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# Church Stretton Dental Practice

## Inspection Report

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## Overall summary

We carried out this announced inspection on 21 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information.

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**

Church Stretton Dental Practice is in Church Stretton and provides NHS and private treatment to patients of all ages. The practice also provides orthodontic treatment under the NHS.

# Summary of findings

There is level access for people who use wheelchairs and pushchairs. The practice does not have a private car park but there are free public car parking spaces outside the practice.

The dental team includes three dentists, four dental nurses, two dental hygienists, and a receptionist. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 29 CQC comment cards filled in by patients and spoke with four other patients. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, a dental nurse and the receptionist. These were the only staff working on the day. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open 9am to 1pm and 2pm to 5.30pm Monday to Friday. The practice also opens from 5.30pm to 7.15pm on alternate Wednesday evenings.

**Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had a staff recruitment policy which they reviewed and updated following the inspection.
- 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.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the availability of information about products used at the practice having regard to the Control of Substances Hazardous to Health (COSHH) Regulations 2002.

# 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?**

No action

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. The practice completed recruitment checks. Following the inspection they took immediate action to improve their procedures for these.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

We found that a small number of safety related policies and procedures were not sufficiently detailed. The practice acted immediately to strengthen these and sent us evidence of this within two days.

**Are services effective?**

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, attentive and exemplary. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

**Are services caring?**

No action

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

We received feedback about the practice from 33 people. Patients were positive about all aspects of the service the practice provided. They told us staff were reassuring, attentive and kind. They said their dentist listened to them, gave them excellent advice and answered their questions. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

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

No action

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

# Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. The availability of orthodontic treatment at the practice meant that young people received their treatment closer to home and in a familiar setting.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services. They did not have a hearing loop to help patients who used hearing aids but said they would obtain one.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

**Are services well-led?**

No action

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. The principal dentist owned the practice and was responsible for the management of the practice. They provided clear leadership so staff felt supported and appreciated.

The practice team kept complete patient dental care records which were clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

# Church Stretton Dental Practice

**Detailed findings**

# Are services safe?

## Our findings

**Reporting, learning and improvement from incidents**

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. A small number of accidents were recorded but the practice had not recorded any significant events. Staff assured us there had been no serious incidents. The principal dentist had not taken into account that learning could take place from events regardless of their seriousness. They said they would broaden the scope of incidents they identified as significant events in future.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and other sources. The principal dentist confirmed they checked and acted on relevant alerts and discussed these with staff. Staff we spoke with confirmed this. The principal dentist told us they kept the alert emails but did not have a structured system to help them monitor these. Two days after the inspection they told us they had established a system and sent us a document they had introduced for this.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which the principal dentist reviewed every year. The practice had regard to relevant safety laws when using needles and other sharp dental items. Single use 'safer sharps' syringes were available but the dentists also used traditional syringes and a single handed technique for removing needles. The practice had a sharps injury policy covering this. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

**Medical emergencies**

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. The principal dentist also completed first aid training.

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

**Staff recruitment**

The practice had a staff recruitment policy to help them employ suitable staff. This did not include all of the necessary information. For example it did not include information about the checks required if applicants have previously worked with children or vulnerable adults or in health or social care. The principal dentist reviewed the policy and sent us a revised version containing the relevant information two days after the inspection.

We looked at the staff recruitment files for the two newest team members. These showed the practice had obtained most of the information relevant to the staff concerned. They had accepted a five year old disclosure and barring service (DBS) check from a previous dental employer for one of the two staff. They had not completed a risk assessment to show how they made their decision to do so. They told us they would arrange an up to date check for this person.

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

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

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had COSHH risk assessments for the products they used. These had been

# Are services safe?

completed by staff with reference to manufacturers' information. However, the practice did not have the manufacturer's data sheets readily available to refer to in an emergency. The principal dentist said they would arrange for copies of these to be downloaded and printed.

We saw at fire risk assessment was completed by the principal dentist in 2016. This was a one page document and did not provide detailed information about the management of fire safety at the practice. The principal dentist reviewed this and sent us a more detailed risk assessment two days after the inspection.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance and GDC registration was up to date.

A dental nurse worked with the dentists and dental hygienists when they treated patients.

**Infection control**

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. This included the equipment for dental implants. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

**Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. The principal dentist confirmed that the portable appliances at the practice were checked by an electrician in May 2017 but that the electrician had not yet sent the documentation for this. They sent us a copy of the electrician's invoice as evidence that the work was done. The principal dentist confirmed that a check of the electrical systems in the building was completed during 2016 but they had not received the certificate for this from the contractor. The electrical company had been taken over and the new owner was unable to locate one. The practice had therefore arranged for the company to do the electrical inspection again on 4 July 2017.

The practice stored NHS prescriptions as described in current guidance. They kept a record of the serial numbers of completed prescriptions but not of blank ones. We saw they pre-stamped blank prescriptions with practice details rather than only doing this when they handed them to patients. Both these security measures are included in current guidance. The principal dentist assured us they would not pre-stamp prescriptions in future. Two days after the inspection they confirmed in writing that they had strengthened their system by recording the serial numbers of all the blank prescriptions and were recording the numbers of issued prescriptions in patients' notes.

**Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation. The practice's reports on these were not available on the day of the inspection. The practice located the information for the last four years and sent it to us two days after the inspection. These audit results showed that between 96 and 100% of X-rays taken met the expected quality standard.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

**Monitoring and improving outcomes for patients**

The practice kept detailed dental care records containing information about patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. The most recent NHS Dental Services questionnaire results showed that of the 39 responses 92.9% of patients were satisfied with the dentistry they received. This was in line with the national average of 93.8%.

