

## Patient First Dental Practice

# Patient First Dental Practice

## Inspection Report

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### Overall summary

We carried out an unannounced focused inspection on 25 November 2016 to check on the actions taken by the dental provider to make the required improvements which were identified when we carried out a comprehensive inspection on 5 August 2016.

When we carried out a comprehensive inspection on 5 August 2016 we identified areas where improvements were required:

- Risks to the health, safety and welfare of patients and staff were not assessed or managed. Policies and procedures were not routinely followed. The results from risk assessments in relation to fire, health and safety and legionella were not reviewed or acted upon.
- Staff had not undertaken training in relevant to their roles and did not fully understand their responsibilities in relation to areas including radiation protection, safeguarding and infection control.
- Audits and reviews were not carried out to monitor and make improvements to the delivery of the service.

Following this inspection we served the practice with warning notices, in line with our enforcement methodology, in relation to a breach of Regulation 12 Safe care and treatment and Regulation 17 Good governance in line with our enforcement methodology.

#### **Our findings from our unannounced focused inspection on 25 November were:**

##### **Are services safe?**

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

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

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

##### **Background**

Patient First Dental Practice is a dental practice situated in Grays, Essex.

The practice has four treatment rooms, a combined waiting room and reception area. Decontamination takes place in a dedicated decontamination room (Decontamination is the process by which dirty and contaminated instruments are brought from the treatment room, washed, inspected, sterilised and sealed in pouches ready for use again).

The practice is a partnership between two dentists. Four associate dentists, a hygienist, four qualified dental nurses, one trainee dental nurse and one receptionist are employed at the practice.

One of the principal dentists 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.

# Summary of findings

The practice offers NHS and private general and cosmetic dental treatments to adults and children. The opening hours of the practice are 9 am to 5 pm Monday to Friday and 9 am to 2 pm on Saturdays. The practice offers late evening appointments up to 9 pm on Thursday evenings. Appointments are available throughout these times, including lunch times.

Treatments using conscious sedation techniques are carried out Saturday each month by pre-arranged appointment. (These are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation). The conscious sedation techniques were carried out by an external professional, supported by one of the dentists who had undertaken training in this area.

## **Our key findings were:**

- The practice had systems in place for investigating and learning from safety incidents or accidents. Learning from incidents and complaints was used to make improvements where this was required.
- The practice was visibly clean and infection control practices met national guidance. There were systems in place to minimise the risk of legionella and infection control audits were carried out.
- There were a number of systems in place to help keep people safe, including safeguarding vulnerable children and adult procedures.
- There were arrangements in place to assess and manage risks in relation to the premises, equipment and the risk of fire. A range of risk assessments had been carried out and where areas for improvement were identified these were acted upon.
- There were systems in place to ensure that X-ray equipment was tested and maintained safely. Staff undertook relevant training and had access to information to ensure that X-rays were carried out safely and that risks to patients and staff were minimised.
- Staff undertook relevant training in respect of their roles and responsibilities within the practice.
- The practice kept medicines and equipment for use in medical emergencies. These were in line with national guidance and regularly checked so that they were fit for use.
- Effective governance arrangements were in place for the smooth running of the service.
- Patient's views were sought and used to make improvements to the service where these were identified.

# 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 and processes in place to provide safe care and treatment and to assess and minimise risks. There were risk assessments in place in relation to fire safety, health and safety and infection control.

A recent infection control audit had been carried out to test the effectiveness of the practice procedures. There were arrangements to assess and minimise the risk of legionella. Measures were employed to minimise this risk including flushing and sterilising dental water lines and checking hot and cold water temperatures.

The practice had procedures in place to safeguard children and vulnerable adults. One of the dentists was the safeguarding lead who monitored the safeguarding procedures. Staff had undertaken safeguarding training appropriate to their roles. Staff who we spoke with understood their responsibilities in this area.

The practice was visibly clean and infection control procedures were in line with national guidance.

