

## Clayton Projects Limited

# Petre Dental Surgery

## Inspection Report

2b Petre Court, Clayton-le-Moors,  
Accrington, Lancashire, BB5 5HY  
Tel: 01254 388333  
Website: [www.petredental.com](http://www.petredental.com)

Date of inspection visit: 15 march 2017  
Date of publication: 21/04/2017

### Overall summary

We carried out an announced comprehensive inspection on 15 March 2017 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**

Petre Dental Surgery provides a wide range of private dental treatments, including routine dental care, preventative treatments and cosmetic techniques. Two

dentists, two dental hygienists/therapists and four dental nurses work at the practice. The practice is located in a new building situated just off a main road and has good parking space at the front of the building. All patient facilities are located on the ground floor and include five surgeries (three currently are in use for treatments), a reception/waiting area, decontamination room and a patient toilet. The practice has been fully adapted to provide access and facilities for patients with mobility needs.

The practice opening times are: Monday 09:00 – 19:00; Tuesday & Wednesday 09:00 – 18:00; Thursday 08:00 – 16:00 and Friday: 08:00 – 15:30.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

We reviewed 37 CQC comment cards on the day of our visit; patients were extremely positive about the staff and standard of care provided by the practice. Patients commented that they were treated with dignity and respect in a clean and tidy environment by staff that were informative, friendly and made them feel at ease.

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

# Summary of findings

- The practice had a proactive approach to governance and quality assurance.
- The practice was well organised, visibly clean and free from clutter.
- An infection prevention and control policy was in place. Sterilisation procedures followed Department of Health guidance.
- The practice had systems for recording incidents and accidents.
- Practice meetings were used to provide staff with updates and to discuss the outcome of checks and audits.
- The practice had a safeguarding policy and staff were aware of how to escalate safeguarding issues for children and adults should the need arise.
- Staff received annual medical emergency training.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Patient feedback was regularly sought and it was acted upon to improve the patient experience.
- Patients could access urgent care when required.
- Staff maintained their continuing professional development in accordance with their professional registration.
- A policy and procedure was in place for managing complaints.
- The practice was actively involved in promoting oral health.

## **There were areas where the provider could make improvements and should:**

- Review the protocol for completing accurate and detailed records relating to employment of staff ensuring recruitment checks, including references are suitably obtained and recorded.
- Review the availability of medical emergency equipment giving due regard to guidelines issued by the Resuscitation Council (UK) and the General Dental Council (GDC) standards for the dental team.
- Review responsibilities regarding the Control of Substance Hazardous to Health (COSHH) Regulations 2002 to ensure all documentation is up to date so that staff understand how to minimise risks associated with the use of and handling of these substances.

# 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.

Infection prevention and control procedures were effective and followed current guidance.

Equipment for decontamination procedures, radiography and general dental procedures was regularly tested and checked to ensure it was safe to use.

Staff were knowledgeable about safeguarding systems for adults and children.

The practice had processes for recording and reporting any accidents and incidents.

Relevant risk assessments were in place for the practice.

The required recruitment checks were not in place for all staff, including a record of verbal references taken.

The medical emergency kit did not contain all the required equipment and the registered manager confirmed shortly after the inspection that it had been purchased.

Not all the documentation for substances used at the practice that could be hazardous to health was in place.

No  
action  


### Are services effective?

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

Dentists were following national guidance when providing oral health care to patients, which ensured treatment followed current recommendations.

Staff obtained consent from patients before providing treatment.

Staff made referrals to other services in an appropriate and recognised manner.

Staff registered with the GDC met the requirements of their professional registration by carrying out regular training and continuing professional development.

No  
action  


### Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 37 responses all of which were very positive, with patients stating they felt listened to and included in making decisions about their care.

Dental care records were kept securely and computers were password protected.

Patients were treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. Staff were welcoming and caring towards patients.

No  
action  


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

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

No  
action  


# Summary of findings

The practice ensured that patients requiring urgent dental care were seen on the day they contacted the practice.

Staff had access to an interpreter service if required.

The practice was fully accessible for people who were wheelchair users, including an accessible toilet.

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

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

The registered manager was responsible for the day-to-day running of the service. The practice had a proactive approach to governance quality assurance.

A comprehensive audit programme was in place, including infection prevention and control, X-rays and dental care record audits. The outcome of audit was used to identify improvements that could be made to the service.

Staff said there was an open culture at the practice and they felt confident raising any concerns, particularly at the daily practice meetings.

The practice conducted an ongoing patient satisfaction survey and this was analysed to identify any areas of the practice that could be improved upon.

