Portman Healthcare Limited

Lyme Bay Dentistry

Inspection Report

Temple House, 63 Broad Street, Lyme Regis, Dorset, DT7 3QF.
Tel:01297 529255
Website:www.lymebaydentistry.co.uk

Date of inspection visit: 19 June 2015
Date of publication: 01/10/2015

Overall summary

We carried out an announced comprehensive inspection on 19 June 2015 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.

The practice was located at Temple House 63 Broad Street Lyme Regis Dorset DT7 3QF. Opening hours were between 8.15am and 5pm. Treatments offered included preventative and restorative care, implants and dental hygiene. The practice provided care for private patients only.

Our key findings were:

- There were effective systems in place in the areas of clinical waste control and management of medical emergencies.
- The staffing levels were appropriate for the provision of care and treatment.
- The practice provided evidence based dental care which was focussed on the needs of their patients. We saw examples of effective collaborative team working.
- The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs.
- Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration.
- Patients' dental care records we reviewed provided a full and accurate account of the care and treatment they had received.
- Patients felt they were listened to, treated with respect and were involved with the discussion of their treatment options which included risks, benefits and costs.
- We observed the staff to be caring, compassionate and committed to their work.

Summary of findings

- The leadership, management and governance of the organisation assured the delivery of high-quality, patient centred treatment and care, supported learning and innovation, and promoted an open and fair culture.

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.

There were effective systems in place in the areas of clinical waste control and management of medical emergencies. The staffing levels were appropriate for the provision of care and treatment. Appropriate processes and equipment were available to ensure that instruments were correctly cleaned and sterilised prior to their next use.

Are services effective?

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

The practice provided evidence based dental care which was focussed on the needs of their patients. We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs.

Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration. Patients' clinical records we reviewed provided a full and accurate account of the care and treatment they had received. Patients were provided with health education information, such as smoking cessation and correct techniques to take care of their teeth.

Are services caring?

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

Patients told us (through comment cards) they had very positive experiences of dental care provided at the practice. Patients felt they were listened to, treated with respect and were involved with the discussion of their treatment options which included risks, benefits and costs. We observed the staff to be caring, compassionate and committed to their work. Staff spoke with enthusiasm about the care and treatment they provided to patients.

Are services responsive to people's needs?

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

The practice provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. Although the practice was not open every week day, there was a system in place to respond to patients who may have urgent care and treatment needs.

Are services well-led?

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

The principal dentist and dental nurse worked well together as a team. The provider was seen as approachable by the dental nurse who felt supported in their role and able to raise any issues or concerns if needed. The culture within the practice was seen as open and transparent and encouraged candour and honesty. The practice had systems in place to regularly audit X-ray quality and infection control.

Lyme Bay Dentistry

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 19 June 2015. The inspection team was led by a CQC Inspector with support from a second CQC inspector. Prior to the inspection we reviewed the information we already held about the service, requested some basic information from the provider and gathered information from their website. We informed the NHS England area team and the local Healthwatch that we were inspecting the practice; and we did not receive any information of concern from them.

During the inspection we spoke dentists, the practice manager, dental nurses and the patient coordinator. We also spoke with patients prior to or following their appointments.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents
The practice had a process in place for reporting and logging any incidents and this included adverse drug reactions. Incidents were discussed at practice meetings so that learning could be shared. Records of meetings supported this. An accident book was also in place and we saw that reported accidents were investigated and appropriate actions were taken, for example in the event of a needle stick injury.

Reliable safety systems and processes (including safeguarding)
The practice had policies and procedures in place for child protection and safeguarding people who used the service. these included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. Staff had completed safeguarding training or were in the process of receiving this training. We saw records which confirmed that training had been booked and attended. The practice was training all staff to level two in safeguarding children. Staff were able to demonstrate their knowledge of how to recognise the signs and symptoms of abuse and neglect and who to report to.

We found that new staff were required to familiarise themselves with practice policies and procedures as part of their induction process. This was confirmed by a member of staff who had been through a recent induction. The practice had a chaperone policy in place and the dental nurses were familiar with the role and relevant responsibilities.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments) to minimise the risk of inoculation injuries to staff members. Information available for staff detailed the actions they should take if an injury from using sharp instruments was in place.

