we found all staff participated in discussion and any feedback to improve the practice.

The provider used patient surveys, verbal comments and a suggestion box to obtain patients' views about the service. The responses we saw were highly complimentary of staff and the services provided. A newsletter was displayed in the waiting room informing patients of any changes that had been made in response to their feedback. For example, providing air conditioning, a mirror in the bathroom and changing staff uniforms. Staff told us they were also involved in the selection of the new uniform.

The provider gathered feedback from staff through monthly meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

### **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included

## Are services well-led?

audits of dental care records, endodontic treatments, prescribing, radiographs and infection prevention and control. They had clear records of the results of these audits and any resulting action plans and improvements.

The provider 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 completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.