

Droitwich Spa Dental Practice

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Inspection Report

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Overall summary

We carried out this announced inspection on 24 May 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.

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

Droitwich Spa Dental Practice is situated in a converted residential building in Droitwich, Worcestershire. It provides NHS and private treatment to patients of all ages. The practice's clinical team comprises of the five dentists, one foundation dentist, four qualified dental nurses and three trainee dental nurses. The clinical team are supported by two receptionists, an administrator, an assistant practice manager and a practice manager. The assistant manager and practice manager are also qualified dental nurses.

The practice is owned by the two principal dentists there. One of the principal dentists is registered with the Care

Summary of findings

Quality Commission (CQC) as 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.

The practice has a reception area, three waiting rooms, two offices and five dental treatment rooms, three of which have decontamination areas and three of which are on the ground floor. The building has level access for patients who use wheelchairs and pushchairs.

On the day of inspection we collected 15 CQC comment cards filled in by patients, reviewed the practice comments book and looked at the friends and family test results for April 2017. This information gave us a positive view of the practice.

During the inspection we spoke with one of the principal dentists, two dentists, a foundation dentist, four dental nurses, a receptionist, an administrator and the assistant practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8.30am – 6pm

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 thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- 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.

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 to provide safe care and treatment. They used learning from incidents and complaints to help them improve. Although the process and supporting documentation were in place, the practice did not have an incident reporting policy on the day of our inspection. This was developed and sent to us the following day.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. The practice had detailed contact information for local safeguarding professionals and relevant policies and procedures were in place.

Staff were qualified for their roles and the practice completed essential recruitment checks however, the practice did not have a recruitment policy on the day of our inspection. This was developed and sent to us the following day.

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.

No action



Are services effective?

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 excellent, professional and caring. 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.

Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who might lack capacity to make decisions.

No action



Are services caring?

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

We collected 15 completed Care Quality Commission patient comment cards and obtained the view of a further patient on the day of our visit. These provided a positive view of the service the

No action



Summary of findings

practice provided. Without exception patients were positive about the quality of the service provided by the practice. They told us staff were polite, caring and helpful. They said that the dentists were gentle, reassuring and good with children. Patients commented that the dentists made them feel at ease, especially when they were anxious about their appointment.

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?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. The complaints policy was displayed in all patient waiting areas and there was a comments book in reception.

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 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. There was a clearly defined management structure and staff felt supported and appreciated.

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

The practice had extensive policies that were well written however, the practice did not have policies to support processes in place for the following: incident reporting and recruitment. These were developed and sent to us the following day.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures and supporting documents such as incident forms, an accident book and accident investigation sheets to report, investigate, respond and learn from accidents, incidents and significant events. However, the practice did not have a policy in place to support these procedures on the day of our inspection. This was developed and sent to us the following day.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

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 assistant practice manager reviewed annually. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used the rubber dam system in line with guidance from the British Endodontic Society when providing root canal treatment. The principal dentist completed an audit on the use of rubber dam in the practice in March 2017. The results were discussed at team level and an action plan was put in place including setting a practice standard of 95% with a reaudit in six months.

We spoke to the dentists about the prevention of needle stick injuries. They explained that the treatment of sharps

and sharps waste was in accordance with the current EU directive. Dentists were also responsible for the disposal of used sharps and needles. A practice protocol was in place should a needle stick injury occur.

The assistant practice manager was able to describe how the practice would deal events which could disrupt the normal running of the practice. A copy of the plan was kept in the practice and copies were held off site by the two principal dentists.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year, with the most recent training being completed in November 2016.

The practice had all of the emergency medicines set out in the British National Formulary guidance. Medical oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines.

A nurse rota dedicated the weekly responsibility for checking the emergency medicines and equipment to monitor they were available and in date. We saw records to show the emergency medicines were checked. However, we found that this was not routinely on a weekly basis; it was checked more frequently in most cases with exception to one log reporting it had not been checked for 37 days. We were informed that a nominated nurse would be given this task to ensure accountability.

Staff recruitment

The practice had a staff recruitment process which was used alongside an induction training plan for new starters to help them employ suitable staff. However, they did not have a supporting recruitment policy on the day of our inspection; this was developed and sent to us the following day. We looked at five staff recruitment files and found that they followed their recruitment process. The practice had completed appropriate checks for the staff files we viewed. We saw evidence of Disclosure and Barring Service (DBS) checks for all staff.

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

Monitoring health & safety and responding to risks

Are services safe?

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

The practice had detailed information about the control of substances hazardous to health. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. These were well organised and easy for staff to access when needed.

A dental nurse worked with the dentists 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. 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 undertaken in May 2017 showed the practice was meeting the required standards. A hand hygiene audit was last completed in March 2017.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed in November 2015 and a legionella interim health check completed in November 2016.

