Dr. Paul Rolfe

# Long Melford Dental Practice

## Inspection Report

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## Overall summary

We carried out this announced inspection of Long Melford Dental Practice 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. A CQC inspector, who was supported by two specialist dental advisers, led the inspection.

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 well-led care in accordance with the relevant regulations.

**Background**

The practice is part of a group of three practices owned by Dr Paul Rolfe. It is based in the village of Long Melford and provides privately funded treatment to patients of all ages. The dental team includes one dentist, one dental nurse, and a receptionist. The practice has one treatment room and is open on Tuesdays from 9 am to 5pm, and on alternate Fridays from 9 am to1pm.

There is limited access for people who use wheelchairs, and no disabled toilet facilities.

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

# Summary of findings

On the day of our inspection we collected eight comment cards filled in by patients and spoke with another two patients. This information gave us a very positive view of the service.

During the inspection we spoke with the principal dentist, the dental nurse and the receptionist. We looked at the practice's policies and procedures, and other records about how the service was managed.

**Our key findings were:**

- We received consistently good feedback from patients about the quality of the practice's staff and the effectiveness of their treatment.
- The practice was clean and well maintained.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with emergencies and appropriate medicines and life-saving equipment were available.
- Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- Staff felt well supported and were committed to providing a quality service to their patients.
- The identification of potential hazards within the practice was limited. Risk assessment was not robust enough to ensure that patients and staff were fully protected
- Essential information and evidence of some dental examinations and risk assessment was missing from patient dental care records.

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

- Review the practice's protocols for completion of dental records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's protocols for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Review risk assessments to ensure they are specific to the practice and ensure that identified control measures are implemented.
- Review infection control policies and procedures to ensure they reflect staff's actual working practices and relevant national guidelines.
- Review the accessibility of the practice's complaints' procedure so that it is easily available to patients

# 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.

Staff received training in safeguarding vulnerable adults and children and knew how to recognise the signs of abuse. Emergency equipment and medicines in use at the practice were stored safely and checked regularly to ensure they did not go beyond their expiry dates. There were sufficient numbers of suitably qualified staff working at the practice. Premises and equipment were clean and properly maintained, although fire safety and some infection control procedures needed to be strengthened to ensure patients were protected.

**No action** ✓

**Are services effective?**

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

Patients described the treatment they received as effective and pain-free. They told us that their dentist listened to them and gave them clear information about their treatment. Clinical audits were completed to ensure patients received effective and safe care

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. Although the dentist demonstrated understanding of national guidance, some patients' dental care records lacked detail in the recording of this.

**No action** ✓

**Are services caring?**

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

We received feedback about the practice from ten patients. Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received and of the staff who delivered it. Staff gave us specific examples of where they had gone out their way to support patients. We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

**No action** ✓

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

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

Patients commented that it was easy to get through on the phone to the practice, and they rarely waited once they had arrived. Appointments could be booked on-line and patients were able to sign up for text and email reminders for their appointments.

The practice dealt with complaints positively and efficiently, although there was no information easily available informing patients of how they could raise their concerns.

**No action** ✓

**Are services well-led?**

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

**No action** ✓

# Summary of findings

The practice had a number of policies and procedures to govern activity and there were systems in place to monitor and improve quality. Staff told us they enjoyed their work and felt supported and listened to by the owner. Although there were no formal meetings, staff told us communication systems were good given the small size of the practice.

# Long Melford Dental Practice

**Detailed findings**

# Are services safe?

## Our findings

**Reporting, learning and improvement from incidents**

The practice did not have any specific policies regarding the reporting of untoward events, or any process in place to ensure learning from them was shared formally. Not all staff were aware of RIDDOR requirements (Reporting of Injuries, Diseases and Dangerous Occurrences). It was not possible for us to assess if the practice responded appropriately to untoward events as we were told that none had occurred in the last 12 years.

The principal dentist received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and was aware of recent alerts affecting dental practice.