The cleaning and decontamination of dental instruments was carried out in line with current guidelines.

Equipment within the practice was regularly checked, serviced and maintained according to the manufacturer's instructions. One of the dentists was the radiation protection supervisor identified to oversee and monitor safety in relation to X-rays and X-ray equipment.

There was a range of equipment and medicines for use in medical emergencies and these were in line with national guidance. Staff had undertaken appropriate basic life support training. Medicines and equipment were stored appropriately, accessible and regularly checked.

New staff were appropriately recruited in line with the practice recruitment procedures.

No action



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

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

The practice had systems in place for keeping up to date with changes to current guidance in relation to dentistry and ensuring that these were implemented in the practice. Staff had access to a number of policies and procedures in relation to the day-to-day running of the practice. These procedures were reviewed to ensure that any changes were shared with staff.

There were governance arrangements in place to assess and monitor various aspects of the management of the practice. Risk assessments and audits were carried out and the findings from these acted on to minimise risks and improve quality and safety of the services provided. For example, X-ray audits which are mandatory were carried out. Patients' dental care records audits were routinely carried out and improvements made as needed.

No action



# Summary of findings

Improvements had been made in relation to leadership within the practice. Staff told us that they were supported to carry out their roles within the practice and some staff undertook lead roles in areas such as infection control, safeguarding and patient safety.

There were measures in place to ensure that relevant training was accessible to staff. The practice had introduced systems to ensure that the learning and development needs of staff was reviewed at appropriate intervals.

The practice sought feedback from patients and this was used to improve the quality of the service provided.

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## Detailed findings

### Background to this inspection

The inspection was carried out on 25 November 2016 and was led by a CQC inspector. The inspection team also included a dental specialist advisor.

The methods that were used to collect information at the inspection included interviewing patients and staff, observations and reviewing documents.

During the inspection we spoke with dentist partners and three dental nurses. We reviewed policies, procedures 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 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 had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of any reporting procedures including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The principal dentists told us any accident or incidents would be discussed at practice meetings or whenever they arose. We saw that accident records were completed fully and the minutes from practice meetings included details of accidents or incidents and any learning arising from when things went wrong.

The principal dentists were aware of their responsibilities under the duty of candour and there were policies and procedures in place in relation to this. The practice had a patient safety policy and this described if there was an incident or accident that affected a patient they would be contacted and offered an apology and an explanation of what actions had been taken to address the issues. Other staff were aware of how and to whom they should report any concerns, accidents or incidents.

The practice manager told us that they received and acted on alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Staff were able to demonstrate the actions that they had taken in relation to recent safety alerts. For example they were able to demonstrate the action taken following the recent safety alert issues in relation to certain batches of Glucagon (a medicine used to help raise blood sugar levels) which had been recalled by the manufacturer. The practice manager told us that they did not routinely share such information with other staff in the practice. They assured us that this information would be included in practice meetings and kept for future reference.

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

The practice had child and adult safeguarding policies and procedures in place and these were accessible to all staff. These included the contact details for the local authority's safeguarding team, social services and other relevant

agencies. There was an identified safeguarding lead within the practice and all members of staff had undertaken role specific adult and child safeguarding training. Staff who we spoke with were able to demonstrate that they understood their responsibility to report concerns about the safety or welfare of patients.

Staff had access to and understood the practice whistleblowing procedures. Staff who we spoke with told us that they could raise concerns without fear of recriminations.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in accordance with the guidance issued by the British Endodontic Society. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The use of a rubber dam was recorded where appropriate within patient notes, which we viewed.

The practice carried out regular patient dental care record audits in accordance with the Faculty of General Dental Practice (FGDP) guidance – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. The record audits were reviewed periodically and those we saw demonstrated that patient records were maintained in line with the guidance.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All members of staff undertook regular training updates in training in basic life support including the use of an Automated External Defibrillator (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).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines and included oxygen, a range of airways and masks. All staff knew where the emergency items were kept. We saw that the practice kept records which indicated

# Are services safe?

that the emergency equipment, emergency medicines and oxygen and the AED were checked regularly. We checked the emergency medicines and found that they were of the recommended type and were in date.

