

John G. Plummer & Associates

John G. Plummer & Associates Wymondham

Inspection Report

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Overall summary

We carried out this announced inspection on 4 December 2018 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

J G Plummer and Associates is a family run business which own and manage 11 practices in the Norfolk and Suffolk area. The Wymondham branch provides mostly NHS treatments to adults and children. The dental team

Summary of findings

includes 15 dentists, 21 dental nurses and three receptionists. An orthodontist specialist visits once a month. There are five surgeries and the practice opens from 8.30 am to 5 pm Monday to Friday.

There is level access for people who use wheelchairs and those with pushchairs.

As a condition of registration, the practice must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager is one of the partners, who is also a dentist at the practice.

On the day of inspection, we collected 32 CQC comment cards filled in by patients and spoke with two other patients. We spoke with two dentists, two dental nurses, administrative staff and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice appeared clean and well maintained.
- Staff knew how to deal with emergencies, and appropriate medicines and life-saving equipment were available.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients' care and treatment was provided in line with current guidelines.
- The practice provided good preventive care and supported patients to ensure better oral health.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted upon.
- The practice's staff recruitment procedures were not robust.
- Infection control procedures needed to be strengthened to ensure that cement was removed from instruments, and that instruments were rinsed properly.
- Patients' confidential information was not held securely. This was an issue we had raised at previous inspections which the provider had failed to address.

There were areas where the provider could make improvements. They should:

- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

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 satisfactory arrangements for essential areas such as clinical waste, the management of medical emergencies and dental radiography (X-rays).

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults.

Premises and equipment were clean and properly maintained and the practice mostly followed national guidance for cleaning, sterilising and storing dental instruments, although instrument checking procedures needed to be tightened.

There were sufficient numbers of suitably qualified staff working at the practice and staff were qualified for their roles. However, recruitment protocols needed to be tightened to ensure that appropriate references and DBS checks were completed prior to a new member of staff starting to work at the practice.

No action



Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

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.

No action



Are services caring?

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

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 of their way to support patients such as accompanying them to the doctors and helping them find lost dentures.

However, the practice did not store patients' medical information in a way that protected their privacy and confidentiality.

No action



Are services responsive to people's needs?

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

No action



Summary of findings

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children, although information about translation services was not available to patients who did not speak English.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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 staff to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and valued.

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.

We noted that the provider had failed to address issues of patient confidentiality we had raised at inspections of its other practices. Following this inspection, we received confirmation that action was being taken to install roller blinds to open shelving where patients' notes were stored.

No action



Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

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. One of the provider's partners was the safeguarding lead, and kept a log of all referrals and advice they had given to staff across all their practices. We viewed records made in relation to two safeguarding incidents concerning children with dental neglect that the practice had reported appropriately.

We saw evidence that staff received safeguarding training and knew about the signs and symptoms of abuse and neglect, and how to report concerns. Information about protection agencies was available in each treatment room, the staff room and in waiting areas making it easily available to both staff and patients.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. The provider had a formal written protocol in place to prevent wrong site surgery, although this was not yet used routinely by clinicians.

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The practice had a staff recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We looked at staff recruitment information for the latest employee which showed the practice had not followed their procedure to ensure only suitable people were employed. Two references and a DBS check had not been obtained prior to them starting work.

Detailed job descriptions were available for all roles within the practice and all staff received an induction to their role.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Records showed that fire detection and firefighting equipment was regularly tested. Staff

undertook regular timed fire evacuations with patients. The provider's health and safety lead had undertaken fire risk assessment training, and plans were in place to train specific fire marshals to help in the event of an incident.

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

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had the required information in their radiation protection file. The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography. The X-ray unit had a rectangular collimator fitted to reduce patient exposure.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff.

The practice mostly followed relevant safety laws when using needles and other sharp dental items, although not all clinicians were using the safest types of sharps. Sharps bins were wall mounted and labelled correctly.