**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 had received a Disclosure and Barring Service (DBS) check to ensure they were suitable for working with children and vulnerable patients.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments that staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items, although we noted that the sharps container was not dated so it was not possible to tell if it had been in use over three months. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

**Medical emergencies**

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year, although they did not regularly rehearse emergency medical simulations so that they had a chance to practise what to do in the event of an incident. Bodily fluid and mercury spillage kits were available for staff, but no eyewash station.

The practice held emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice and those we checked were in date for safe use. We noted that Glucagon was stored in the practice's fridge, but that the fridge temperature was not monitored to ensure it operated correctly.

**Staff recruitment**

The practice had a staff recruitment policy and procedure to help them employ suitable staff. Staff files we reviewed showed that some pre-employment checks had been undertaken for staff including proof of their identity and DBS checks. However, references were missing for the most recently employed member of staff and there were no records of the interview held to demonstrate it had been conducted fairly.

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

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

We viewed a number of risk assessments undertaken by the practice. They were a little basic and sometimes not specific to the practice. Not all control measures to reduce identified hazards following the assessments had been actioned. For example, the practice's fire risk assessment stated that staff should receive fire training and rehearse full evacuations from the building: neither of these had been implemented. We identified some risks within the practice that had not been assessed. For example, a receptionist did not work on a Friday, leaving the entrance and waiting area unsupervised during patient treatment.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for most materials used within the practice.

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

**Infection control**

# Are services safe?

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice's waiting area, toilet and staff areas were clean and uncluttered. Cleaning equipment used for different areas of the practice was colour coded to reduce the risk of cross infection. We noted that some cleaning materials were kept in a cupboard in the patient toilet and needed to be stored more securely in a locked facility. We checked the treatment room and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed work surfaces so they could be cleaned easily.

We noted that staff's uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. However, one nurse had fingernails that were long and painted, and therefore compromised hand hygiene. There were no records to demonstrate that clinical staff had received inoculations against Hepatitis B.

The practice had an infection prevention and control policy and procedures to keep patients safe. Although this policy had been reviewed in March 2017, it did not accurately reflect actual working practices or the most up to date infection control guidance. The practice conducted infection prevention and control audits and results from the latest audit in May 2017, indicated that the practice met essential quality requirements.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05, although we observed that the nurse rinsed instruments under running water, risking unnecessary aerosol contamination.

The practice's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally, although we noted the bin was not attached securely to ensure its safety.

**Equipment and medicines**

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. Other equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this. Fire extinguishers had not been tested within the last year, although this was arranged the day following our inspection. The dentist completed an on-line portable appliance testing course following our inspection to enable him to conduct these checks himself.

Stock control was good and medical consumables we checked on shelves and in drawers were within date for safe use.

The practice had suitable systems for prescribing and dispensing medicines and a logging system was in place to account for any issued to patients.

**Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file. Rectangular collimation was used to help reduce patient dosage.

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**

We spoke with two patients during our inspection and received eight comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment, describing it as pain free and effective.

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. We viewed a sample of dental care records that demonstrated that a full patient assessment had been carried out, although the dentist did not always record caries or cancer risks. The dentist was able to demonstrate a good understanding of dental guidance i.e. NICE in recall interval decisions, taking of radiographs and consent requirements although did not always use written confirmation of consent for complex procedures.

We saw a range of clinical audits that the practice carried out to help them monitor the effectiveness of the service. These included clinical record keeping, dental radiographs, the quality of root fillings and infection control.

**Health promotion & prevention**

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, children's toothbrushes and floss. General information about oral health care for patients was limited and there were no leaflets or displays available in the waiting area about oral health care. Patients were asked about their smoking habits and alcohol intake when they completed their medical histories; although there was no information or leaflets available for patients wanting to give up smoking and staff were unaware of local smoking cessation services

**Staffing**

Staff told us they were enough of them for the smooth running of the practice and colleagues from the provider's other practices were available if needed. However, a receptionist did not work at the practice on a Friday morning, leaving the entrance and waiting area unsupervised. The dentist saw about 10-15 patients a day, and both patients and staff told us they never felt rushed.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. Staff told us they discussed their training needs at their annual appraisals.