Medical emergencies
The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. Oxygen and medicines for use in an emergency were available. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.

Records showed all staff had completed training in emergency resuscitation and basic life support including the use of the automatic external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

Staff recruitment
There were effective recruitment and selection procedures in place. Appropriate checks had been carried out prior to a new member of staff starting work. This included evidence of professional registration with the General Dental Council, indemnity insurance, identity verification and checks with the Disclosure and Barring Service. The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Where possible staff covered one another's planned and unplanned leave. If this did not provide sufficient levels of staff, agency staff were used although this was a rare occurrence.

Monitoring health & safety and responding to risks
The practice had arrangements in place to manage risk. A fire risk assessment had been carried out and exits were clearly marked. The practice had fire extinguishers available for use if needed. There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. The practice maintained a COSHH file in order to manage risks (to patients, staff and visitors) associated with substances hazardous to health. Other risk assessments carried out included those for safe working, health and safety of the environment and moving and handling.

Infection control
The guidelines for decontamination of instruments were displayed on the wall of the decontamination area. These referred to appropriate national guidelines found in Health Technical Memorandum (HTM) 01-05. The practice had a designated member of staff to lead on infection prevention and control. They showed us the decontamination area

and the processes used to clean and decontaminate dental instruments ready for use. There were clear dirty to clean zones for moving clean and dirty instruments. All instruments which required sterilisation before being used again were checked during this process to ensure they were suitable for use. The process for cleaning and sterilising instruments was achieved by using an ultrasonic cleaning bath or washer disinfector and then vacuum sterilising the instruments prior to packaging.

Dental nurses we spoke with were knowledgeable about the infection control procedures and told us they had an adequate supply of equipment to meet daily needs. The practice had systems in place for daily and weekly quality testing of the decontamination equipment and records confirmed these had taken place.

We found that clean instruments were stored in an appropriate area within sealed packaging. The date of sterilisation showed they were all in date and ready for use. Dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. Legionella is a term for particular bacteria which can contaminate water systems in buildings. A Legionella risk assessment had been carried out by an appropriate contractor and documentary evidence was provided to support this.

An infection control audit had been completed by the practice and an action plan was in place. We noted that the practice had marked itself down on disposing of clinical waste, as orange bags were used throughout the practice. (Orange bags are usually used for contaminated clinical waste.) The practice manager said that they had done this as yellow bags with a black strip (used for non-contaminated clinical waste) were not used. We discussed this further with them and identified that the practice exceeded recommendations as all clinical waste was being treated as contaminated, which reduces risk to staff and patients.

The practice was visibly clean and tidy. A cleaning plan and schedule was in place for duties undertaken by an employed cleaner. Staff confirmed that cleaning duties were also performed by the dental nurses who followed the schedules. Cleaning equipment was stored near the decontamination area and followed the recommended colour coding system used by the NHS. There were clear procedures in place for the disposal of clinical, non-clinical and hazardous waste. Sharps bins were stored when full and awaiting collection from a contractor. Safe procedures were in use for the removal of amalgam and X-ray development fluid.

Equipment and medicines

Portable oxygen cylinders were available and we found the practice had systems in place to check the cylinders were fit for use on a weekly, monthly and an annual basis. Electrical safety tests had been completed on the items we checked and a system was in place to ensure these checks took place as required. Servicing of equipment such as the autoclave machines (a device for sterilising dental and medical instruments) and X-ray equipment were also in place.

There were systems in place to check equipment had been serviced regularly, including the autoclave, fire extinguishers and oxygen cylinder. We were shown the annual servicing certificates. The records showed the service had an efficient system in place to ensure all equipment in use was safe, and in good working order.

A recording system was in place for the prescribing, recording, and dispensing of the medicines used in clinical practice. The systems we viewed provided an account of medicines prescribed, and demonstrated patients were given their medicines when required. The type, batch numbers and expiry dates for local anaesthetics used were recorded in clinical patient records.

Radiography (X-rays)

We asked to see the provider's radiation protection file as X-rays were taken and developed at the practice. We also looked at X-ray equipment in use and talked with staff about its use.

The practice radiation protection file met the requirements of the Ionising Radiation (Medical Exposure) regulations 2000 (IRME)R 2000 and the Ionising Regulations 1999. The files contained details of the radiation protection adviser and the radiation protection supervisor.