**No  
action**



# Petre 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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 15 March 2017. It was led by a CQC inspector and supported by a dental specialist advisor.

We informed NHS England area team that we were inspecting the practice; we did not receive any information of concern from them. We also reviewed information held by CQC about the practice and no concerns were identified.

During the inspection, we spoke with the registered manager (who was also the practice owner and principal dentist), a dental therapist and a dental nurse. We reviewed policies, protocols, certificates and other documents as part of the inspection.

To get to the heart of patient's experience 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?

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had a process in place for the management of incidents, including significant events and accidents. An incident reporting form was in place and an accident reporting book was also in use. Staff told us there had been no incidents, significant events or accidents to report since the practice opened eight years ago. Staff were aware of the types of significant events that could occur and how they should be managed.

The staff we spoke with were aware about what needed to be reported in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). A RIDDOR policy was in place for the practice.

The practice received safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and Department of Health Central Alerting System (CAS). These alerts identify problems or concerns relating to medicines or equipment. If the alert was relevant to the operation of the practice then it was shared with the staff at practice meetings.

The registered manager and staff we spoke with were aware of the need to be open, honest and apologetic to patients if anything should go wrong; this is in accordance with the Duty of Candour principle which states the same. A duty of candour policy was in place for the practice

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

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safe sharps system was in use at the practice. A policy and risk assessment were available that clarified the arrangements for managing sharps. A flowchart was in place for staff to follow in the event of a sharps injury and this was located in the clinical areas.

Staff told us the dentists routinely used a rubber dam when providing root canal treatment to patients in accordance with guidance 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 and protect the airway. Rubber dams should be used when endodontic treatment is being

provided. On the rare occasions when it is not possible to use a rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

Child and vulnerable adult safeguarding policies and procedures were in place. A safeguarding lead was identified for the practice. Staff were knowledgeable about abuse and were aware of how to report any concerns. Local safeguarding contact numbers were available should staff have a concern they wished to report. All staff working at the practice had undertaken safeguarding training to the appropriate level.

The practice had a whistleblowing policy. Staff could raise concerns within the practice or could raise concerns externally. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

Employer's liability insurance was in place for the practice. Having this insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969 and we saw the practice certificate was up to date. Professional indemnity was in place for all staff.

### Medical emergencies

Procedures were in place for staff to follow in the event of a medical emergency, including the use of an Automated External Defibrillator. An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice did not have its own AED and we were advised it would rely on an AED located in the nearby area. We highlighted to the registered manager that the practice may not always be able to access the AED in a timely way should the need arise. Shortly after the inspection the registered manager sent us evidence to confirm they had purchased an AED for the sole use of the practice.

The practice kept medicines for use in a medical emergency, which were in line with the British National Formulary guidelines. The full range of equipment for use in a medical emergency was not in place, including a child self-inflating bag and spacer. In addition, the oxygen cylinder was not the correct size. Shortly after the inspection the registered provided evidence to confirm the required equipment and oxygen cylinder had been ordered. Even though some equipment was missing, a system was established to routinely check the emergency medical kit each week.

# Are services safe?

A first aid kit was available and a member of staff was the dedicated first aider for the practice. A bodily fluid spillage kit was in place in the event that staff should need to use it.

## Staff recruitment

A recruitment policy was in place for the practice. We reviewed the recruitment file for all members of staff employed to check that they had been recruited appropriately. References from previous employment were not on file for all the staff and an acceptable Disclosure and Barring Service (DBS) check for one member of staff was not in place. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children. The registered manager said verbal references had been taken but not recorded. They said they would ensure verbal references would be recorded going forward.

## Monitoring health & safety and responding to risks

A health and safety policy was in place, along with a health and safety statement that was displayed in the reception. A health and safety risk assessment had been completed for the practice in May 2016. A risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm. The risk assessment undertaken took into account risks associated with the environment, equipment and the use of hazardous products.

We looked at the Control of Substances Hazardous to Health (COSHH) file. COSHH files are kept to ensure providers retain information on the risks from hazardous substances in the dental practice. A member of staff was responsible for ensuring the COSHH file was up-to-date and they confirmed the COSHH file was reviewed regularly, particularly when any new products were introduced. We noted that the practice had in place risk assessments for the COSHH products in use. We were unable to locate the product safety data sheets and the registered manager said these had been discarded when the risk assessments had been completed. This was not in accordance with the COSHH regulations and the registered manager said they would ensure the data sheets were put back in place. Safety data sheets provide information about each hazardous product, including handling, storage and emergency measures in case of an accident.

