

Horncastle Dental Practice Partnership

Horncastle Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 28 May 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

The practice is situated close to the centre of Horncastle in Lincolnshire and is part of the IDH dental group. It is located in the ground floor of a Mews house with wheelchair access and a disabled toilet.

The practice has three dentists, a practice manager, three dental nurses, a trainee dental nurse and a receptionist.

The practice provides primary dental services to both NHS and private patients. The practice is open Monday, Wednesday and Friday from 9am – 5pm and on Tuesday and Thursday from 9am – 7pm

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.

We viewed 32 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. All comment cards reflected positive comments about the staff and the services provided. Patients commented that the practice was clean, they found the

Summary of findings

staff very friendly and they found the quality of the dentistry to be excellent. They said explanations were clear and made the dental experience as comfortable as possible.

We found the practice was providing safe, effective, caring, responsive and well-led care on accordance with the relevant regulations.

Our key findings were:

- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Infection control procedures were in place and the practice followed published guidance
- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.
- Infection control procedures were in place and the practice followed published guidance.
- Patient's care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained
- The practice was well-led and staff felt involved and worked as a team.

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

- Replace the flooring in both surgeries as it is worn with no coving at the skirting boards making it difficult to keep the area clean.

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 effective systems and processes in place to ensure all care and treatment was carried out safely. We saw there were procedures were in place to recorded appropriately, investigate and analyse any of these occurrences and then for improvement measures to be implemented as required.

Infection control procedures were in place and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Local rules were displayed clearly where X-rays were carried out. Emergency medicine in use at the practice were stored safely and checked to ensure they were within their expiry dates. Equipment within the practice was serviced and maintained at regular intervals.

Are services effective?

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

Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner. Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns

Are services caring?

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

We saw that treatment was clearly explained and patients were provided with written treatment plans. People with urgent dental needs or in pain were responded to in a timely manner, often on the same day. We found that patients were treated with dignity and respect at all times.

Are services responsive to people's needs?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history. We saw evidence patients had good access to appointments at the practice and that emergency appointments were available on the same day.

Are services well-led?

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

Staff were supported to maintain their professional development and skills. A range of clinical and non-clinical audits were taking place. Health and safety risks had been identified, which were monitored and reviewed regularly.

There was evidence of open leadership within the practice. The practice had a culture of continuing improvement of the service they provided.

Horncastle Dental Practice

Detailed findings

Background to this inspection

The inspection took place on 28 May 2015. The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern. We also informed NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we spoke with two dentists, the practice manager, two dental nurses one of whom also

acted as the receptionist. We reviewed policies, procedures and other documents. We reviewed completed comment cards that had been supplied to the practice by the Care Quality Commission (CQC), 32 people provided feedback about the service.

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

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely this included the reporting, learning and improvement from any incidents that had taken place. Staff we spoke with were aware of the incident reporting system and how to access it. This allowed staff to report all incidents where patient safety may have been endangered. There was evidence that there were systems and processes in place to manage accidents and incidents if they occurred through policies and procedures, and the incident reporting system. We saw that incidents and all the details of investigations were recorded. All learning points were documented and included discussions with the person involved in the reported incident. The practice operated an open culture and all staff felt confident that they could report any incident or occurrence to the practice manager.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. From records viewed we saw that all staff at the practice were trained in safeguarding adults and children. Staff were aware of the signs of neglect and abuse and told us they were confident about raising any concerns with the safeguarding lead. The practice manager had the lead role in safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice.

The practice had whistleblowing policies. Staff spoken with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations. They also knew that they could contact outside agencies such as the CQC if necessary.

The practice retains a protocol on the use of rubber dams within the practice. (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).

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received basic life support including the use of the 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).

Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support they were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest.

Emergency medicines, a defibrillator and oxygen were readily available if required. This was in line with the Resuscitation Council UK guidelines. We checked the emergency medicines and found that they were of the recommended type as per British National Formulary guidance and were all in date.

The practice had a contract with a company who replaced the emergency medicines before they were due to go out of date.

Staff recruitment

The practice had a recruitment policy and a set of procedures for the hiring of staff. This included seeking references, proof of identity, checking relevant qualifications and registration with professional bodies where relevant. We looked at staff recruitment files and found that the process had been followed. The practice manager told us the practice carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identified whether a person had a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We looked at staff recruitment files and found that the process had been followed.

