Care Quality Commission

Mount Road Dental Surgery

Mount Road Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 29 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

Mount Road Dental Surgery is located in the Royal Borough of Kingston Upon Thames and provides a range of NHS dental services and services to private patients. The demographics of the practice included some transient populations with the majority of patients being white British.

The practice is open Monday to Friday from 8.30am-5.30pm. The practice facilities include two consultation rooms, a reception and waiting area, decontamination room and a staff room. The premises are wheelchair accessible and have facilities for wheelchair users including an accessible toilet.

We spoke with three patients during the inspection. Patient feedback was positive about the service. They told us that staff were polite and helpful and always treated them with respect. They described the service as professional. Information given to them was appropriate and clear and when relevant information about fees was made clear before they commenced treatment.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- There were effective processes in place to reduce and minimise the risk and spread of infection.

Summary of findings

- There was appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies. Staff knew where this equipment was stored.
- All clinical staff were up to date with their continuing professional development.
- There was appropriate equipment for staff to undertake their duties which was well maintained.
- Appropriate governance arrangements were in place to facilitate the smooth running of the service, including a programme of audits for continuous improvements.

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 provider had developed systems to ensure people were safeguarded from abuse. Policies were in place and reviewed annually. Staff were trained to the appropriate level for child protection and had completed adult safeguarding training and were aware of their responsibilities. Systems were in place for the provider to receive safety alerts from external organisations. We saw an example of a safety alert regarding the risks to children from window blinds and that the provider had acted to minimise these risks. Processes were in place for staff to learn from incidents and lessons learnt were discussed with staff. The practice undertook risk assessments. There were processes to ensure equipment and materials were well maintained and safe to use. Dental instruments were appropriately decontaminated. Medicines and equipment were available in the event of a medical emergency.

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance, such as from the National Institute for Health and Care Excellence (NICE) and The Department of Health.

Patients were given relevant information to assist them in making informed decisions about their treatment and consent was appropriately obtained. The practice maintained appropriate dental care records and patient details were updated regularly. Information was available to patients relating to health promotion including smoking cessation and maintaining good oral health.

All clinical members of the dental team were meeting their requirements for continuing professional development. Staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005 and had received training within the last year.

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

Feedback from patients indicated that staff were friendly, professional, caring and treated patients with dignity. We received feedback from three patients during the inspection. Patients were complimentary about staff, describing them as caring and helpful. Patients stated that they were involved in planning their treatment and were able to make informed decisions. They felt that staff acted in a professional manner. Staff told us how they ensured patient's privacy was maintained and how they responded to patients when they were in pain or distressed.

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

Patients had access to information about the service on the practice website. There was a practice leaflet with relevant information for patients. Urgent on the day appointments were available during opening hours. In the event of a dental emergency outside of opening hours details of the out of hours service and local hospital were available for patients' reference.

There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients.

Summary of findings

Are services well-led?

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

Governance arrangements were in place for effective management of the practice. Staff meetings were held frequently and minutes taken of the meetings. Leadership structures were clear and staff displayed the aims and goals of the practice mission statement. Opportunities existed for staff to maintain their professional development. Audits were being used to improve the practice and staff we spoke with were well-trained, confident in their work and felt well-supported.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on the 29 October 2015 and was undertaken by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider and information available on the provider's website.

The methods used to carry out this inspection included speaking with patients, the dentist, dental nurses and reception staff on the day of the inspection, reviewing documents, completed patient feedback forms and observations.

Three people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

Reporting, learning and improvement from incidents

The practice had systems in place to receive safety alerts and ensure these were shared with staff working in the practice. This included forwarding them to relevant staff and also printing them and leaving them in a central location for staff to refer to. This included alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England updates.

The practice had an incidents and accident reporting procedure. All incidents and accidents were reported in the incident and accident books. There had been one accident in the past 12 months. We reviewed the records and saw that the dentist had taken the appropriate action to make staff aware of what had happened and put procedures in place to reduce the risk of it occurring again. All staff we spoke with were aware of reporting procedures including who to report to.

We saw that the practice had a system in place to handling incidents that related to a patient that was in line with the duty of candour expectations. This included apologies being given and patients updated of changes to improve the service. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

There had not been any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) incidents, within the past 12 months. The dentist demonstrated a good understanding of RIDDOR regulations and the practice had the appropriate paperwork in place to record if they had an incident.

Reliable safety systems and processes (including safeguarding)

One of the dentists was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and child protection. Dentists, nurses and reception staff had completed child protection training to the appropriate level. Staff had completed adult safeguarding training. Details of the local authority safeguarding teams were readily available to staff. All staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

Patients were requested to provide a detailed medical history including any medical conditions, regular medicines taken and also a social history. These were checked and updated at each visit. During our inspection we checked dental care records to confirm the findings and saw that medical histories were in place and had been updated appropriately.

The practice was following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway).

