

Dr Garwyn Elias and Dr Petros Mapanda

The Lawns Dental Practice

Inspection Report

1 London Road
Long Sutton
PE12 9EA
Tel:01406 363230
Website: N/A

Date of inspection visit: 31 May 2017
Date of publication: 07/07/2017

Overall summary

We carried out this announced inspection on 31 May 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information for us to take into account.

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

The Lawns Dental Practice is located in Long Sutton, near Spalding and provides private treatment to patients of all ages and NHS treatment to children.

There is level access for people who use wheelchairs and pushchairs. There are some limited car parking spaces, including one for patients with disabled badges, directly outside the practice. There is also free on street parking close to the practice.

Summary of findings

The dental team includes three dentists, three dental nurses, one trainee dental nurse, two dental hygienists and one receptionist. The practice has three treatment rooms, all on the ground level.

The practice is owned by a partnership 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 The Lawns Dental Practice was the principal dentist.

The principal dentist took ownership of the practice in April 2017. The principal dentist had joined the practice in September 2016. One of the dentists who previously owned the practice, is seeking retirement within the next twelve months.

On the day of inspection we collected 47 CQC comment cards filled in by patients. This information gave us a positive view of the practice. We did not receive any negative comments about the practice.

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

The practice is open Monday to Friday from 9am to 5pm. The practice is closed between 1pm to 2pm during these days.

Our key findings were:

- The practice ethos included the provision of dental services in a safe and ethical environment.
- Effective leadership was evident although we found areas where management arrangements could be strengthened.
- Staff had been trained to deal with emergencies. We found appropriate medicines were readily available in accordance with current guidelines. We found there were some items of equipment missing.
- The practice appeared clean and well maintained.
- Staff demonstrated awareness in relation to their responsibilities for safeguarding adults and children living in vulnerable circumstances. We found that a number of staff required training to an appropriate level to manage safeguarding concerns however.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice demonstrated awareness of the needs of some of the local population and took these into account when delivering the service. We noted further measures were required to ensure that all of the needs of the local population were taken into account.
- Patients had access to treatment and urgent and emergency care when required.
- Staff received most training appropriate to their roles, although we noted refresher training was required in the Mental Capacity Act 2005 and Gillick competence. Staff 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.
- The practice asked patients for feedback about the services they provided. Information we obtained from 47 Care Quality Commission cards provided positive feedback. We did not receive any negative feedback about the practice.

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

- Review their governance arrangements to effectively support the management of the service. This should include improvements in training, policy, procedures and risk management.
- Regularly monitor and record water temperatures as part of the Legionella risk assessment taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Review the storage arrangements for paper records held on site to ensure they are held securely.

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 but we found areas that required strengthening. The practice had not recorded any significant events.

We found that whilst some staff had received training in safeguarding, not all staff had been trained to an appropriate level and some staff required refresher training. Staff we spoke with showed awareness of safeguarding issues.

Staff were qualified for their roles and the practice completed most essential recruitment checks. We noted an exception in relation to the provider obtaining staff identity verification at the point of recruitment.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. We noted that infection prevention control audits had been undertaken annually however, guidance recommended these audits to be undertaken twice yearly.

The practice had most suitable arrangements for dealing with medical and other emergencies. We noted that some equipment was missing and this was required to ensure that all medical emergencies could be responded to effectively. We were informed that this had been ordered after our inspection took place.

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, professional and first class. 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.

We noted that staff refresher training was required in the Mental Capacity Act 2005 and Gillick competence to ensure detailed knowledge and understanding of the principles involved.

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 47 people who completed CQC comment cards. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, caring and took their time to ensure patients felt comfortable during procedures.

No action



Summary of findings

Patients said that they were given detailed and helpful explanations about dental treatment, and said their dentist listened to them. Patients commented that the dental team made them feel at ease, especially when they were anxious about visiting the dentist.

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

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 some facilities for disabled patients and families with children. The practice had access to interpreter services. The practice had not installed a call bell in the patient toilet or hearing loop at the reception desk. They told us they would consider any arrangements which would assist patients with particular needs.

The practice told us they considered patients views seriously. They told us they valued compliments from patients and information we reviewed showed the practice responded to verbal 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. However, we noted there were also areas of improvement required in governance arrangements. These included ensuring that all risks were identified, addressed promptly and appropriate action taken to manage and reduce risks from occurring.

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 had not recorded any significant events. We were informed about a recent incident however, which was due to be recorded in the reporting form and discussed in the next staff practice meeting.

We noted that documentation required review as it did not include reference to the duty of candour requirements. When we spoke to the provider, they were unclear regarding the specific requirements of the duty of candour. Following our inspection, we were advised that staff training had taken place and appropriate documentation had been amended.

