

Mr. Jonathan Jones

# Lime Tree Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced responsive follow up inspection on 19 January 2017 to ask the practice the following key questions; Are services safe and are they well-led?

We had undertaken an announced comprehensive inspection of this service on 26 April 2016 as part of our regulatory functions where breaches of legal requirements were found.

#### **Our findings were:**

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

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

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

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

#### **Background**

Lime Tree Dental Practice is a wholly private practice offering a family service with a breadth of dentistry and a membership payment scheme. It is a detached suburban property situated near the centre of Portishead with roadside parking. The practice has a ramp to the front

door to enable access for patients with mobility needs, a ground floor reception and surgery facilities. There is a patient toilet on the ground floor but due to building constraints it is not accessible to wheelchair users.

There are two waiting rooms, two treatment rooms, one on the ground floor and one on the first floor.

The practice has a team of five dentists with a variety of expertise and patients may see different dentists for different parts of their treatment.

The practice has a principal dentist / provider who is registered as an individual provider. A registered provider is a 'registered person' who is registered with the Care Quality Commission to run the service. 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.

The practice is open Monday, Tuesday and Friday 8.30am to 5.00pm; Wednesday 8.30am to 2.00pm offering lunchtime appointments; Thursday 8.30am to 7.00pm; Friday 8.30am to 5.00pm. Some Saturday appointments were offered according to patient need. For emergency and out of hour's assistance contact information is available from the practice telephone answering service.

We reviewed 56 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. In addition we spoke with seven

# Summary of findings

patients on the day of our inspection. Feedback from patients was positive about the care they received from the practice. They commented staff put them at ease, listened to their concerns and provided an excellent service in which they had confidence in the dental care provided.

## **Our key findings were:**

- The patients we spoke with indicated they were treated with kindness and respect by staff and received good care in a clean environment from a helpful practice team. We observed good communication with patients and their families.
- Premises appeared well maintained and visibly clean. Good cleaning and infection control systems were in place. The treatment rooms were well organised and equipped, with good light and ventilation
- The practice was meeting the Essential Quality Requirements of the Department of Health guidance, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)' national guidance for infection prevention control in dental practices.
- The dental practice had effective clinical governance and risk management processes in place; including health and safety and the management of medical emergencies. There were systems in place to learn and improve from incidents or healthcare alerts.
- The practice had a comprehensive system to monitor and continually improve the quality of the service; including through a detailed programme of clinical and non-clinical audits.
- There were systems in place to check all equipment had been serviced regularly, including the air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- Appropriate recruitment processes and checks were undertaken in line with the relevant recruitment regulations and guidance for the protection of patients.
- There were sufficient numbers of suitably qualified staff who maintained the necessary skills and competence to support the needs of patients.
- Staff were supported to maintain their continuing professional development; had undertaken training appropriate to their roles and felt supported in their work.
- The practice had an empowered practice manager who provided accessible and visible leadership and clear means of sharing information with staff. Staff were up to date with current guidelines and supported in their professional development.

# 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 this practice was providing safe care in accordance with the relevant regulations.

Systems, processes and practices were in place to ensure all care and treatment was carried out safely. The practice had robust arrangements for managing infection prevention and control at the practice including validation of autoclaves during every cycle to ensure they were working effectively. Instruments were now stored correctly and met the essential requirements

There were sufficient numbers of suitably qualified staff working at the practice and appropriate checks about staff prior to employment had been completed. There were systems and processes in place to keep people safe and safeguard them from abuse.

Equipment used in the practice was maintained and serviced appropriately. Potential risks to the service were identified and actions taken to minimise risk for the protection of patients from health and safety hazards within the building.

No action



### Are services well-led?

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

There were systems in place to ensure the smooth running of the practice. Patient dental care records were complete, legible and stored securely.

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles.

Arrangements were in place to support communication about the quality and safety of services.

The practice regularly monitored clinical and non-clinical areas of practice as part of a system of continuous improvement and learning.

The practice gathered the views of patients and staff about the service provided.

No action



# Lime Tree Dental Practice

## Detailed findings

### Background to this inspection

This inspection took place on 19 January 2017. The focused inspection was led by a CQC inspector who had access to remote advice from a dental specialist advisor.

We conducted a tour of the practice and looked at the decontamination and governance processes as the practice had been non-compliant in these areas at the last inspection. During our inspection visit, we reviewed policy documents, staff records. We spoke with three patients, five members of staff and the practice manager.

We observed the dental nurses carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area. Patients gave positive feedback about their experience at the practice.

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

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

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

# Are services safe?

## Our findings

Since the last inspection the provider had taken action to address the areas of non-compliance and our findings are outlined below.

### **Reporting, learning and improvement from incidents**

The practice had policies and procedures in place to report, investigate, respond and learn from accidents, incidents and significant events. Staff were aware of and understood the process for reporting these.

The practice had recorded, responded and discussed all incidents to minimise risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. Relevant alerts were discussed with staff, actioned and stored for future reference.