A fire safety risk assessment of the premises had been undertaken in February 2017. Arrangements for annual

checks and servicing of the fire alarm system were established. An evacuation plan was in place along with monthly checks to ensure fire systems were effective. A member of staff said a fire drill took place every six months. We saw that a record of the fire drills was maintained.

A lone working policy was in place for the practice. One of the dental professionals told us they occasionally worked alone if there was not another member of staff to provide chairside support. The registered manager said this very rarely happened and would likely only happen if a member of staff was off work due to sickness. There was also a policy and risk assessment in place for new and expectant mothers.

## Infection control

An infection prevention and control (IPC) policy was in place. A dedicated lead for IPC was identified for the practice. A dedicated decontamination room was established at the practice.

We went through the process for decontaminating instruments with the IPC lead. They outlined the practice's process for cleaning, sterilising and storing dental instruments and reviewing relevant policies and procedures. This was in accordance with the Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. Produced by the Department of Health, this guidance details the recommended procedures for sterilising and packaging instruments.

We observed that the decontamination and treatment rooms were clean. Drawers and cupboards were well organised and clutter free with adequate dental materials available. There were hand washing facilities, liquid soap and paper towel dispensers in the treatment room, decontamination room and toilet. Computer keyboards were covered.

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria. Legionella is a term for particular bacteria which can contaminate water systems in buildings. Staff described the method used and this was in line with current HTM 01-05 guidelines. A Legionella policy was in place and a Legionella risk assessment had been carried out in January 2011 by a

# Are services safe?

specialist company. This was reviewed annually. Processes were in place, such as monthly temperature checks of all water outlets to ensure water temperatures were within safe temperature parameters.

The practice stored clinical waste securely and an appropriate contractor was used to remove it from site. Waste consignment notices were in place and the registered manager confirmed waste, including sharps was collected on a regular basis. A contract was not in place for the disposal of gypsum and the registered manager sent us confirmation shortly after the inspection to confirm such a contract had been put in place. Environmental cleaning equipment followed national guidance as it was coded and stored correctly.

An IPC audit was carried out regularly and we saw the audits from June 2016 and March 2017. An annual statement of infection control had been completed for the practice.

## **Equipment and medicines**

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of up-to-date examinations and servicing of sterilisation equipment, X-ray machines, autoclave and the compressor. Portable electrical appliances had been tested in September 2016 to ensure they were safe to use. Medicines held at the practice were stored securely.

## **Radiography (X-rays)**

The practice demonstrated compliance with the Ionising Radiations Regulations (IRR) 1999 and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. The practice kept a detailed radiation protection file, including the names of the Radiation Protection Advisor, the Radiation Protection Supervisor. Maintenance certificates were contained in the file. Local rules were located next to the equipment. A radiological audit had been completed.

We saw that staff were up-to-date with their continuing professional development training in respect of dental radiography. The practice was undertaking regular analysis of their X-rays through an annual audit cycle. Audit results for the dentists were in accordance with the National Radiological Protection Board (NRPB) guidance.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We found the dental professionals were following guidance and procedures for delivering dental care. The dental records we looked at were of a high standard and detailed. A medical history form was completed with patients and this was checked at every visit.

The registered manager said that new patients received a full clinical assessment, which involved a thorough examination to assess the dental hard and soft tissues, including an oral cancer screen. A basic periodontal examination (BPE) was undertaken to check patient's gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are. The dental records we looked at informed us that following assessment patients were advised of the findings, the risks and benefits, treatment options and costs.

Dental professionals were familiar with the current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were mostly every six months but determining the recall period was based upon individual risk of dental diseases.

The dentist used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required. A justification, grade of quality and report of the X-ray taken was documented in the patient dental care record.

### Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. There was evidence in the dental records we looked at that the dental team applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients.

Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion.

### Staffing

An induction process was in place to inform new staff about the way the practice operated. The induction process included making new members of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed inductions in staff files.

Staff told us the registered manager actively encouraged them to participate in regular training to keep up-to-date with best practice and to maintain their continuous professional development (CPD) required for registration with the GDC. The GDC highly recommends certain core subjects for CPD, including medical emergencies and life support, safeguarding, IPC and radiology. We reviewed the training records for all staff and noted the staff had completed the core GDC training. Staff also undertook additional training, such as health and safety, mental capacity and information governance.

The records we looked at showed the staff had received an annual appraisal and CPD was discussed as part of the appraisal.

### Working with other services

The registered manager confirmed that patients could be referred to a range of specialists in primary and secondary care if the treatment required was not provided at the practice. Referral details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

### Consent to care and treatment

We spoke with the staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. The dentist explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. The patient was provided with a copy of the plan and a copy would be retained in the patient's dental care record.