Medical emergencies

The provider had appropriate arrangements to deal with medical emergencies. There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. Staff had access to emergency equipment on the premises including medical oxygen and an automated external defibrillator (AED) An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm), in line with Resuscitation Council Guidance UK and the General Dental Council (GDC) standards for the dental team. We saw records of weekly checks carried out to ensure the equipment was in working order and drugs to ensure they were not past their expiry dates in the event of needing to use them. All clinical staff had completed recent basic life support training which was repeated annually. All staff were aware of where medical equipment was kept and knew how to use the AED and medical oxygen.

Staff recruitment

There was a full complement of the staff. The team consisted of two dentists, two part time hygienists, one dental nurse and one receptionist. We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC).

The provider had an appropriate policy and procedures in place for the selection and employment of staff. This

included applicants completing an application form, attending an interview, providing proof of address, proof of identification, references, and proof of professional qualifications and registrations. All staff had a Disclosure and Barring service check requested; some were returned after our inspection. Where relevant, staff had to provide proof of their immunisation status. We reviewed staff files and found that appropriate checks had been requested and they were waiting for some disclosure and barring service checks which were carried out and required documents were included.

Monitoring health & safety and responding to risks

The practice had a health and safety policy and carried out risk assessments to ensure they were prepared to respond to safety issues. This included carrying out a practice risk assessment and clinical waste risk assessment in February 2015.

There was a detailed business continuity plan that was designed to help staff respond to unexpected incidents such as power failure. The plan included relevant telephone numbers.

A fire risk assessment was completed in September 2015. The fire alarm was tested every week and serviced annually.

Infection control

The practice had a clear infection control policy that outlined the procedure for minimising the risk and spread of infections. The dental nurse was the infection control lead.

There was a designated decontamination room which had a clear flow from dirty to clean, to minimise the risks of cross contamination. The dental nurse gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05-Decontamination in primary care dental practices (HTM01-05). This included manually cleaning reusable items, placing in an ultrasonic bath, inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-wash if required), placing in a steriliser; pouching and then date stamping, so expiry was clear.

We saw records of all the checks and tests that were carried out on the autoclave to ensure it was working effectively. The checks and tests were in line with recommended guidance.

Staff were appropriately immunised against blood borne viruses and we saw evidence of when they had been vaccinated. The practice had spillage kits to safely deal with blood spills if required.

Clinical waste was stored appropriately and collected regularly by an external company.

The consultation rooms and decontamination room were visibly clean and tidy. There were appropriate stocks of personal protective equipment for both staff and patients including disposable gloves and aprons. There were sufficient cleaning materials for the practice. The dental nurse cleaned all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session in the morning and evening. The practice had a cleaning schedule that outlined all the areas to be covered by the cleaners who attended daily. We saw records of cleaning completed and monthly audits were carried out to check appropriate standards were maintained. Suitable policies and practices were in place regarding sharps including actions to take in the event of a sharps injury. There were adequate bins for disposal of sharps.

A Legionella risk assessment had been carried out in August 2013 with no issues raised (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Hot and cold water checks were completed every month. Water lines were maintained with records maintained.

The practice had carried out an infection control audit in December 2014 and July 2015. There were no areas for improvement identified.

Equipment and medicines

There were appropriate arrangements in place to ensure equipment was maintained as required. Service contracts were in place for the maintenance of equipment including the autoclave, compressor and fire alarm. We saw documents confirming that appropriate servicing was taking place annually.

Are services safe?

The practice carried out portable appliance testing annually in October. The fire alarm and fire extinguishers were serviced in September 2015.

Radiography (X-rays)

The practice had a radiation protection file that was well maintained, up to date and demonstrated appropriate maintenance of X-ray equipment.

One of the dentists was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA). We saw evidence that dentists had completed up to date radiation training.

Annual audits were being completed and included X-rays taken by all dentists. We saw the records of the audits completed in February 2015.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE) and the British National Formulary (BNF) guidance.

During the course of our inspection we checked a sample of dental care records to confirm the findings. We saw evidence of comprehensive assessments to establish individual patient needs. Assessments included completing or updating the medical history, outlining medical conditions and allergies, a social history recording dietary and smoking habits and an intra-oral examination. The reason for visit was documented and a full clinical assessment was completed. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.

We checked treatment plans and saw they evidenced patients were involved in decisions and understood treatment and costs. Plans were completed by the dentists outlining the diagnosis using diagrams and slide shows, the treatment, costs and these were signed by patients. The dentist told us they gave patients time to consider treatments and checked patients understood the treatment and any risks involved.

Health promotion & prevention

Staff told us that information and advice relating to health promotion and prevention was given to patients during consultations. This included going through teeth brushing techniques, fluoride application and dietary advice, information about smoking cessation and alcohol consumption where relevant. All staff were proactive in promoting good oral health. Patients we spoke with confirmed they were given information on good oral hygiene and the importance of looking after their teeth. Printed information was available for patients in the waiting area including leaflets relating to smoking cessation and oral health care.

Staffing

All clinical staff had current registration with their professional body, the General Dental Council and were up to date with their continuing professional development (CPD) requirements, working through their five year cycle. (The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 every five years).

We reviewed staff files and saw that staff had the relevant qualifications and completed the appropriate training to enable them to provide treatment and care to patients. Staff we spoke with confirmed they had access to the training and support they needed to carry out their role.