## Staff recruitment

The practice had a recruitment policy, which included the process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies, taking up references and conducting interviews. We reviewed the personnel files for five members of staff including one trainee dental nurse who had been employed within the previous 12 months, which confirmed that the processes had been followed. Appropriate checks had been carried out, interviews had been conducted and there was documentary proof of identity obtained in line with the practice recruitment procedure.

We saw that staff had been checked by the Disclosure and Barring Service (DBS). The DBS 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.

Newly appointed staff undertook a period of induction and were provided with support and mentorship from more experienced staff. This helped new staff to familiarise themselves with the policies and procedures and the day to day running of the practice.

We saw that all relevant members of staff had personal insurance or indemnity cover in place. These policies help ensure that patients could claim any compensation to which they may be entitled should the circumstances arise. In addition, there was employer's liability insurance which covered employees working at the practice

## Monitoring health & safety and responding to risks

The practice had policies and procedures and risk assessments to cover the health and safety concerns that might arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy and a health and safety risk assessment had been carried out to identify and assess risks associated with the practice premises and equipment. There was a detailed fire risk assessment and this was reviewed

regularly. There were procedures for dealing with fire including safe evacuation from the premises. Fire safety equipment was regularly checked and tested to ensure that it was in good working order.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. 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. We saw the practice had systems in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance.

## Infection control

The practice manager was the infection control lead and there was an infection control policy which was reviewed regularly. All members of staff undertook annual infection control training including decontamination of dental instruments and hand hygiene. We saw that the practice had carried a recent infection control audit to test the effectiveness of the infection prevention and an action plan was in place to deal with any issues arising from this.

All staff had access to and used appropriate protective equipment including disposable gloves and protective eyewear. Staff who we spoke with were aware of the practice policies in relation to wearing this equipment.

All areas of the practice were visibly clean. There were systems in place for cleaning in the dental surgery, reception and waiting areas. Cleaning schedules were used and these were maintained and reviewed regularly.

The decontamination of dental instruments was carried out in a dedicated decontamination room. The practice procedures for cleaning and sterilising dental instruments was carried out in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01- 05), decontamination in primary care dental practices. We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). One dental nurse demonstrated that they followed the correct procedures. The designated 'clean and 'dirty' areas within the decontamination areas were clearly identified and staff followed the work flow from 'dirty' to 'clean' when carrying out decontamination procedures.

# Are services safe?

Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly. Other records were also maintained including those in respect of the checks that should be carried out the start and end of each day.

There were adequate supplies of liquid soap and paper hand towels in the surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sink. Paper hand towels and liquid soap was also available in the toilet.

The practice had procedures in place for handling sharps including needles and dental instruments, and dealing with needle stick and other sharps related injuries. These procedures were displayed in the dental surgery. All members' staff who we spoke with were aware of and followed these procedures. For example they told us that in event of a needle stick injury they would contact occupational health or the A&E department. Records showed that all relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We saw that the sharps bins were being used correctly and located appropriately in the surgery. Clinical waste was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

There were procedures in place for assessing and managing risks of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. Legionella risk assessments were carried out periodically and the findings from these were acted on to help minimise risks. We saw that all staff had undertaken training around legionella awareness. Staff we spoke with could demonstrate that they had a good understanding of legionella risks. Measures were employed to minimise this risk including flushing and sterilising dental water lines and checking hot and cold water temperatures.

## Equipment and medicines

Portable Appliance Testing (PAT) was undertaken annually for all electrical equipment. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) We saw that the last PAT test had taken place in March 2016. The practice displayed fire exit signage and had appropriate firefighting equipment in place, which was regularly checked and serviced.

