

Standish Street Dental Ltd

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Inspection Report

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Overall summary

We carried out this announced inspection on 22 September 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

Standish Dental Practice is based in the town centre of Burnley, Lancashire and provides private treatment for adults and children.

There is provision for level access for people who use wheelchairs and pushchairs. Car parking spaces and public transport facilities are available near the practice.

The dental team includes a practice manager, six dentists, six dental hygienists, nine dental nurses and two receptionists.

The practice is owned by a company and as a condition of registration must have a person registered with the

Summary of findings

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 Standish Dental Practice was the principal dentist.

On the day of inspection we collected 37 CQC comment cards filled in by patients. This information gave us a very positive view of the practice.

During the inspection we spoke with the practice manager, one dentist, two dental hygienists, four dental nurses and two receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday, Thursday, Friday 9am-5:20pm,
Wednesday 8am-4pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Emergency equipment and medicines were available as described

in recognised guidance; two plastic items needed replacing as they were now out of date. The provider made arrangements for these to be in place with immediate effect.

- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect.
- Staff took care to protect patient privacy and confidentiality but some patient information was not stored in a lockable safe storage.
- The appointment system was flexible and met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the storage of patients' dental care records to ensure they are stored 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. 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 arrangements for dealing with medical and other emergencies in place. Emergency equipment and medicines were available as described in recognised guidance. We noted that two items needed replacing as they were now out of date. We saw evidence that the provider made arrangements for these to be in place with immediate effect.

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 service. 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 37 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful and efficient.

Patients said staff treated them with dignity and respect. We saw that staff overall protected patients' privacy and were aware of the importance of confidentiality but noted that not all patient paper records were stored securely.

No action



Are services responsive to people's needs?

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

No action



Summary of findings

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with young children. The practice had arrangements in place to accommodate patients with disabilities and families with young children.

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

Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for 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 but not all patient information was 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 recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA).

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 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. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. In addition to this additional 'emergency scenario' discussion was included in team meetings

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. In addition to this additional 'emergency scenario' discussion was included in team meetings.

Emergency equipment and 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 noted that self-inflating masks and some airways were out of date. We saw evidence that the principal dentist made arrangements to replace these with immediate effect.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. The practice had a stable staff team who had worked for the practice for several years.

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

The provider used the skill mix of staff in a variety of clinical roles, for example, restorative dentists, orthodontics and implantologists. They were complimented by a team of dental hygienists and dental nurses, to deliver continuity of care in the best possible way for patients. The dental nurses had a mix of enhanced skills training in radiography, venepuncture and orthodontics.

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 hygienists 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:

Are services safe?

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. 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 infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. Adequate PPE was available on the premises.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk 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.

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 regularly 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.

We saw that the practice audited patients' dental care records to check that the clinicians recorded the necessary information.

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.

We confirmed dentists discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale. There was a video screen in the waiting areas displaying oral health information and health promotion leaflets to help patients with their oral health.

Patients received a pack following treatments these contained oral health information, follow up guidance and contact details if they had concerns. Children all received a 'goody bag' following their visits with activity packs, toothbrushes and health education.

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.

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. These 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 dentists 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 were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were welcoming, caring and made them feel at ease. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said they were not made to feel rushed and staff were compassionate and understanding.

The staff contacted patients to remind them of their appointments and this was by text, email and where appropriate by telephone. Many of the patients had been coming to the practice for many years and staff knew them well. They followed up with a phone call to elderly patients who had not attended to ensure that all was well. At times of loss they sent cards and flowers to patients and their families.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting area provided privacy when reception staff were dealing with patients. The reception computer screens were not visible to patients.

Staff password protected patients' electronic care records and backed these up to secure storage. We noted that the paper records were stored behind the reception desk but not secure. The principal dentist explained that they were transferring information to a digital format. This was almost complete but for a few records. In future they would be using digital technology only to update records. The principal dentist confirmed they would remove the remaining records to secure storage with immediate effect.

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.

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, including implants, orthodontic treatments and oral surgery.

Treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. This may mean a longer appointment for an anxious patient.

Additional facilities were offered for anxious patients such as noise cancelling head phones with or without music playing as the patient preferred. Additional discreet privacy signage was placed on the treatment door to limit any interruptions for nervous patients.

Promoting equality

The practice made reasonable adjustments for patients with disabilities and families with young children. There was provision for level access to the building and treatment rooms based on the ground floor. There was a disabled toilet with baby changing facilities and a breast feeding area available. Children toys and an children's oral health educational area was available on the first floor.

Aids were provided to patients whose were visually impaired, for instance information in large print and reading glasses.

A range of different height seating was available in the waiting areas to support patients' needs.

Staff said they could provide information in different formats to meet individual patients' needs if required. Within the team staff had Urdu language skills and were able to support if required language needs of the local population.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet 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. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

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 information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. 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 in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. Some of the staff had specific roles and responsibilities and we saw staff had access to suitable supervision and support for these.

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.

Leadership, openness and transparency

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

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they felt confident to do this. They told us the practice manager and the principal dentist were approachable, would listen to their concerns and act appropriately. We saw several examples demonstrating clear lines of communication and team work.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss

updates. We saw minutes for the dental nurse and the full team meetings. The practice also met daily for a brief team 'huddle' to discuss any alerts, urgent information, concerns or needs for the day.

Learning and improvement

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of dental care records, X-rays and infection prevention and control. Staff kept records of the results of these and produced action plans where necessary. We saw the auditing process resulted in improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by all staff. The practice was committed to learning and improving. We saw evidence of learning from complaints, incidents, audits and feedback.

Staff had annual appraisals, which helped identify individual learning needs. Staff told us the practice provided support and training opportunities for their on-going learning.

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

The practice had a system in place to seek the views of patients about all areas of service delivery through the use of regular patient surveys.

We saw that the provider acted on patient feedback, for example, the practice had introduced a video screen in the waiting area to provide additional health information.

The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.