Working with other services

The provider had arrangements for working with other health professionals to ensure quality of care and treatment for patients. A template was in place for referring patients to local hospitals and other services. Copies of the referral letter, replies from the hospital were scanned onto the patient's record to ensure all information was kept together and patient records were up to date.

Consent to care and treatment

The practice used consent forms for treatments. We checked dental care records and saw that consent was documented in patients' notes.

All staff we spoke with demonstrated understanding the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle. They had completed relevant training. Staff gave us examples of when the MCA could be used. (The Mental Capacity Act 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them). Staff were clear about Gillick competence which relates to children and young people being able to give consent for treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We spoke with three patients during our inspection visit. Feedback was very positive. Staff were described as kind, caring and helpful, providing a professional service. Patients commented that they were treated with dignity and respect. Staff told us that they maintained patients' privacy and dignity during consultations by closing doors and ensuring they were comfortable. The dentist told us they tried to offer emergency appointments for patients who were experiencing dental pain. During our inspection we observed staff being respectful by ensuring that the consultation room door was always closed and conversations could not be overheard.

We observed staff interaction with patients in the waiting room and saw that reception and nursing staff interacted with patients in a respectful and friendly manner.

Patients' information was held securely electronically. All computers were password protected with individual login requirements.

Involvement in decisions about care and treatment

The patient feedback we received confirmed that patients felt involved in their treatment planning. Patients commented that treatment options, benefits and risks were explained well and staff tried to ensure they understood the treatment being offered. They told us that they were given time to think about their options and were given a copy of their treatment plan.

The dental care records we checked demonstrated that people were involved in planning of their treatment. For example we saw that the benefits and risks of treatment were explained and the options available to them for treatment were also outlined. Patients had signed treatment plans confirming they had been told about their treatment.

Are services responsive to people's needs?
(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We discussed with staff how the practice responded to the needs of their patients. We were told that the practice had been recently extended and refurbished to ensure it was accessible to patients who used a wheelchair.

Emergency appointments were available and the practice aimed to fit patients in when they were in pain and needed an urgent appointment.

Tackling inequity and promoting equality

The patient population was predominantly white British. The practice had access to translation services if required and some staff spoke other languages and could translate if required.

The building was set out over one floor. There was a large reception and waiting area which could accommodate wheelchairs and pushchairs. Consultation rooms were on the ground floor and were accessible to people who used a wheelchair and there was an accessible toilet.

Access to the service

There was a practice website with information about the practice, treatments provided, payment options, opening times and contact details. There was also a practice leaflet with the same information.

Appointments were booked by calling the practice, in person by attending the practice and through the practice website. Patients needing an appointment outside of the opening times were directed to call the out of hours urgent care dental service (via information on their website and a recorded message on the practice answer machine).

Staff told us that appointments generally ran to time and if the dentist was running behind time they would let patients know.

Concerns & complaints

The provider had a complaints policy and procedure in place. The policy included receiving, handling and resolving complaints. Details about how to make a complaint were included in the patient practice leaflet, displayed in the waiting area and on the practice website.

At the time of our visit there had been one complaint in the past 12 months. The dentist went through the complaint with us, their explanations and records showed the actions taken were in line with their policy. The dentist told us learning from the complaint would be shared with staff at the next meeting. Patients we spoke with had not needed to make a compliant but were aware of how to should the need arise.

Are services well-led?

Our findings

Governance arrangements

The practice had a range of policies to ensure the smooth running of the service. These were reviewed annually. The staff induction process included going through and staff familiarising themselves with the policies.

The practice had a programme of audits in place. Various audits had been completed over the past 12 months including X-rays, infection control and equipment checks. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes.

Leadership, openness and transparency

The practice vision and aim was good dental health for patients through preventative dentistry in a clean and suitable environment. Staff we spoke with were aware of the aims and were positive about their experience working at the practice saying they were happy to be working there and were well supported and involved in the day to day running of the practice.

Leadership was very clear in the practice. We saw examples where the dentists lead by example and promoted an atmosphere of openness amongst staff. We discussed the duty of candour requirement in place on providers and the dentist demonstrated their understanding of this requirement. They gave us explanations of how they ensured they were open and transparent with patients and staff. The explanations were in line with the expectations under the duty of candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Learning and improvement

The practice had processes in place to ensure staff were supported to develop and continuously improve. This was through staff meetings, daily conversations and individual training and development. Systems were in place for appraisals to be carried out annually, although current staff had not been at the practice for a year. We were told that this process would include setting objectives and highlighting areas for development. Staff usually self-identified their training needs.

The practice held regular staff meetings. The dentist told us that incidents and complaints were discussed at team meetings. Meeting minutes we reviewed confirmed this.

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

The practice carried out on-going patient satisfaction surveys. Results were analysed monthly. We reviewed the results of recently completed forms and they were very positive.

Staff we spoke with confirmed their views were sought about practice developments through the staff meetings. They also said that the dentists were approachable and they could go to them if they had suggestions for improvement to the service.