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

was usual. We found that the seals on the worktops in one surgery needed replacing and the casing for the suction unit in another surgery needed replacing. We were informed that the practice were aware of this and had already scheduled an engineer to attend the following week.

Equipment and medicines

We saw servicing documentation for the equipment used, this included sterilisers and X-ray machines. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines. The practice held NHS prescriptions as described in current guidelines. The principal dentist had undertaken an audit in May 2017, to check that prescriptions were logged manually and also in the patient care records. The results were discussed at practice level and an action plan was implemented which included setting a practice standard of 95% with a reaudit in six months.

We observed that the practice had equipment to deal with minor first aid such as minor eye problems and body fluid and blood spillage.

Radiography (X-rays)

The practice had arrangements in place to ensure the safety of the X-ray equipment. They had the required information in their radiation protection file with the exception of the Health and Safety Executive (HSE) notification. We saw copy of the notification letter sent to HSE however there was no response or acknowledgment on file. We were informed that practice would contact the HSE to request another copy.

There were six intraoral X-ray machines at the practice.

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 last X-ray audit was dated December 2016.

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 the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

Dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the condition of the gums using the basic periodontal examination scores and soft tissues lining the mouth. These were carried out where appropriate during a dental health assessment. All of the dental care records we saw were detailed, accurate and fit for purpose.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information; the last audit undertaken was in December 2016.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' We found one of the dentists had attended a Delivering better oral health course. Dental care records we saw demonstrated that dentists had given oral health advice to patients.

Children at high risk of tooth decay were identified and were offered fluoride varnish applications or the prescription of high concentrated fluoride tooth paste to keep their teeth in a healthy condition. Fissure sealants were also used on patients who were particularly vulnerable to dental decay.

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. Free samples of toothpaste were also available.

Staffing

The practice had six dentists working over the course of a week and they were supported by four qualified dental

nurses, three trainee dental nurses, an administrator, two receptionists, an assistant practice manager and a practice manager. Both of the managers were also qualified dental nurses.

Staff new to the practice had a period of induction based on a structured induction programme which included opportunities for new staff to shadow their more experienced colleagues. The principal dentist was a mentor for foundation dentists. At the time of our inspection there was one foundation dentist being supported in the practice. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals including personal development plans for all staff members.

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 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 urgent 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. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. Staff were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. 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 polite, professional and caring. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate, gentle and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Two of the three waiting rooms were situated close to the treatment rooms; music was played so that conversations between patients and clinicians could not be heard from outside the treatment rooms which protected patients' privacy.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Music was played in the waiting room and magazines, books and an information screen were available for patients to use.

There were friends and family test cards and a comments book for patients to give feedback in the reception.

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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. Posters detailing NHS costs were displayed in the waiting area.

All of the patients we received information from confirmed their dentist listened to them and made sure they understood the care and treatment they needed.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of 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 had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, there was a chair in the reception area with arms for patients with impaired mobility. We were informed that cushions were also available for patients with back problems.

Promoting equality

The practice had an equality and diversity policy which was signed by all staff to confirm they had read and understood what was expected of them. Staff had completed equality and diversity training.

The practice made reasonable adjustments for patients with disabilities. These included ramped access to the practice, a hearing loop and a wheelchair accessible toilet.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to translation services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours on the front door of the building 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 where there were no slots available patients were invited to sit and wait. The website, practice front door and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint, these were displayed in all of the waiting areas. The assistant practice manager was responsible for dealing with these. Staff told us they would tell the assistant practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The assistant practice manager told us they aimed to settle complaints in-house and where the complaint was of a clinical nature they would refer to the relevant dentist to respond. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice had received two complaints in the past 12 months, which had all been dealt with in a timely manner and managed in accordance with the practice's policy.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff 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. However, although there were processes and supporting documents in place, we found that the practice did not have policies for recruitment and incident reporting. These were developed and sent to us the following day.

The practice had designated lead professionals for safeguarding, infection control, radiation protection, information governance and complaints handling. Practice staff were aware of who the practice lead professionals were should they need to refer to them and these were detailed on the staff notice board.

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

Leadership, openness and transparency

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, no blame culture at the practice. They said the assistant practice manager 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 assistant practice manager was approachable, would listen to their concerns and act appropriately. There was a staff meeting box where staff could write down any concerns anonymously for discussion at staff meetings. The assistant practice manager discussed concerns at monthly staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

Immediate discussions and memos were used to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays, prescriptions, rubber dam and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

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 dental team had annual appraisals. They discussed their learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals and personal development plans in the staff folders.

Staff told us they completed mandatory training, including fire safety, infection control, 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, the comments book and complaints to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on, for example, as a result of patient feedback the practice renovated the front of the building to provide additional car parking for patients.

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. The results from April 2017 showed that 100% of patients were likely or extremely likely to recommend the practice.

We looked at practice reviews on NHS Choices, 17 of the 20 reviews were positive about the practice commenting on a personalised, caring and professional service with good appointment access.