We found staff had received radiation protection training in accordance with the General Dental Council's continuing professional development requirements. Records showed the provider regularly audited the quality of X-ray images taken. This showed X-rays were taken to an acceptable standard and therefore minimised the risk of further (and unnecessary) X-ray exposure to patients. Records showed why radiographs were required.

Are services safe?

Local rules for dental radiography were in place. Local rules should be available to provide staff with guidance on the safe use of radiography within the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for people using best practice

The practice kept up to date and detailed electronic records of the care given to patients. The records provided comprehensive information about the patient's current dental needs and past treatment. Clinical records included details of the condition of the teeth, soft tissues lining the mouth and gums. This assessment was repeated at each check-up in order to monitor any changes in the patient's oral health. The dentists used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and determine how frequently to recall them.

X-rays were taken at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). Medical history checks were updated at every visit and the paper and electronic records we looked at confirmed this.

Following clinical assessment, the dentists recorded their findings. If a problem was identified or diagnosis made, a treatment plan showing the various treatment options was discussed with the patient and recorded. The details of the treatment included the type of local anaesthesia and filling materials used. The patients were then discharged from care until their next oral health assessment. All patients seen by the practice were required to be seen by the hygienist at regular intervals to assist with their oral hygiene, as part of the treatment plan.

Health promotion & prevention

The practice promoted the maintenance or good oral health as part of their overall care. Records showed patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. The dental assessment included assessment for the risk of tooth decay and the condition of soft tissues of the mouth. This was demonstrated through discussion with the dentist and reviewing dental records. Patients who required it could have fluoride varnish treatments and high concentration fluoride toothpaste to provide better protection against tooth decay.

There were health promotion leaflets available in the practice to support patients to look after their oral health. These included information about good oral hygiene, healthy eating especially for children and the early detection of oral cancer.

Staffing

The practice had sufficient dental nurses to support each dentist and the hygienist with their work. Staff received appraisals on a regular basis, information from these appraisals were used to identify and plan training to ensure staff were competent to carry out their role.

Staff were able to raise any concerns they had about their role and identify training and development needs**.** Job descriptions were in place so that role expectations were clear. Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies and infection control and prevention. Records showed staff were up to date with this learning.

All new staff received a comprehensive induction which included training on infection control and policies and procedures associated with health and safety. An induction checklist was in place and provided information on resources available for staff to refer to.

All clinical staff were required to maintain a five year period of continuous professional development as part of their registration with the General Dental Council. Records showed that professional registration was up to date for all staff and we saw evidence of on-going continuous professional development.

Working with other services

The practice had a system in place for referring patients for dental treatment and specialist procedures to other colleagues where appropriate. The dentist told us the practice involved other professionals and specialists in the care and treatment of patients where it was in the patient's best interest, such as urgent oral cancer referrals.

Consent to care and treatment

Staff described the patient journey and how this contributed to gaining the consent of the patient to receive treatment. The patient would attend an appointment and

Are services effective?

(for example, treatment is effective)

following assessment, a treatment plan would be discussed. Information was shared with the patient to enable them to give their informed consent to suggested treatment.

The patient's consent was documented on their treatment plan and copies were supplied to the patient. Patient comment cards showed that they were always supplied with information about the costs involved in their treatment before consenting to go ahead with recommended or agreed treatment pathways.

The practice staff demonstrated an understanding of how the Mental Capacity Act 2005 applied in considering whether or not patients had the capacity to consent to dental treatment. Staff explained to us how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met.

Are services caring?

Our findings

Respect, dignity, compassion & empathy
We noted that staff greeted patients with respect and made them welcome. When staff arranged patient appointments we heard them ask patients about their preferred time and check the suggested times and dates were suitable for them.

The provider and dental nurse explained to us how they ensured information about patients was kept confidential. Patients' dental care records were stored securely. Staff demonstrated to us their knowledge of data protection and how to maintain confidentiality. Patients were able to have confidential discussions about their care and treatment in the treatment room.

We received a total of 50 CQC comments cards completed by patients during two weeks leading up to the inspection. The cards were all very positive showing that patients valued the service they received. Patients said that staff were helpful, they had confidence in the treatment provided and that they were treated with dignity and respect.