**Working with other services**

Staff 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. Although the numbers were small the practice did not keep a central log of patients' referrals so they could tracked and patients were not routinely offered a copy of their referral for their information.

**Consent to care and treatment**

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

The practice had a specific consent policy, but this was very basic and did not provide staff with guidance on the Mental Capacity Act or Gillick competencies. Staff's understanding of patient consent issues was variable. Evidence of patient consent was in the clinical notes we were shown, but specific forms for complex treatment were not always signed.

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as caring and empathetic to their needs. One patient told us that they felt staff knew them personally, and another that staff had supported their elderly mother very well. Staff gave us specific examples of where they had supported patients such as delivering repaired dentures to one patient's home address so they could have them for the weekend, and driving to the Ipswich practice with missing lab work so a patient's treatment was not delayed. One nurse described to us additional measures she implemented when supporting anxious patients.

The main reception area itself was not particularly private and those waiting could easily overhear conversations between reception staff and patients, although staff assured us that they were careful not to give out patients' personal details when speaking on the phone. The receptionist told us she only played back messages on the answer phone when the waiting area was empty.

Computers were password protected and screens displaying patients' information were not overlooked. All consultations were carried out in the privacy of the treatment room and we noted that the door was closed during procedures to protect patients' privacy.

**Involvement in decisions about care and treatment**

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

Patients received plans that clearly outlined the treatment they would receive and its cost.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting patients' needs**

The practice had a web site that provided patients with helpful information about the staff team and the treatments available. There was also a patient information leaflet available with details of all the provider's practices in the region. In addition to general dentistry, the practice offered a number of cosmetic treatments, including implants, teeth whitening and CAD/CAM inlays, veneers and crowns.

Patients told us they were satisfied with the appointments system and that getting through on the phone was easy. Patients could book an appointment on-line and a text and email messaging service was available to remind them of their appointments. The practice was only open two days a week but patients could be seen at one of the provider's other local practices if needed and were provided with the mobile telephone number in case of an emergency.

**Promoting equality**

The practice had a comprehensive equality and diversity policy that provided staff with guidance on their responsibilities under the Equality Act 2010.There was level entry access and a downstairs treatment room for wheelchair users. However**,** there was no disabled parking spot, no disabled toilet and no hearing loop to assist patients who wore hearing aids. Information about the practice was not available in any other languages or formats such as large print.

**Concerns & complaints**

The practice had a policy and a procedure that set out how complaints would be addressed, and staff spoke knowledgeably about how they would handle a patient's concerns. However, the procedure was not easily accessible to patients as there was no information available about how they could raise their concerns in the waiting room, practice leaflet or website

The practice had received one formal complaint in the last year. We viewed the paperwork in relation to this complaint and found it had been thoroughly investigated and responded to in a professional and timely way.

# 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 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.

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

Staff told us there were occasional staff meetings and we were shown the minutes of just one meeting held between 2016 and 2017. The recording of minutes from these meetings was limited and they did not contain any summary of what was discussed, the outcome of those discussions, or any agreed action by staff. However as it was a small team, informal discussions took place during the day as matters arose although these were not recorded.

**Leadership, openness and transparency**

Staff told us they enjoyed their work and the small size of the practice, which meant that communication between them was good. They told us they felt supported and valued in their work and reported there was an open culture within the practice. Staff told us that they had the opportunity to, and felt comfortable, raising any concerns with the owner who was approachable and responsive to their needs.

The practice had recently implemented a policy in relation to its requirements under the Duty of Candour, although not all staff were aware of it.

**Learning and improvement**

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

All staff received an annual appraisal of their performance and we saw evidence of completed appraisals in staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice did not have any formal mechanisms in which to capture patient feedback. However, in response to informal feedback the principal dentist told us that he had improved the automated appointment reminder system and web site functionality.

Staff told us that the principal dentist listened to them and was supportive of their suggestions. One nurse told us she had been fully involved and consulted in setting up the practice. The principal dentist told us that staff's suggestions to move the magnifier light in the decontamination room for easier use had been implemented, as had their suggestion for a wall mounted cupboard to create more space.