Precise Dental Care Limited

Precise Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 18 May 2015.

Precise Dental Surgery provides private, general dental services to patients of all ages. The team at the practice included a dentist who is the registered manager a practice manager who is also a dental nurse, she helps to deliver the practice's administration and clinical governance systems. There are also two dental nurses, working on a part-time basis on a rota and a receptionist. The practice is open Monday 9.00am to 7.00pm, Tuesday to Thursday 8.30am to 5.30pm and Friday 08.00am to 4.00pm. The practice also offers appointments on a Saturday by arrangement.

The practice is housed in a converted residential property and is on the ground floor. There is one treatment room. The reception and waiting area are on the ground floor along with a dedicated decontamination room and patient toilet. The practice is accessible to patients with restricted mobility as treatment is carried out on the ground floor.

The dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

During our inspection we spoke with two patients and reviewed 15 comments cards, which patients had completed in the week before our visit. All patients commented positively about the care and treatment they had received and the friendly, polite and professional staff. A number of patients commented on the discussions they had with the dentist about their care and treatment and how they felt listened to and were made to feel relaxed.

We found that this practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

Our key findings were:

- The practice recorded and analysed significant events and complaints and cascaded learning to staff.
- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Infection control procedures were in place and the practice followed published guidance.
- Patient's care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.

Summary of findings

- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.
- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided.

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 control procedures were robust and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Emergency medicine in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice and serviced and maintained at regular intervals

Patients' medical histories were obtained before any treatment took place. The dentist was aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies

Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. Staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. Consultations were carried out in line with best practice guidance such as those from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including a review of their medical history. The practice ensured that patients were given sufficient information about their proposed treatment to enable them to give informed consent.

The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Health education for patients was provided by the dentist and dental hygienist. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations. Patients we spoke with told us that staff were very pleasant, helpful and professional. We saw that receptionists, dentists and nurses engaged well with patients.

Patients felt listened to by all staff and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each option.

Are services responsive to people's needs?

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

Appointment times met the needs of patients and waiting time was kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen within 24 hours. They would see any patient in pain, extending their working day if necessary.

Summary of findings

A practiced leaflet was available in reception to explain to patients about the services provided. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. Patients who had difficulty understanding care and treatment options were supported. The practice handled complaints in an open and transparent way and apologised when things went wrong.

Are services well-led?

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

Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency. Staff at the practice were supported to complete training for the benefit of patient care and for their continuous professional development.

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with. A range of clinical and non-clinical audits were taking place.

The practice sought the views of staff and patients. Health and safety risks had been identified which were monitored and reviewed regularly.

Precise Dental Care

Detailed findings

Background to this inspection

The inspection took place on 18 May 2015 and was conducted by a CQC inspector. the inspector had access to clinical advice from a dentist special advisor throughout the inspection process

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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and consulted with other stakeholders, such as NHS England area team / Healthwatch; we did not receive any information from them.

During the inspection we spoke with the dentist, the practice manager, one dental nurse and one receptionist. We reviewed policies, procedures and other documents. We also spoke with two patients. Comment cards had been made available to patients prior to the inspection; we reviewed 15 completed comment cards.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice maintained clear records of significant events and complaints. Staff were aware of the reporting procedures in place and were encouraged to bring safety issues to the attention of the dentists or the practice manager. The dentists and staff spoken with had a clear understanding of their responsibilities in Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available.

The practice responded to national patient safety and medicines alert that were relevant to the dental profession. These were received in a dedicated email address and actioned by the dentist. Where they affected patients, it was noted in their patient record.

Records we viewed reflected that the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage.

Reliable safety systems and processes (including safeguarding)

All staff at the practice were trained in safeguarding and the dentist was the identified lead for safeguarding. Staff we spoke with were aware of the different types of abuse and who to report them to if they came across a situation they felt required reporting. This was confirmed by certificates seen in their continuing professional development files. A policy was in place for staff to refer to and this contained telephone numbers of who to contact outside of the practice if there was a need. There had been no safeguarding incidents at the surgery since the provider had registered with the Care Quality Commission in 2013.