The provider told us they received national patient safety and medicines alerts directly from the Medicines and Healthcare Products Regulatory Authority (MHRA). The provider told us about their knowledge of a recent alert involving AEDs. The practice had not maintained a log of alerts received or any actions taken to respond to the notifications. Practice meeting minutes we reviewed did not show that alerts were discussed amongst staff. Other staff we spoke with were not aware about MHRA alerts received. We discussed this with the provider and they told us they would strengthen their recording systems and ensure a standing agenda item was included in future practice meetings.

Reliable safety systems and processes (including safeguarding)

Staff were aware of 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 noted that contact information for external agencies was not posted on information boards in the practice. This information may assist staff to act promptly and appropriately in the event of a reportable incident. Staff were also unsure of the

relevant contact details when we asked them. Following the inspection, we were provided with a copy of the flowchart which we were told had been posted in a suitable area in the practice.

We saw evidence that six staff had received safeguarding training, although two of these staff had last undertaken training between four and five years ago. We noted that five staff who worked as nurses, trainee nurse, hygienist and a dentist required safeguarding training as evidence was not available to show this had been undertaken. We discussed the training requirements with the provider who informed us that whilst some staff were more recently employed in 2017, they would take steps to ensure all staff completed up to date training. We noted that the lead for safeguarding was trained to level two, the expected level for managing safeguarding concerns.

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

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.

We looked at the arrangements for clinical waste and saw that whilst waste was locked in a container, this was not secured to the wall of the building and was accessible to members of the public. We discussed this with the provider and they informed us they would take action to secure the containers. After our inspection, we were informed that action had been taken to secure the items.

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 the practice would deal events which could disrupt the normal running of the practice. The plan was last updated in October 2016.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. This was last undertaken in February 2017. The provider had recently appointed some

Are services safe?

new staff to the team who had started their roles after the last training had taken place. The provider organised for their training to take place after our inspection, and we were provided with evidence of their certificates.

Emergency medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We found that some items of life saving equipment were missing however. This included size zero, one and four oropharyngeal airways, a child bag valve mask, bronchodilator spacer and portable suction. We discussed this with the provider and they informed us after our inspection that these were ordered and all items had since been received.

Staff recruitment

The practice had a staff recruitment checklist to help them employ suitable staff. We looked at four staff recruitment files for staff most recently employed. These showed the practice followed their recruitment procedure. We noted that the requirement for staff identity checks was missing from the checklist. In three files we checked, we found that evidence of staff photographic identity was not included. We discussed legislative requirements regarding staff recruitment with the provider. The provider told us he would request evidence of staff identification immediately and retain copies of this on the files.

The provider's checklist included the requirement for DBS checks to be undertaken for all staff. Whilst the provider was waiting for DBS checks to be processed for their newly employed staff, they had not undertaken a risk assessment to manage any risks associated with staff working without clearance in place. The provider told us following our inspection that a risk assessment was completed for these staff. We also found that two members of the team (receptionist and dental nurse) who had worked in the practice for a longer period of time did not have DBS certificates or evidence of clearance in files. These staff had commenced work prior to the current provider taking over. The provider told us that he was requesting new DBS checks for all of the dental team to ensure the records were all in place and up to date.

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.

We reviewed staff immunisation records in relation to Hepatitis B immunity. The provider told us they were in the process of obtaining up to date records in relation to newly employed staff immunity status. The provider had not conducted a risk assessment for these staff at the time of our inspection. Following our inspection, we were provided with risk assessment for these staff.

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

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 suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. Our review of documentation showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. However, whilst weekly protein testing of the ultra-sonic bath had been undertaken, we noted that quarterly foil testing and annual validation had not. The provider said they would check with manufacturer guidance and ensure compliance if this testing was required. After our inspection, we were informed that foil testing had been carried out.

The practice carried out an infection prevention and control audits annually. We advised the practice that national guidance recommended these audits take place twice a year. The provider told us this would be implemented. The latest audit showed the practice was meeting the required standards. The practice had not completed an annual infection prevention control (IPC) statement as recommended in national guidance.

Are services safe?

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. This was undertaken in March 2017. We noted that the practice had not undertaken any sentinel water testing or quarterly dipslide testing however. We discussed this with the provider and they informed us that this was an oversight. They told us they would review their processes and also ensure staff training in legionella. Following our inspection, the provider told us that water testing was carried out and appropriate temperatures were reached.

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 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 storage of NHS prescriptions required review to ensure it reflected current guidance. We found that

prescriptions pads were not locked away securely and the practice had not maintained a log of serial numbers of prescription pads received into the practice and then issued. The provider told us they had secured the prescription pads and were creating a log to record serial numbers of pads received.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. We noted that the three year full survey was due for the X-ray units and the provider told us they would arrange this. After our inspection, we were informed that the service had been booked.

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 provider had taken ownership of the practice in April 2017 and they told us they had plans to undertake X-ray audits annually following current guidance and legislation.

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.

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 dentists 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 dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion information to help patients with their oral health.

