Paulsgrove Dental Care Limited

Paulsgrove Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 26 October 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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
Paulsgrove Dental Care is under the umbrella of a corporate provider. The dental practice provides mainly NHS and some private treatment and caters for both adults and children. The practice employs a dentist and four supporting staff.

The practice is situated in a shared NHS trust health centre. The practice has one dental treatment room and a separate decontamination room for cleaning, sterilising and packing dental instruments and a reception and waiting area.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We collected five completed cards and spoke to three patients. These provided a positive view of the services the practice provides.

Summary of findings

We carried out an announced comprehensive inspection on 26 October 2015 as part of our planned inspection of all dental practices. The inspection took place over one day and was carried out by a lead inspector, a second inspector and a dental specialist adviser.

Our key findings were:

- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- Patients' needs were assessed and care was planned and delivered in line with current professional guidelines
- The practice was visibly clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- The practice had effective safeguarding processes in place for safeguarding adults and children living in vulnerable circumstances.
- The practice had enough staff to deliver the service.
- Staff recruitment files were organised and complete.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).

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

- The reporting mechanism for needle stick injuries should be followed to demonstrate learning outcomes.

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 care which was safe in accordance with the relevant regulations.

The practice had arrangements for essential topics such as infection control, clinical waste control, management of medical emergencies and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

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

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 staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

Are services caring?

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

Patients told us (through discussion and comment cards) that they found the practice caring and supportive. They said they were listened to, treated with respect and were involved in discussions about their treatment options, which included risks, benefits and costs. We observed that staff were helpful, kind and considerate to the needs of individual patients.

Are services responsive to people's needs?

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

The facilities and premises were appropriate for the services that were planned and delivered. Appointment times were scheduled to ensure patient's needs and preferences were met. The practice took account of the needs of different patients on the grounds of age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, pregnancy and maternity. Appointment times met the needs of patients, who were able to access treatment and urgent emergency care when they required it. The practice had systems inviting feedback and comments from patients and the complaints procedure was readily available.

Are services well-led?

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

Staff were supported and managed at all times and were clear about their lines of accountability. They felt the provider valued their involvement, were engaged and their views were reflected in the planning and delivery of the service. Care and treatment records were complete, legible, accurate, and kept secure. Staff were supported to meet their professional standards and follow their professional code of conduct.

Summary of findings

Audit processes were effective and had a positive impact in relation to quality governance, with clear evidence of action to resolve concerns. There were systems in place to support communication about the quality and safety of services and what actions had been taken as a result of concerns, complaints and compliments.

Paulsgrove Dental Care

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 26 October 2015.

The inspection was carried out by a lead inspector, a second inspector and a dental specialist adviser.

We informed NHS England area team that we were inspecting the practice, however there were no immediate concerns from them.

During our inspection visit, we reviewed policy documents and staff records. We spoke with six members of staff, including the management team. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and computer system that supported the patient treatment records and patient dental health education programme. We reviewed five comment cards completed by patients and spoke with three patients.

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

Reliable safety systems and processes (including safeguarding)

We spoke to the practice manager about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current European Union Directive with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. The practice used a system whereby needles were not re-sheathed using the hands following administration of a local anaesthetic to a patient. A single use system was used to deliver local anaesthetic injections to patients. The systems and processes we observed were in line with the current European Union Directive on the use of safer sharps.

We asked how the practice treated the use of instruments which were used during root canal treatment. The dentist on duty explained that these instruments were single use only. They explained that root canal treatment was carried out where practically possible using a rubber dam (a rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). Patients could be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse. Information was available that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities. Training records demonstrated that safeguarding training was carried out during August 2015.

Reporting, learning and improvement from incidents

Although the practice used a single use delivery system to deliver local anaesthetics the dentist received a needle stick injury earlier in 2015. The dentist explained to us the nature of the incident. Although the dentist followed the company policy on dealing with needle stick injuries, the reporting mechanism in place did not reflect learning outcomes from the incident.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator, (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The practice had in place the emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice also had two Oxygen cylinders and other related items such as manual breathing aids and portable suction available in line with the Resuscitation Council UK. All emergency medicines and oxygen were in date. A contract was in place for the maintenance of the oxygen cylinder dated February 2015. The expiry dates of medicines and equipment were monitored using a daily and monthly check sheet which enabled the staff to replace out of date drugs and equipment promptly. The practice held training sessions in January 2015 for the whole team to maintain their competence in dealing with medical emergencies on an annual basis.

Staff recruitment

The dentist and dental nurses who worked at the practice had current registrations with the General Dental Council. The practice had a recruitment policy which detailed the checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications/professional registration and employment checks including references. We looked at two staff recruitment files for staff employed since 2014 and records examined showed that both staff had all the required pre-employment checks carried out.