Care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Patients told us and we saw dental care records which confirmed that new patients were asked to complete a medical history; these were reviewed and up dated at each appointment. The dentist was aware of any health or medication issues which could affect the planning of a patient's treatment. These included for example any underlying allergy, the patient's reaction to local anaesthetic or their smoking status. All health alerts were recorded on the front of the patient's dental care record.

The dentist at the practice ensured that clinical practices reflected current guidance in relation to safety. For example the dentist routinely used rubber dam for certain procedures to ensure their patients safety and to increase the effectiveness of treatment. 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. This ensures patients are not able to swallow solutions or instruments used in the procedure and to ensure the operative site is free from moisture contamination.

Medical emergencies

There were arrangements in place to deal with foreseeable medical emergencies. We saw that the practice had emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies), in accordance with guidance issued by the Resuscitation Council UK and the British National Formulary (BNF), which may be needed to deal with any medical emergencies should they arise. All staff had been trained in basic life support including the use of the automated external defibrillator (AED) and were able to respond to a medical emergency. All emergency equipment was readily available and staff knew how to access it. We checked the emergency medicines and found that they were of the recommended type and were all in date. A system was in place to monitor stock control and expiry dates.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We looked at two staff files and found that the process had been followed.

All clinical staff at this practice were qualified and registered with the General Dental Council GDC. There were copies of current registration certificates and personal indemnity insurance. (Insurance professionals are required to have in place to cover their working practice).

Are services safe?

Monitoring health & safety and responding to risks

The practice had carried out a practice risk assessment in 2014 which included fire safety. There was guidance in the waiting room for patients about fire safety and the actions to take.

Staff were aware of their responsibilities in relation to the control of substances hazardous to health (COSHH), there had been a COSHH risk assessment done for certain materials used at the practice to ensure staff knew how to manage these substances safely.

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by ensuring sharps bins, were stored appropriately in the treatment room.

Infection control

We saw there were effective systems in place to reduce the risk and spread of infection. During our visit we spoke with the dental nurse, who had responsibility for infection prevention and control. They were able to demonstrate they were aware of the safe practices required to meet the essential standards published by the Department of Health -'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

The equipment used for cleaning and sterilising dental instruments were maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained.

Decontamination of dental instruments was carried out in a separate decontamination room. A dental nurse demonstrated to us the process; from taking the dirty instruments out of the dental surgery through to clean and ready for use again. We observed that dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. [Legionella is term for particular bacteria which can contaminate water systems in buildings.] Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor. This ensured that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in the water systems.

The segregation of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps and sharps waste was in accordance with the current European Union directive with respect to safe sharp guidelines; this mitigated the risk of staff against infection. We observed that sharps containers were correctly maintained and labelled. The practice used an appropriate contractor to remove dental waste from the practice and waste consignment notices were available for us to view.

Equipment and medicines

We were shown a file of risk assessments covering many aspects of clinical governance. These were well maintained and up to date. The practice manager had a method that ensured tests of machinery were carried out at the right time and all records of service histories were seen. This ensured the equipment used in the practice was maintained in accordance with the manufacturer's instructions, this included the equipment used to sterilise the instruments, the x-ray sets and the compressor. This confirmed to us that all the equipment was fit for purpose and functioning correctly.

Medicines in use at the practice were stored and disposed of in line with published guidance. A recording system was in place for the prescribing and recording of the medicines and drugs used in clinical practice. The systems we viewed were complete, provided an account of medicines prescribed, and demonstrated that patients were given their medicines as prescribed. The batch numbers and expiry dates for local anaesthetics were always recorded. These drugs were stored safely for the protection of patients.

Radiography (X-rays)

An external qualified professional was the radiation protection adviser (RPA) for the practice. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment. These included critical examination packs for each X-ray set along with the three yearly

Are services safe?

maintenance logs in accordance with current guidelines. A copy of the local rules and inventory of X-ray equipment used in the dental practice was available in a file with each X-ray set.

We discussed with the dentist the requirement to audit X-rays taken to evaluate the quality of the radiographs. We were informed this had been commenced and was on-going. We observed a sample of six clinical records where dental X-rays had been taken. The clinical records showed that dental x-rays when taken were justified and reported in accordance with IR (ME) R 2000 (Ionising Radiation (Medical Exposure) Regulations 2000). The records contained a quality assurance grade, and all X-rays had been graded 1 because there were no positioning or processing errors evident. We saw X-ray holders in the treatment rooms. These ensure good placing in the patient's mouth which contributed to good quality images. The X-rays were correctly mounted and labelled in accordance with current guidelines.