Staff were aware of changes in regulations in the use of dental amalgam and amalgam separators were installed.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. However, staff did not undertake regular medical emergency simulations to keep their knowledge and skills up to date and there were no paediatric pads available with the defibrillator. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in

Are services safe?

place containing chemical safety data sheets for all materials used within the practice, although there were no data safety sheets available for products used by the external cleaner.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Staff carried out infection prevention twice a year. The latest audit showed the practice was meeting the required standards.

The practice had some suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. However, we noted that instruments in two packs had cement remaining on them, indicating that cleaning and checking systems were not robust. Staff were not rinsing instruments according to best practice guidance and we noted a clean instrument tray cover placed in the dirty area of the treatment room.

The practice had undertaken an assessment of legionella risk in October 2018, but its recommendation to descale taps had not yet been implemented. Records of water testing and dental unit water line management were in place and indicated staff were following best practice guidance.

We noted that all areas of the practice were visibly clean, including the waiting areas corridors toilets and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt, although signs to indicate zoning between clean and dirty areas could be improved. We found a number of bleach bottles that had not been stored securely.

Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. We noted they changed out of their uniform to go out at lunchtime.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally in a locked and secure area.

Safe and appropriate use of medicines

There were suitable systems for prescribing and managing medicines and the practice stored and kept records of NHS prescriptions as described in current guidance. The dentists were aware of current guidance about prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines.

Information to deliver safe care and treatment

We looked at a sample of dental care records to confirm our findings and noted that records were written in a way that kept patients safe. Dental care records we saw were accurate, complete and legible. However, they were not kept securely and did not comply with The Data Protection Act and information governance guidelines.

Lessons learned and improvements

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. We viewed a number of incidents logged clearly in the practice's accident book and a detailed account of when a car reversed accidentally into the building

The head nurse received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and implemented any action if required. Staff were aware of recent alerts affecting dental practice

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 32 comments cards that had been completed by patients prior to our inspection. All the comments received reflected patient satisfaction with the quality of their dental treatment.

We found that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. The practice had systems to keep dental practitioners up to date with current evidence-based practice. Clinical issues were a standing agenda item at the quarterly practice meetings, so that dentists could share their knowledge and best practice.

Helping patients to live healthier lives

The practice could refer patients to its 'Happy Smiles' club held at a nearby practice which offered preventive advice to children and adults who were at a high risk of dental disease. This service was led by a dental nurse, who had undertaken additional qualifications in oral health promotion. The club had won a 'Business Community Supported of the Year Award 2018' in recognition of its work in promoting oral health.

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. Dentists used fluoride varnish for children based on an assessment of the risk of tooth decay.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists 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 aware of the need to consider this when treating young people under 16 years of age.

Effective staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us there were enough of them for the smooth running of the practice. There was a stable staff group many of whom had worked at the practice for a number of years.

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, although none of the nursing staff had received one within the last year.

Co-ordinating care and treatment

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear systems in place for 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 all referrals to make sure they were dealt with promptly, although staff did not routinely offer patients a copy of the referral for their information.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as professional, approachable and caring. One patient told us their dentist had a very 'calming persona' that made them feel relaxed. Another, that their dentist always took time to listen to their concerns. We received a number of very positive comments about the practice's reception staff in relation to their helpfulness and ability to accommodate patients' specific appointment requests.

Staff gave us specific examples of where they had supported patients, including providing them with bereavement support and helping them find lost dentures.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screens were not visible to patients and staff did not leave patients' personal

information where other patients might see it. One member of reception staff told us that patients' exemption status was always asked in the treatment room, rather than by the reception desk.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy. Downstairs treatment room windows were frosted to prevent passers-by looking in.

Involving people 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. The practice conducted its own survey patient survey and 91% of respondents stated that their dentist had discussed treatment options with them.

Dental records we reviewed showed that treatment options had been discussed with patients.

We noted information leaflets available to patients on a range of dental health matters.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The patient information leaflet explained opening hours, emergency 'out of hours' contact details and arrangements, staff details and how to make a complaint. The practice's website also contained useful information to patients about NHS charges which patients could download. A TV screen was available in the waiting area with a wide variety of information including gum disease, toothpaste types, dental products, and how to complain.