Involvement in decisions about care and treatment
The practice provided patients with information to enable them to make informed choices. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

The dentist told us they used a number of different methods including tooth models, display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. These were used to supplement a treatment plan which was developed following examination of and discussion with the patient. Patients were also informed of the range of treatments available and their cost in information leaflets available in the treatment room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice offered a range of general dental services such as examinations, fillings, root canal treatments and cosmetic dentistry such as teeth straightening and implants. The practice treated private patients only and opened weekdays from 8.15am to 5pm.

The practice had effective systems in place to ensure the equipment and materials needed were in stock or received in advance of the patient's appointment. This included checks for laboratory work such as crowns and dentures so that delays in treatment were avoided.

Staff reported (and we saw from the appointment book) the practice always scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel rushed or under pressure to complete procedures and always had plenty of time available to prepare for each patient. For patients that were anxious when seeing a dentist, the practice offered sedation in line with national guidance and requirements.

Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate or if not they would contact a translator.

The practice was situated in a Grade 2 listed building, which meant there were restrictions on adaptations that could be made to facilitate access for patients who were disabled. The practice manager said they had applied for a ramp and handrail, but these had been refused, due to the listed building status. Therefore when patients who were disabled attended for appointments, staff would wait outside the practice and assist them into the building. Treatment areas were mainly situated on the ground floor. There was a consulting room upstairs, but this was used for patients who were mobile. The practice had accessible toilet facilities.

Access to the service

The practice had reception staff to assist patients to make routine and urgent appointments. Each day the practice was open, emergency appointments were made available for people with urgent dental needs. There was a system in place for managing recalls and ensuring all patients had a treatment plan in place.

Concerns & complaints

There was a complaints policy which provided staff with detailed information about all aspects of handling complaints and compliments from patients. Information for patients about how to make a complaint was available in the practice treatment room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

The practice manager was responsible for dealing with any concerns or complaints with support from the dentists. A complaints policy was in place that recognised concerns or complaints in any format and followed the NHS complaints guidelines We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place. Patients we spoke with had not had a need to raise a complaint and told us they would raise any concerns directly with staff.

Are services well-led?

Our findings

Governance arrangements
Staff told us they felt well supported by the provider and were clear about their roles and responsibilities. Patients' dental care records provided a full and accurate account of the care and treatment they had received and appropriate records relating to the management of the practice were maintained. Staff were supported to maintain and meet their professional standards and follow their professional code of conduct.

The practice ensured the information they held was kept secure. Computer records were access by use of a smart card, which identified the member of staff making entries and automatically provided an audit trail of entries in a patient's record.

There were comprehensive COSHH records (Control of Substances Hazardous to Health) in place that were updated regularly so staff had guidance on safe usage of products provided in the practice. Risks to patients and staff were regularly assessed and action taken when needed to minimise the risk of harm. Audits were undertaken of clinical notes, x-rays, infection control processes and accidents and incidents.

Leadership, openness and transparency
The culture of the practice encouraged candour, openness and honesty. Staff reported there was an open culture at the practice; they felt valued and supported by the provider. Staff reported they could raise issues at any time with the practice manager without fear of discrimination as they were very approachable, always listened to their concerns and generally took appropriate action where necessary. Practice meetings were held regularly with all members of staff and included discussion on best practice, sharing information, for example from complaints and significant events.

Management lead through learning and improvement
There had been audits of infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. The most recent audit indicated the facilities and management of decontamination and infection control were well managed.

The practice had completed an audit to assess the quality of X-ray images. This showed X-rays were taken to an acceptable standard which minimised the risk of further (and unnecessary) X-ray exposure to patients.

Certificates in staff files demonstrated that staff had attended appropriate training for their role. The dentists had completed study for their continuous professional development (CPD) and all staff had current registration with the General Dental Council (GDC). All staff received annual appraisals and had a personal development plan in place.

Practice seeks and acts on feedback from its patients, the public and staff
The practice regularly sought feedback from patients. We found the most recent survey had showed that patients were satisfied with the care and treatment provided. They considered they were given sufficient information to make decisions and staff allowed sufficient time for treatment. The practice had a suggestion box for patients to provide comments on their treatment.