Dental X-rays were prescribed according to current selection criteria guidelines with the practice having their own written protocol in place. To prevent patients receiving dental X-rays at inappropriate intervals the dentists recorded electronically when previous X-ray assessments had been carried out.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We looked at a sample of patient's records and found that the assessments were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. We spoke with the dentist and they demonstrated a good knowledge of best practice and improving outcomes for patients. They described their procedures for treating patients with one or more medical condition or those taking medicines such as anticoagulants, which may carry risks and how these risks were managed.

The dentist informed us and we saw evidence that they followed the guidance from the Faculty of General Dental Practice before taking X-rays. This is done to ensure they were required and necessary. We saw that each patient's diagnosis was discussed with them and treatment options were explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient.

Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations.

Patients spoken with and comments received on CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on how to maintain good oral hygiene and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance to have regular dental check-ups as part of maintaining good oral health.

The dentist confirmed that adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. The dentist was aware of the Department of Health publication for delivering better oral health which is an evidence based toolkit to support dental practices in improving their patient's oral and general health.

Staffing

The practice employed one full time dentist, supported by a practice manager who was also a dental nurse, two dental nurses and a receptionist. The ratio of dentists to dental nurses was one to two. Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels.

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Staff kept a record of all training they had attended; this ensured that staff had the right skills to carry out their work. The dentist was aware of the training their staff had completed even if this had been done in their own time. All clinical staff carried out annual medical emergencies and basic life support training.

Records showed staff were up to date with their continuing professional development (CPD). (All people registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their registration.) Staff records showed professional registration was up to date for all staff and they were all covered by personal indemnity insurance.

Dental nurses worked part time and were flexible in their ability to cover their colleagues at times of sickness. We were told there had been no instances of the dentist working without appropriate support from a dental nurse.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice, for example orthodontic treatment.

Are services effective?

(for example, treatment is effective)

The practice referred patients for secondary (hospital) care when necessary. For example for assessment or treatment by oral surgeons. Referral letters contained detailed information regarding the patient's medical and dental history.

The dentist explained the system and route they would follow for urgent referrals if they detected any unidentifiable lesions during the examination of a patient's soft tissues. The practice referred them to other healthcare professionals using their referral process. This involved supporting the patient to access the 'choose and book' system and select a specialist of their choice.

Consent to care and treatment

The practice ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent. The dentist demonstrated a clear understanding of the consent process and had involved family members in discussion about recommended treatment for a patient with memory problems. Patients told us the dentist was exceptionally good at explaining their treatment; we saw these discussions were recorded in the patient dental care records.

Patients were provided with a written treatment plan for every treatment; this included information about the financial and time commitment of their treatment. Patients were asked to sign a copy of the treatment plan to confirm their understanding and to consent to the proposed treatment. The clinical records we observed reflected that treatment options had been listed and discussed with the patient prior to the commencement of treatment. The team had audited and improved their recording of verbal consent, when appropriate.

Patients told us they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate and empathetic care and treatment. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was open plan but we were told by the receptionist that they considered conversations held at the reception area when other patients were present. They also confirmed that should a confidential matter arise, a private room was available for use.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of, and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that patient records were held securely.

We were told by staff that where they were concerned about a particular patient after receiving treatment, they were often contacted at home later that day or the next day, to check on their welfare.

Patients we spoke with and those who completed comment cards said that they felt that practice staff were kind and caring and that they were treated with dignity and respect and were helpful. A number of patients told us the dentist was particularly sensitive to patients who were nervous or anxious about their treatment.

Involvement in decisions about care and treatment

Patients we spoke with and those who completed comment cards told us that the dentist listened to them and they felt involved with the decisions about their care and treatment. They told us that consultations and treatment were explained to them in a way they understood, followed up by a written treatment plan that was clear and explained the costs involved.