The practice had made reasonable adjustments for patients with disabilities. These included level access entry, downstairs treatment rooms, and a hearing loop to assist those who wore hearing aids. We noted however that there were no raised chairs or chairs with arms to help those with limited mobility and no information in relation to translation services for patients who did not speak English.

Timely access to services

At the time of our inspection the practice had capacity to take on new NHS patients and was expecting an increase in patients due to a nearby practice closing.

Appointments could be made by telephone or in person and the practice operated an email appointment reminder service. Specific emergency slots were available for those experiencing pain and the practice offered sit and wait if needed. We spoke to three patients during our inspection who told us they had rung up that morning for an emergency appointment and had been given one the same day.

Although the practice only opened Monday to Friday between 8.30 and 5pm, we received positive comments from patients about the ease of accessing appointments.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in the waiting area for patients and in the practice's information leaflet. Reception staff spoke knowledgeably about how to deal with patients concerns.

One of the partners took responsibility for dealing with all complaints and monitored them closely to identify themes and patterns. All complaints were discussed at the regular partners' meetings so that learning from them could be shared.

Are services well-led?

Our findings

Leadership capacity and capability

The provider's senior management team was based at the head office in Caister-On-Sea in Norfolk. The team included lead individuals for safeguarding, health and safety, training, and information governance. Staff told us that the partners and senior managers were visible and approachable and worked closely with them to improve the service.

There was a clear staffing structure within the practice itself with specific staff leads for areas such as nursing and reception. It was clear that processes were in place to develop staff's capacity and skills for future leadership roles.

The practice had won an Investors in People Award indicating its commitment to leading, supporting and managing its staff well.

Vision and strategy

The practice had a mission statement to 'provide a complete range of high quality NHS dentistry, using modern equipment, efficient systems and highly trained staff'. This statement was clearly displayed on the patients' information noticeboard. The practice's priority was to continue to offer quality services and there were no plans to expand or increase the types of services it provided to patients.

Culture

Staff told us they enjoyed their job and felt supported, respected and valued in their work. Staff reported they could raise concerns and were encouraged to do so.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

Governance and management

There were clear and effective processes for managing risks, issues and performance. The practice had comprehensive 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.

Communication across the practice was structured around key scheduled meetings which staff told us they found

beneficial. There were quarterly partners' meetings, monthly partners and associates meetings, and other meetings involving all staff within the practice. The head dental nurses from across the provider's practices had set up a 'Whatsapp' group to share any issues and best practice.

Appropriate and accurate information

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate. Staff received training on information governance.

Each year the practice completed an information governance toolkit to ensure it handled patients' information in line with legal requirements. The practice had achieved 93% on its most recent assessment, indicating it managed information in a satisfactory way. However, patients' notes were not held securely. This was an issue we had first raised at an inspection of one of the provider's other practices two years ago. Despite this, the provider had failed to address it. Following our inspection, we were sent documentation that the provider was planning to install lockable roller blinds in all its practices to better secure and protect patients' confidential information.

Engagement with patients, the public, staff and external partners

The practice used surveys, comment cards and verbal comments to obtain patients' views about the service. The practice had introduced the NHS Friends and Family Test as another way for patients to let them know how well they were doing. Of 50 responses received, 45 patients stated they would recommend the service.

Staff told us that patients' suggestions to install self-opening doors at the entrance and to change signage on the door pad had been implemented.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and told us these were listened to and acted upon.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included

Are services well-led?

audits of dental care records, radiographs, antibiotic prescribing and infection prevention and control. There was peer review and a study club in place to facilitate the learning and development needs of the dentists. These were held on a quarterly basis and provided an opportunity for dentists to discuss dental cases of varying degrees of complexity.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council.

Dentists working at the practice had received an appraisal of their performance. The appraisal documentation for dentists we saw was comprehensive and demonstrated a meaningful appraisal process for staff. Areas covered included development and business objectives, leadership, patient relations and team work. However not all the dental nurses had received an appraisal in the last year, but plans were in place to complete them by March 2019.