The dentists told us if there was an incident or accident that affected a patient; they would give an apology and inform them of any actions taken to prevent a reoccurrence. Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty.

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

The practice had safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence all staff had received vulnerable adults and children safeguarding training. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the process they needed to follow to report concerns.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recrimination.

We looked at procedures required for safe dental care and treatment; this included the use of safe sharps in dentistry and the use of rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. We saw risk assessments were in place and reviewed annually.

We observed since the last inspection the practice had implemented the use of dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.

Staff files seen contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) and there were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

### **Medical emergencies**

The practice had procedures in place for staff to follow in the event of a medical emergency. Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The emergency equipment was complete and available in accordance with recognised guidance, accessible and consistently monitored.

### **Staff recruitment**

The practice had a policy and procedure in place for the safe recruitment of staff. Since their last inspection the practice had reviewed and completed all required employment checks on staff. Staff recruitment files we saw showed the recruitment procedure had been followed.

Newly employed staff had an induction period to familiarise themselves with the way the practice ran before being allowed to work unsupervised. Staff told us they felt supported by practice staff.

The practice had a system in place for monitoring staff had up to date medical indemnity insurance and professional registration with the General Dental Council (GDC). Records seen confirmed clinical staff, where appropriate, were qualified and registered with the General Dental Council (GDC).

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

The practice had undertaken risk assessments to cover health and safety concerns to manage and mitigate risks within the practice: this included fire, waste management and safe storage of materials.

# Are services safe?

All clinical staff were supported by another member of the team when providing treatment to patients.

The practice had a business continuity plan which managed the risk of service disruption

## **Infection control**

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste and decontamination guidance. The practice followed appropriate guidance. (Department of Health, 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)

We spoke with dental nurses about decontamination and infection prevention and control. We found instruments were being cleaned and sterilised in line with guidance. Since the last inspection the provider had invested in more instruments and reviewed their decontamination processes and were now only decontaminating in the surgery at the end of each session which complied with the essential standards of HTM01-05.

We saw records which showed the equipment used for cleaning and sterilisation of instruments was maintained and used in line with the manufactures guidance and operating effectively. Staff had received training relating to infection prevention and control.

The practice had carried out an Infection Prevention Society (IPS) audit. The latest audit showed the practice was meeting the required standards.

Records showed the practice had completed a Legionella risk assessment. The practice undertook processes to reduce the likelihood of bacterial growth development.

We saw evidence of cleaning schedules that covered all areas of the premises. We found, and patients commented the practice was consistently clean.

## **Equipment and medicines**

We saw evidence of servicing certificates for all equipment. Checks were carried out in line with the manufacturers' recommendations and guidelines.

There was a system in place for prescribing, administration and storage of medicines.

We saw the practice was storing NHS prescriptions in accordance with current guidance.

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

We found there were suitable arrangements in place to ensure the safety of the X-ray equipment

The practice demonstrated compliance with current radiation regulations this included information stored within the radiation protection file.

We saw where X-rays had been taken they were justified, reported upon and quality assured. Since the last inspection X-ray audits had been completed and the results analysed with a planned re-audit date identified. The audit and the results were in line with current guidance contained within the Ionising Radiation (Medical Exposure) Regulations 2000.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

# Are services well-led?

## Our findings

Since the last inspection the provider had taken action to address the areas of non-compliance and our findings are outlined below.

### Governance arrangements

There was an effective management structure in place. Staff were supported, managed and were clear about their roles and responsibility. We were told staff met their professional standards and followed their professional code of conduct.

The empowered practice manager was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the use of equipment and infection prevention and control.

Referral audits were also carried out to ensure referral processes were of a suitable standard.

### Leadership, openness and transparency

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong. This is in accordance with the Duty of Candour principle. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

All staff were aware of who to raise any issue with and told us the practice manager was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice. Staff told us there was an open culture within the practice and they were

encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held regular meetings to ensure staff could raise any concerns and discuss clinical and non clinical updates. A system for communicating information from meetings was in place to ensure all staff received the information in a timely way. If there was more urgent information to discuss with staff then an email would be sent and if required an informal staff meeting would be organised to discuss the matter.

### Learning and improvement

We saw audits were carried out thoroughly with results and action plans clearly detailed. Quality assurance processes were used at the practice to encourage continuous improvement. This included clinical audits such as dental care records, X-rays and infection prevention and control.

All staff had received an annual appraisal at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in staff folders.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. They were keen to inform us the practice supported training which would advance their careers.

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

The practice had systems in place to involve, seek and act upon feedback from staff and patients using the service. These systems included a compliments book in the waiting area which had a number of very positive comments recorded such as: "excellent care and treatment", "Professional and courteous".

They had implemented an annual patient satisfaction survey and were in the process of undertaking a new patient survey. The results of the survey reflected the above comments. We confirmed the practice responded to feedback.