We saw that patients were provided with information about their proposed treatments and they were given time to consider all options available to them before they consented to the treatment. We looked at some examples of written treatment plans and found that they explained the treatment required and outlined the costs involved.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice used a variety of methods for providing patients with information. These included a practice website and patient welcome pack given to patients when they joined the practice. The practice information leaflet and information displayed in the waiting area described the range of services offered to patients, the complaints procedure, information about patient confidentiality and record keeping. The practice offered private treatment and the costs of each were clearly displayed and fee information leaflets were available.

Appointment times and availability met the needs of patients we spoke with. The practice opening hours were; Monday 9.00am to 7.00pm, Tuesday to Thursday 8.30am to 5.30pm and Friday 08.00am to 4.00pm. Patients with emergencies were seen within 24 hours of contacting the practice, sooner if possible. The practice also offered appointments on a Saturday by arrangement.

Patients who completed CQC comment cards prior to our inspection stated that they were rarely kept waiting and they could obtain appointments when they needed one.

Tackling inequity and promoting equality

The practice had policies a range of policies anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these. They had also considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. The practice had step free access to assist patients with mobility issues, using wheelchairs or mobility scooters and parents with prams or pushchairs.

All services were provided at ground floor level. The waiting area could accommodate wheelchairs, prams and pushchairs. The reception area included a low level section to accommodate patients in wheelchairs.

The practice had considered the needs of patients who were unable to attend the practice. The practice manager told us that they did not provide home dental visits but that these would be considered should the need arise.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen within 24 hours or sooner if possible.

Patients we spoke with told us that the availability of appointments met their needs and they were rarely kept waiting. The patient leaflet informed patients about the importance of cancelling appointments should they be unable to attend so as to reduce wasted time and resources.

The arrangements for obtaining emergency dental treatment outside of normal working hours, including weekends and public holidays were clearly displayed in the waiting room area and in the practice leaflet. Staff we spoke with told us that patients could access appointments when they wanted them. Patients we spoke with and those who completed comment cards confirmed that they were very happy with the availability of routine and emergency appointments.

Concerns & complaints

The practice had a complaint procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Details of how to raise complaints were included in the practice leaflet given to all new patients and accessible in the reception area. Staff we spoke with were aware of the procedure to follow if they received a complaint.

The practice manager told us that there had been no complaints made since the practice registered with the CQC in 2013. Patients we spoke with on the day of our inspection had not had any cause to complain but felt that staff at the practice would treat any matter seriously and investigate it professionally. CQC comment cards reflected that patients were highly satisfied with the services provided.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. There were robust governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice.

There were systems in place for carrying out clinical and non-clinical audits taking place within the practice. These included assessing the detail and quality of patient records, oral health assessments and X-ray quality. Health and safety related audits and risk assessments were in place to help ensure that patients received safe and appropriate treatments. The practice had a system in place to monitor medicines in use at the practice. We found that there was a sufficient stock of them and they were all in date.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality and recruitment. Staff were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them. The practice also used a dental patient computerised record system and all staff had been trained to use it. This enabled dental staff to monitor their systems and processes and to improve performance.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff told us that they could speak with the practice manager if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns.

All staff were aware of whom to raise any issue with and told us that the practice manager and dentists would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

Management lead through learning and improvement

The management of the practice was focused on achieving high standards of clinical excellence. Staff at the practice were all working towards a common goal to deliver high quality care and treatment.

We saw that the dentist reviewed their practice and introduced changes to practice through their learning and peer review. A number of clinical and non-clinical audits had taken place where improvement areas had been identified. These were cascaded to other staff if relevant to their role.

Staff appraisals were used to identify training and development needs that would provide staff with additional skills and to improve the experience of patients at the practice.

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

The practice manager and staff told us that patients could give feedback at any time they visited. A recent patient survey had been carried out and the results of this had been positive, with patients expressing a high level of satisfaction with the services they received. The practice had also consulted patients in relation to the relocation of premises and taken into account any questions or concerns raised.

The practice had systems in place to review the feedback from patients who had cause to complain. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

At the time of our inspection we were told meetings were informal and not minuted; however the system was to be improved with their first formal meeting to take place in the near future. Staff we spoke with told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted. Staff told us that they felt part of a team.