Staff recruitment records were stored securely. Both clinical and non-clinical staff had evidence of having received a criminal records check through the Disclosure and Baring Service (DBS).

Monitoring health and safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments including

Are services safe?

a maintained Control of Substances Hazardous to Health (COSHH) file. Other assessments included fire safety, health and safety and radiology risk assessments. The practice had a detailed business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. Arrangements were in place to obtain support from a sister practice based locally. This included transferring patients there or bringing staff to Paulsgrove Dental Care when required.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. It was demonstrated through a description of the end to end process and a review of practice protocols and direct observation on the day of our visit that HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control was being exceeded. It was observed that a current audit of infection control processes confirmed compliance with HTM 01 05 guidelines.

It was noted that the dental treatment room, waiting area, reception and toilets were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in the treatment room. Hand washing facilities were available including wall mounted liquid soap and gels and paper towels in each of the treatment rooms and toilets. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

On the day of our visit an agency nurse was working at the practice. They described to us the processes for infection control at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines. At various intervals throughout the inspection the nurse carried out the processes in line with normal practice policy.

The drawers of a treatment room were inspected in the presence of the nurse. These were well stocked, clean, well ordered and free from clutter. All of the instruments were pouched and it was obvious which items were single use and these items were clearly new. The treatment room had the appropriate routine personal protective equipment (PPE) available for staff and patient use. We observed the nurse using appropriate PPE during the decontamination process.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current Health Technical Memorandum (HTM 01 05) infection control guidelines. A Legionella risk assessment had been carried out at the practice by a competent person in February 2014 and was due to be reviewed in February 2016. We saw that the assessment was stored on a CD ROM disc. The recommended procedures contained in the report were being carried out and logged appropriately. This included regular testing of the water temperatures of the taps in all rooms in the building. We saw records which demonstrated these were carried out each month on a regular basis. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

The practice utilised a separate decontamination room for instrument processing. This room was organised clean, tidy and clutter free. Displayed on the wall were protocols to remind staff of the processes to be followed at each stage of the decontamination process. Dedicated hand washing facilities were available in this room. The nurse was able to demonstrate to us the decontamination process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of ultrasonic cleaning bath followed by the use of an automated washer disinfector for the initial cleaning process, following inspection they were placed in an autoclave (a machine used to sterilise instruments). When instruments had been sterilized they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines as well as a date of sterilisation. The practice manager also demonstrated that systems were in place to ensure that the autoclaves and ultrasonic cleaning baths used in the decontamination process were working effectively. These included the automatic control test and steam penetration test. It was observed that the data sheets used to record the essential daily validation checks

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of the sterilisation cycles were always completed and up to date. Essential checks for the ultrasonic cleaning bath and washer disinfector were also carried out and were available for inspection, including weekly protein residue and soil tests.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove dental waste from the practice and this was stored in a separate locked location within the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection. For example we saw consignment notices dated October 2015. Patients' could be assured that they were protected from the risk of infection from contaminated dental waste.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example we saw that the autoclave had been serviced and calibrated in June and September 2015. Portable appliance testing (PAT) for all electrical appliances was valid until May 2016. The washer disinfector had been serviced in July 2015 and the dental compressor used to generate compressed air was maintained on a regular basis. A sample of dental treatment records showed that the batch numbers and expiry dates for local anaesthetics were recorded when these medicines were administered. These medicines were stored safely for the protection of patients. The practice stored prescription pads in a secure cupboard on the first floor to prevent loss due to theft.

Radiography (X-rays)

We were shown a radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor (RPA) and the Radiation Protection Supervisor. The current RPA had been in place for several years. We saw a history of the comprehensive annual assessments made of the practices' radiation arrangements. Included with this assessment were a copy of the local rules and Health and Safety Executive notification. The annual assessment highlighted the fact that maintenance documentation for the X-ray set was only available for 2011. Regular maintenance is recommended every three years. At the time of our visit we could not locate the maintenance schedules post 2011. We were provided with evidence of this within three days of our inspection which confirmed servicing had taken place. We saw that the Radiation Protection Supervisor at the practice, the dentist, had received IRMER training in accordance with the regulations. This was current and required updating in 2018. We saw in dental care records that where X-rays had been taken, dental X-rays were justified, reported on and quality assured.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist working in the practice carried out consultations, assessments and treatment in line with recognised general professional guidelines. The dentist described to us how they carried out their assessment. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

We saw dental care records that showed the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need. These were carried out where appropriate during a dental health assessment. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Health promotion and prevention

Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to them in a way they understood and dietary, smoking and alcohol advice was also given to them. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. This was facilitated through the use of models of mouths and demonstration brushes.