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

**Health promotion & prevention**

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

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us they 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. Information about smoking cessation clinics was available.

**Staffing**

Staff new to the practice had a period of induction based on a structured induction programme. The most recently appointed dental nurse told us they received a well-planned and thorough induction process which gave them confidence and supplemented their formal training. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

One of the dentists specialised in orthodontic treatment and saw patients at the practice. This meant they could have their orthodontic treatment closer to home and in a familiar setting.

The principal dentist provided dental implants at the practice. We confirmed that three of the four dental nurses had completed specialist training to equip them to assist with these procedures.

We saw evidence of completed appraisals which showed that these were used to talk about training needs. The dental nurse we spoke with told us that they had recently qualified and was aware they would be discussing their future training needs at their next appraisal.

**Working with other services**

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring some patients with more complex needs to a specialist service for orthodontic treatment which was outside the scope of the practice's expertise.

The practice referred 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. The practice monitored all referrals to make sure they were dealt with promptly.

**Consent to care and treatment**

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. The principal dentist told us they saw patients needing more complex treatment a second time to review their treatment plan and make sure they understood their options. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy did not include information about the Mental Capacity Act 2005 although they had a separate document about this. When we discussed the Mental Capacity Act with staff they understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The principal dentist had just completed a Mental Capacity Act training course and said they realised they needed to review their policy. They did this within two days of the inspection and sent us the updated version.

The consent policy referred to the need to consider the ability of young people under 16 to give consent. The

# Are services effective?

## (for example, treatment is effective)

principal dentist was aware of the need to consider Gillick competence when treating young people under 16. The practice's updated consent policy sent to us after the inspection included more detailed information about this.

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

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

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

Patients commented positively that staff were reassuring, attentive and kind. We saw that staff treated patients in a helpful and welcoming way and were friendly towards patients at the reception desk and over the telephone. Nervous patients told us staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. The principal dentist told us that if a patient asked for more privacy staff would take them into another room. The reception computer screen was not visible to patients and staff did not leave personal information where other patients might see it. We noticed that staff checked they had left the desk clear before they moved away from it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely. Staff had discussed the security of personal confidential information at a staff meeting.

**Involvement in decisions about care and treatment**

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

The practice's leaflet and website provided patients with basic information about some of the private dental treatments available at the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting patients' needs**

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they were pleased with their treatment and confirmed their needs were met. Appointments ran smoothly on the day of the inspection and while we saw patients waiting, this was not for long periods. One patient told us that if their dentist was running late they received an explanation and apology.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, they booked appointments at the start of the day for patients who were extremely anxious. They also booked longer appointments for some patients, including those with mobility difficulties who needed more time to walk to the treatment room and settle in the dental chair.

Young people needing orthodontic treatment could have this at the practice in a familiar setting. Apart from more complex cases, this meant they did not have to travel to the nearest town 14 miles away for this.

**Promoting equality**

The practice made reasonable adjustments for patients with disabilities. These included step free access and an accessible toilet with contrasting colour hand rails to help patients with sight problems, a low level hand basin, mirror and handtowels and a call bell. The practice did not have a hearing loop but the principal dentist agreed that they needed to consider this due to the high number of older patients at the practice.

Staff said they could provide information in different formats and languages to meet individual patients' needs although they had never needed to do so. Staff told us they had a small number of patients who brought a family member with them to interpret. The principal dentist said they were aware that there may be circumstances where an independent interpreter would be more appropriate. They confirmed they had access to NHSinterpreter/translation services which included British Sign Language and braille.

**Access to the service**

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and had time available at the end of morning and afternoon surgeries free for same day appointments. Patients needing emergency dental treatment when the practice was closed were advised to phone the main practice telephone number. The answerphone message provided the number to then call. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. The most recent NHS Dental Services questionnaire results showed that of the 39 responses 97.6% of patients were satisfied with the time they waited for an appointment compared with the national average of 90%.

**Concerns & complaints**

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The principal dentist was responsible for dealing with these.

The principal dentist told us they aimed to deal with any concerns as soon as patients raised them. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at the one complaint the practice received in the 12 months before the inspection. This showed the practice responded appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

**Governance arrangements**

The principal dentist had overall responsibility for the management and clinical leadership of the practice and the day to day running of the service. Staff we met knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. We highlighted that some policies we looked at did not contain all of the necessary information and the principal dentist reviewed and updated these within two days of the inspection.

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

**Leadership, openness and transparency**

The principal dentist took over the practice in 2012 and we learned that there had been little staff turnover since. Staff we met said the principal dentist had introduced necessary changes in a careful way and involved them so they felt valued and supported.

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns and act appropriately. The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. The notes of the meetings did not include the names of staff who attended. The principal dentist explained the meetings took place when all staff could attend but agreed they needed to keep an attendance list.

**Learning and improvement**

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and a report and action plan for most of them. We identified that they did not have a report or action plan for the general cleaning or dental records audits. The principal dentist agreed said that they would make sure this was done in future.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team 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 told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of the practice's patient surveys for 2016 and 2017. The only suggestions for improvements were about timekeeping and evening opening. The practice had introduced an evening surgery once every two weeks. The principal dentist said they did their best to keep to time. Only one of the 29 comment cards we received included this as a concern. The patient concerned said staff always explained and that the dentist apologised.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. During the previous 17 months 348 patients filled in a FFT form. 261 said they were extremely likely to recommend the service and 79 said they were likely to.