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 we spoke with told us they discussed training needs with the provider. A member of staff told us they had been provided with the forms for completion to enable their annual appraisal to take place. A trainee dental nurse we spoke with told us they were being supported to undertake their role.

Working with other services

Dentists 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. The practice offered additional free consultations to those patients who asked for further discussions prior to treatment. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy did not include information about the Mental Capacity Act 2005. We noted that members of the clinical team demonstrated some knowledge of their responsibilities under the Act however when treating adults who may not be able to make informed decisions. We identified that refresher training would ensure that all staff were able to demonstrate detailed knowledge and understanding of the application of the Act.

The policy referred to Gillick competence and the dentists and the clinical team demonstrated some awareness 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. We identified that refresher training would ensure that all staff were able to demonstrate detailed knowledge and understanding of Gillick competence.

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 welcomed patients, put them at ease and clinical staff took care in providing comfortable dental treatments. 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. Patient comments included that nothing was too much trouble for the dental staff and patient fears and anxieties were treated respectfully.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. 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. The practice stored paper records in cabinets but we noted that these were not secure as the locks were broken.

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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. They told us that patients were provided with a summarised treatment plan with their options fully explained.

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

The practice did not have a website. The provider told us that they intended to establish a website and this would include information about the range of treatments available at the practice. The practice provided general dentistry and treatments for gum disease.

Treatment rooms had intraoral cameras which were used to help patients understand the condition of their teeth. Staff used videos available through software to explain treatment options to patients requiring treatment. They were able to print information leaflets utilising the software.

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. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had a small number of patients for whom they needed to make adjustments to enable them to receive treatment. A member of staff we spoke with told us that elderly patients were contacted by telephone to remind them of their booked appointment rather than a standard text message being sent to other patients. We were told that icons were available for use on the practice's computer system which notified staff if a patient had an impairment such as a hearing difficulty.

Promoting equality

The practice had made a number of reasonable adjustments for patients with disabilities. These included a disabled car parking space outside the practice front entrance, step free access and an accessible toilet. We noted that the disabled toilet did not have a call bell installed. The practice did not have a hearing loop at reception. The provider told us they would consider any patient needs and requirements and would undertake a disability access audit. We noted that one patient comment included that they considered that the practice had sufficiently provided for the needs of patients with multiple health issues.

Staff said they had access to interpreter/translation services but they had not needed to use them to date.

Access to the service

The practice displayed its opening hours in the premises and in their information leaflet.

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 ensured they were offered a same day appointment if they contacted the practice. They took part in an emergency on-call arrangement with some other local practices to meet their private patients' needs. NHS patients were informed to contact NHS 111 for help. The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. 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 had not produced an information leaflet for patients to explain how they could make a complaint. We did not see information displayed in the practice about the complaints process or contact information for external agencies if the complainant was dissatisfied with the practice response. When we discussed this with the provider, we were informed that this would be immediately addressed.

The principal dentist was responsible for dealing with complaints. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house and would seek to speak with complainants in person to discuss these, if they arose.

We looked at comments and complaints the practice had received. The practice had not received any written complaints since the provider took ownership of the practice. We noted two verbal complaints had been logged however since March 2017 and discussions had taken place with the complainants to resolve the issues raised.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The principal dentist was also 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. However we noted there were areas of improvement required in governance arrangements. These included ensuring that all risks were identified and addressed promptly, with appropriate action taken to manage and reduce any risks from recurring. For example, this included staff recruitment procedures and ensuring that all staff completed essential training requirements such as safeguarding.

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

Leadership, openness and transparency

On the day of our inspection, the provider was unclear regarding the duty of candour requirements. Our further discussions with the provider and staff however, supported that there was understanding amongst staff to be open, honest and to offer an apology to patients if anything went wrong. We were informed of training which took place following our inspection.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist 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 principal dentist was approachable, would listen to their concerns and act appropriately. The principal dentist discussed issues at staff meetings and it was clear 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 any urgent information.

Learning and improvement

The practice was developing some quality assurance processes to encourage learning and continuous improvement. The provider had undertaken audits such as infection prevention and control and had continuously monitored its justification and grading on X-rays. We were informed that annual audits were planned for this year which included radiography.

The principal dentist 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 planned. They discussed learning needs, general wellbeing and aims for future professional development.

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 told us they welcomed feedback to obtain staff and patients' views about the service. We saw an example of a suggestion from staff that the practice had acted on. A member of staff told us that a standard text message issued to a patient to remind them of their next appointment had caused confusion with them as to which healthcare provider had sent the message. We were told that this information was passed to the principal dentist and they were reviewing the contents of the standard text message to ensure clarity.

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 collated by the practice during February, March, April and May 2017 showed that 49 people had submitted responses. Of these, 48 were either likely or extremely likely to recommend the practice and 1 person did not indicate a preference.