# Are services effective?

(for example, treatment is effective)

The staff were clear on the principles of the 2005 Mental Capacity Act (MCA) and the concept of Gillick competence. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Gillick

competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

# Are services caring?

## Our findings

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

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 37 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs. They said time was taken to explain treatment options and patients who were anxious felt reassured by the information they were given.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and the treatment room, which ensured patient's confidential information could not be viewed by others. We

saw that the door of the treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy. A chaperone policy was in place for the practice.

Hot drinks and water were available in the waiting area for patients to access.

Electronic dental care records were stored securely.

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

From our review of the CQC comment cards and our observation of dental records it was clear that patients were involved in decisions about their care. The cost of treatment options was available for patients in the waiting area. The practice website provided patients with information about the practice, staff employed and treatment options.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including the practice opening hours, emergency out-of-hours contact details, the complaint procedure and treatment costs. Leaflets on oral health conditions and preventative advice were also available.

Staff confirmed that patients needing an urgent appointment were usually seen on the day they contacted the practice even if this meant a short wait.

### Tackling inequity and promoting equality

A disability access audit had been completed for the practice. This audit is an assessment of the practice to ensure it meets the needs of people with a disability. The practice was wheelchair accessible via the front door and all patient facilities in the practice could accommodate wheelchair users. There was a lowered reception area. An accessible toilet was available. Contrasting colour had been used in the accessible toilet to support the independence of patients with a visual impairment or

dementia. The registered manager showed us in one of the treatment rooms how the equipment had been installed in such a way that it could be used to treat patients who remained in their wheelchair. Dedicated disabled car spaces were available. Staff had access to a translation service should the need arise.

### Access to the service

Opening hours were displayed in the premises, in the practice information leaflet and on the practice website. Patient feedback indicated there was good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

### Concerns & complaints.

A member of staff was the lead for handling complaints. A complaints policy was in place which provided guidance on how to handle a complaint. Information for patients about how to make a complaint was displayed in the waiting areas. Staff said the practice received no complaints since it opened eight years ago.

# Are services well-led?

## Our findings

### Governance arrangements

The registered manager was responsible for the day-to-day running of the practice.

The registered manager subscribed to a dental software quality assurance package with the aim to ensure the practice was operating in accordance with applicable regulations and national guidance. The package provided a governance system, including a framework of operational policies and procedures, risk management templates and a system of audit. Through this system the practice was regularly assessed and monitored to improve the quality of the service and ensure high standards of care delivery.

Policies were detailed, bespoke to the practice and were regularly reviewed. Risk management processes were in place to ensure the safety of patients and staff members and they were regularly reviewed particularly if any changes had been made at the practice. For example, we saw risk assessments relating to the environment, equipment and sharps injuries.

A disaster planning and emergency plan were in place along with a business impact analysis, which set out how the service would be provided if an incident occurred that impacted on its operation.

The registered manager was fully aware of the type of events that CQC require notification about and the process for making a notification.

### Leadership, openness and transparency

Staff told us there was an open culture in the practice that encouraged candour, openness and honesty to promote the delivery of high quality care, and to challenge poor practice. Staff spoke highly of the registered manager. They said the registered manager involved them in all aspects of the practice and its development.

We were told there was a no blame culture at the practice. Staff said they felt confident raising issues and told us the registered manager was approachable, would listen to their concerns and act appropriately. The practice held regular

staff meetings and we looked at the meeting minutes from September 2016, November 2016 and February 2017. We noted that topics, such as training, medical emergencies and fire were discussed. Staff said any alerts, feedback from audits or general updates were shared at the meetings.

### Learning and improvement

A comprehensive programme of clinical audit was in place. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations. Audit topics included: IPC and cleaning; dental records; patient involvement and consent; radiography and antimicrobial prescribing. Action plans were developed if the outcome of an audit required this. Staff told us that they had made changes as a result of audit. For example, the IPC audit identified additional handwashing training was required. The radiography audit highlighted that the software for recording the outcome of x-rays needed to be modified.

As part of the dental software package a facility was available for the overall compliance of practice to be assessed in accordance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We could see that the registered manager had over the last year completed a compliance review of the practice.

The registered manager was part of a local peer review group that met annually. Peer review provides an opportunity for groups of dentists to get together to review aspects of practice with the aim is to share experiences and identify areas in which changes can be made in order to improve the quality of the service offered to patients.

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

A system was in place to see feedback from patients about the quality of the service provided. Forms for patients to provide feedback and make suggestions about how the practice could improve were located in the reception. The feedback had been reviewed and there was evidence that it had been acted upon. For example, the registered manager said coat hooks had been put in the toilet as a result of feedback from a patient.