Records were kept in respect of checks and maintenance carried out for equipment such as the autoclaves which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Local anaesthetics and emergency medicines were stored appropriately and accessible as needed. There were procedures in place for checking medicines to ensure that they were within their expiry dates.

There were systems in place for monitoring prescription pads to minimise the risk of misuse. There were systems for recording and monitoring prescriptions issued including records in respect of the patient details, prescription number, medicine prescribed, dosage and frequency.

## Radiography (X-rays)

The practice had effective radiation safety policies and procedures to help ensure that X-rays were carried out appropriately and safely.

One of the dentists was the radiation protection supervisor to oversee the radiation procedures within the practice. There was a radiation protection file available which included relevant information including records for checks carried out to ensure that the X-ray equipment was checked, serviced and maintained in line with the manufacturer's instructions. The dentists told us that the X-ray equipment had been tested and we were shown documentary evidence to support this.

There local rules were available and displayed in all areas where X-rays were carried out. Local rules state how the X-ray machine in the surgery needs to be operated safely. Staff records which we reviewed showed that the dentists and other relevant staff were up to date with their continuing professional development training in respect of dental radiography.

## Are services safe?

The patient records we reviewed showed that X-rays were justified, graded and reported on.

The practice had carried out a recent audit of their X-rays in accordance with the National Radiological Protection Board (NRPB) guidelines to help ensure that X-rays are appropriately justified and correctly graded to an

acceptable standard. The audit identified some areas for improvement and this was shared with all of the dentists working within the practice. As a result a system for three monthly audits to monitor and improve dentists practice around X-ray taking and grading was implemented.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had improved its governance arrangements for monitoring and improving the services provided for patients. Staff had access to a range of policies and procedures in relation to the management of the service. These included including policies and procedures in relation to health and safety, infection prevention and control, legionella, radiation protection and fire safety. Staff who we spoke with were aware of these policies and their roles and responsibilities in relation to these.

A system for carrying out audits of various aspects of the service had been introduced. We found that a number of audits such as X-ray and record keeping audits had been undertaken in accordance with current guidelines. The results from these audits were analysed and where areas for improvements were identified there were action plans in place to deal with any issues identified.

There were systems and processes in place to assess monitor and mitigate the risks relating to the health, safety and welfare of patients and staff. Risks associated with the premises, X-rays and X-ray equipment, fire and legionella had been assessed. There were systems in place for recognising and acting on when things went wrong; and ensuring that learning from such incidents was shared and reviewed to help minimise risks.

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

We found that improvements had been made in relation to leadership and oversight at the practice. Designated staff undertook lead roles for areas such as staff leads for infection control, safety, safeguarding, radiation protection, risk assessment and equipment. Staff who we spoke with were aware of who held lead roles and who they could go to for advice or support.

The dentists could demonstrate that they understood and discharged their responsibilities to comply with the duty of candour. They told us if there was an incident or accident that affected a patient the practice would act appropriately and offer an apology and an explanation.

### **Learning and improvement**

The dentists demonstrate improvements had been made and that there was a culture of learning and improvement within the practice.

Staff records showed that a system for staff appraisal had been implemented. One member of staff had undertaken an appraisal of their performance from which their training and development needs had been identified. A personal development plan was in place to support staff to meet their training objectives. The practice manager showed us a schedule to complete an appraisal for all staff working at the practice.

Records showed that staff had undertaken training in areas such as safeguarding, Mental Capacity Act 2005, radiation and IRMER 2000 regulations. We saw that regular staff meetings were held. The minutes from these showed that any areas for improvement arising from complaints, audits and monitoring or changes to legislation or guidance were discussed and acted on to improve the services.

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

The practice had systems for acting on patient and staff feedback. The practice participated in the NHS Friends and Family and the results from this were submitted to NHS England on a monthly basis. The results from patient feedback, comments and complaints were reviewed and shared during practice meetings to make improvements to the service as needed.

Regular staff meetings were held and the minutes from these demonstrated that staff views were sought and used to review and make improvements to the service.