Staffing

The practice employed a dentist, dental nurse, two reception staff and a practice manager. We saw there was a structured induction programme in place for new members of staff and records confirmed this was used.

Staff we spoke with told us that the staffing levels were suitable for the size of the service. All the staff we spoke with told us they felt supported by the practice manager. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

Working with other services

Staff worked within their scope of competency and referred patients to other services appropriately. The dentist explained how they worked with other services and told us they were always willing to refer patients to other practices or specialists if the treatment required was not provided by the practice.

They explained that where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required.

Consent to care and treatment

We spoke to the dentist on the day of our visit who had a clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

The dentist also explained how he would obtain consent from a patient who suffered with any mental health impairment which may mean that they might be unable to fully understand the implications of their treatment. They explained that they would involve relatives and carers to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The treatment room was situated away from the main waiting area and we saw that doors were able to be closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the rooms which protected patient's privacy. Patients' dental care records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable wooden filing cabinets. Practice computer screens at reception were not overlooked which ensured patients' confidential information could not be viewed at reception.

Patients told us (through discussion and comment cards) that they found the practice caring and supportive. They said they were listened to, treated with respect and were involved in discussions about their treatment options, which included risks, benefits and costs. We observed that staff were helpful, kind and considerate to the needs of individual patients.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients which detailed possible management options and indicative costs. A poster detailing NHS and private treatment costs was displayed in the waiting area. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. This information was recorded on the standard NHS treatment planning forms for dentistry.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to patients. We saw that the practice waiting area displayed a variety of information including opening hours, emergency 'out of hours' contact details and how to make a complaint. We looked at the appointment schedules for patients and found that patients were given adequate time slots for appointments for varying complexity of treatment.

Tackling inequity and promoting equality

The practice was based over two floors with the reception desk being on the ground floor and treatment rooms on the first which was accessed by a lift. The building was spacious and fully accessible to wheelchair users, prams and patients with limited mobility. Thereception desk had a lower counter at one end which accommodated wheelchair users without them needing to move to a separate area. Translation services were available to non-English speaking patients. One member of staff spoke Polish while another spoke German.

A wheelchair accessible toilet and baby changing facility was available. The surgery was large and accessible to patients who could transfer from wheelchairs.

Access to the service

Appointments were available Monday to Friday between 8.30am and 5.30pm. Appointments could be made in person or by telephone. The practice had an arrangement in place with the local NHS England Area Team whereby dedicated appointment slots were available each morning and afternoon for patients who did not have a regular dentist.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. This was provided by an out-of-hours service. If patients called the practice when it was closed, an answerphone message gave the telephone number patients should ring depending on their symptoms.

Concerns and complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. For example, a complaint would be acknowledged within three days and a full response would be provided to the patient within 20 days. This was seen to be followed. We saw a complaints log which listed five complaints received in the previous 12 months of our inspection. We were told that all of these complaints had been resolved with a satisfactory outcome.

Information for patients about how to make a complaint was seen in the waiting area of the practice, the practice leaflet and website. Lessons learnt and any changes were shared with staff at regular practice meetings.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location consisted of a practice manager supported by a Compliance and Complaints Assistant Manager. The corporate provider had in place a system of area and regional managers who provided support and leadership to the practice manager.

We saw a number of policies and procedures in place to govern the practice and we saw that these covered a wide range of topics. For example, control of infection and health and safety.

We noted that management policies were kept under review and had been updated in the last year. Staff were aware of where policies and procedures were held and we saw that these were easily accessible.

Leadership, openness and transparency

We observed that the dentist working at the practice was working in a single handed capacity, this can lead to professional isolation.

Learning and improvement

We found that there were examples of clinical and non-clinical audits taking place at the practice. These included important areas such as infection prevention control, clinical record keeping, X-ray quality. We looked at a sample of them and they showed that the practice was maintaining a consistent standard in relation to standards of patient assessment, infection control and dental radiography. However we could not corroborate evidence of current audit with respect to dental care record keeping and dental radiography. We were assured that they had taken place but the results and the methodology used were with the corporate providers head office.

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

The practice had gathered feedback from patients through the NHS Friends and Family test, NHS Choices, compliments and complaints. For example, as a result of patient complaints about being turned away from appointments for being late the practice introduced a system of booking appointments five minutes in advance to give patients the time to complete medical history forms before they started their treatment.

We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area, practice leaflet and on the website. We reviewed complaints made to the practice over the past twelve months and found they were fully investigated with actions and outcomes documented and learning shared with staff through team meetings.

Staff we spoke with told us they felt included in the running of the practice. They went on to tell us how the practice manager listened to their opinions and respected their knowledge and input at meetings. Staff told us they felt valued and were proud to be part of the team.