

Portman Healthcare Limited

# Uppingham Dental Practice

## Inspection Report

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## Overall summary

We carried out this announced inspection on 9 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

### **Our findings were:**

#### **Are services safe?**

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

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

#### **Are services well-led?**

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

### **Background**

Uppingham Dental Practice is in Uppingham, a market town in the county of Rutland. It provides private treatment to patients of all ages and NHS treatment to children only.

There is a step at the front entrance of the building. Measures have been taken to enable people who use wheelchairs and pushchairs access to the practice if required. There is free but limited car parking at the front of the premises. There is also a coned area for parking for disabled patients. On street parking is also available in close proximity to the practice.

# Summary of findings

The dental team includes three dentists, six dental nurses, two dental nurse trainees and one dental hygienist. The dental nurses also share receptionist duties. The practice also employs a practice manager. The staff work between two practices owned by the provider. The practice we inspected has two treatment rooms, both on the ground floor.

The practice is owned by a company and as a condition of registration 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 at Uppingham Dental Practice was the practice manager.

On the day of inspection we collected 48 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, one nurse, one trainee dental nurse, the hygienist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Tuesday, Thursday and Friday from 8.30am to 5pm. On Wednesday, the practice is open from 8.30am to 7pm.

## **Our key findings were:**

- The practice ethos included the provision of high quality care including consultations, X-rays and dental treatments (including surgical) to improve the dental health of patients under their care.
- Effective leadership from practice management was evident.
- Staff had been trained to deal with emergencies and appropriate medicines and life saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting and shared learning when untoward incidents occurred in the practice.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice were aware of the needs of the local population and took these into account when delivering the service.
- Patients had access to treatment and urgent and emergency care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### **Are services effective?**

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent and to a consistently high standard. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

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 48 people and reviewed other patient feedback obtained by the practice through their own surveys. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, empathetic and caring. They said that they were given detailed and informative explanations about dental treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist. A number of comment cards included information that patients would not consider changing to another dental provider and that they had been registered at the practice for many years.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



# Summary of findings

## Are services responsive to people's needs?

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight loss. Practice staff had undertaken training in dementia awareness and had become Dementia Friends

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

No action



## Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

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.

The practice told us they would record and respond to any incidents to reduce risk and support future learning if they arose. The practice had not recorded any significant events in the past two years. The practice manager shared details amongst staff of any untoward incidents which occurred at other practices, owned by the same provider.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The practice manager had implemented a system which ensured that relevant alerts were discussed with staff, acted on and stored for future reference.

### Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice manager was the lead for safeguarding concerns.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of retribution.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items.

Whilst we noted that one of the dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment, we noted that not all the dentists used rubber dam.

The practice had a business continuity plan describing how the practice would deal with events which 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. Staff training had last taken place in May 2017 and included scenario based exercises for staff to respond to.

Emergency equipment and medicines were available as described in current recognised guidance. Staff kept weekly records of their checks to make sure these were available, within their expiry date, and in working order.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure.

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

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental hygienist when they treated patients.

### Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had mostly suitable arrangements for transporting, cleaning, checking, sterilising and storing

# Are services safe?

instruments in line with HTM01-05. We noted that the practice's decontamination area was located in a small space adjacent to two treatment rooms. This meant that staff could be challenged to ensure they maintained a separate clean and dirty zone. The practice manager told us that whilst they were restricted with available space, effective decontamination was still undertaken.

The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out an infection prevention and control audits twice a year. The latest audit in February 2017 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The risk assessment had been undertaken in July 2016 and any actions had been implemented in relation to recommendations contained within the assessment.

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

## **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

## **Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every month.

Clinical staff completed continuous professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. Dental care records we looked at showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the condition of the gums using the basic periodontal examination scores and soft tissues lining the mouth.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. We noted that the latest audit had been undertaken in May 2017 and had yet to be completed at the time of our inspection.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Samples of free toothpaste were available for patients to take.

The practice manager informed us that during National Smile Month in May, posters were made and displayed with empty bottles of fizzy drinks attached. The practice had included information about the sugar content next to the drinks bottles. They told us this had prompted a positive response and engagement from patients about the effects of sugar consumption on oral health.

The practice manager told us they had visited a local children's nursery and a scouts group to deliver oral health sessions to the children.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and personal development plans.

### Working with other services

The dentist we spoke with confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentist and other members of the team we spoke with were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring, calm and gentle when treating patients. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. A number of patient comments included that dentists were reassuring and provided pain free treatment to them.. The practice manager told us they knew their patients well and were aware of those who experienced anxiety problems when visiting the dentist. We were told that extra time was given to these patients to reassure them.

Staff were aware of the importance of privacy and confidentiality. The practice's premises were small and therefore the layout of reception and waiting areas presented an issue that some conversations between staff and patients might be overheard. Staff told us that if a patient asked for more privacy they would take them into a private area. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

### **Involvement in decisions about care and treatment**

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Patient comments included that staff had great communication skills and a number of patients told us they would not go elsewhere for their dental care.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease, cosmetic services and more complex treatment such as dental implants and orthodontics. The practice provided information on their website and in patient information leaflets.

Each treatment room had computers with software installed so the dentists could show patients images when they discussed more complex treatment such as dental implants.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed.

The practice sent letters to patients to remind them of their next pre-booked appointment. Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice told us that they telephoned a patient who had a visual impairment to remind them of their pre-booked appointment rather than issuing a letter.

As a result of dementia awareness training delivered within the practice, the practice staff had become Dementia Friends. Dementia Friends is an Alzheimers Society initiative that aims to give people a better understanding of dementia.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included a portable ramp to ensure step free access, a hearing loop and accessible toilet with hand rails and a call bell.

The practice had access to interpreter/translation services which included British Sign Language.

### Access to the service

The practice displayed its opening hours in the premises, their information folder and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and we were told they were always offered a same day appointment. The dentists shared responsibilities in an emergency on-call rota with other local practices. This meant they could respond to their private patients' needs in the event of a dental emergency when the practice was closed. NHS patients were directed to use the NHS 111 telephone number if they needed help when the practice was closed. Information regarding this was left on the practice answerphone message and on a noticeboard within the practice. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

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

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these if appropriate. Information was available within the practice, as well as on their website, advising patients how to make a complaint. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the past two years. We noted one written complaint. This showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The practice's website included a number of testimonials from patients about the positive service they experienced.

# Are services well-led?

## Our findings

### Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The registered manager also worked as the practice manager and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was evident the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the 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 used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. The practice manager told us that patient surveys were undertaken continuously and at least 100 responses were collated annually. We looked at positive feedback received.

We saw examples of suggestions from patients the practice had acted on. For example, feedback had been received about the difficulties in parking arrangements at the front of the premises. The practice were currently taking steps to improve this.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Results from May 2017 showed that eight responses had been received. Of these, all eight patients were extremely likely to recommend the practice.