The practice had an induction system for new staff; this was individually tailored for the job role. This allowed new staff who were mentored throughout to familiarise themselves with the way the practice ran including policies and procedures, before being allowed to work unsupervised. We saw that there was an induction checklist in place.

Monitoring health & safety and responding to risks

Are services safe?

A health and safety policy and risk assessment was in place at the practice. The risks to staff and patients had been identified and control measures put in place to reduce them.

The practice had policies and procedures relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, these included substances such as disinfectants, blood and mercury spillage. These policies contained guidelines for staff on how to deal with incidents such as blood or mercury spillage within the practice.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a legionella risk assessment, and fire evacuation procedures. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.

Processes were in place to monitor and reduce these risks so that staff and patients were safe.

Infection control

There was an infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. The practice manager told us that they employed an external cleaning company for the premises but dental nurses had set responsibilities in each surgery. There was a cleaning plan, schedule and checklists, which we saw were completed, and cleaning equipment was stored appropriately and securely in line with Control of Substances Hazardous to Health (COSHH). COSHH is the law that requires employers to control substances that are hazardous to health. The practice manager had responsibility for decontamination in the practice however the lead dental nurse was the lead for infection prevention and control in the practice.

We saw evidence that the practice was meeting the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). HTM01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination.

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises. Posters describing proper hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities.

We observed the treatment rooms and the decontamination room to be generally clean and hygienic. We saw that the flooring in both surgeries was worn with no coving at the skirting boards making it difficult to keep the area clean.

Decontamination of dental instruments was carried out in a designated decontamination room. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included heavy duty gloves, aprons and protective eye wear. A dental nurse demonstrated the decontamination process from taking the dirty instruments through to clean and ready for use again. When instruments had been sterilised they were pouched and stored until required. All pouches were dated with an appropriate expiry date. The nurse demonstrated to us that the practice operated systems to ensure that the autoclave (equipment used to sterilise instruments) used in the decontamination process was in good working order and being effectively maintained. We saw that data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles had been completed correctly.

The practice abided by the current Department of Health guidelines regarding the segregation and storage of dental waste. The treatment of sharps waste was in accordance with current guidelines. We saw that sharps containers were correctly labelled and in good condition. Practice staff understood the policy regarding needle-stick injuries and staff files reflected that they had all received inoculations against Hepatitis B. The practice used an appropriate contractor to remove dental waste from the practice. Waste consignment notices were available for inspection.

The practice had a legionella risk assessment in place and conducted regular tests on the water supply. This included maintaining records and checking on the hot and cold water temperatures achieved.

Equipment and medicines

We found that all of the equipment used in the practice was maintained in accordance with the manufacturer's

Are services safe?

guidelines. Portable appliance testing (PAT) took place on all electrical equipment. PAT is the name of a process which electrical appliances are routinely checked for safety. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

The practice used a specialist company attended at regular intervals to maintain all X-ray machines, autoclaves and dental chairs to ensure they were operating safely. Where faults or repairs were required these were actioned.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use and these were rotated regularly. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

Radiography (X-rays)

X-ray equipment was situated in the surgeries and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were displayed in areas where X-rays were carried out.

A radiation protection advisor from an outside organisation had been appointed and the practice manager was the

radiation protection supervisor within the practice to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary

documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary.

The practice monitored the quality of the X-rays images on a regular basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms and the dentist considered each person's circumstance to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. The practice had policies and procedures in place for assessing and treating patients using the basic periodontal examination (BPE). We found that the dentists regularly assessed patient's gum health and soft tissues that included the lips, tongue and palate. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies.

Patients' dental recall intervals were determined by the dentist using a risk based approach based on current National Institute for Health and Care Excellence (NICE) guidelines. The NICE dental recall clinical guideline helps clinicians assign recall intervals between oral health reviews that are appropriate to the needs of individual patients.

Patients requiring specialised treatment such as conscious sedation were referred to other dental specialists. The practice then monitored patients after being referred back to the practice to ensure they received a satisfactory outcome and all necessary post procedure care.

We reviewed completed comment cards that had been supplied to the practice by the Care Quality Commission (CQC), 32 people provided feedback about the service. All of the comments were positive about the service they had received. Patients commented that the service was efficient, staff were friendly and helpful and the dentists were very good.

The practice did have a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. This included the use of the nearest IDS practice in Skegness if required.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on how to

maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance to have regular dental check-ups as part of maintaining good oral health.

Staffing

The practice had three dentists, a practice manager, three dental nurses, a trainee dental nurse and a receptionist.

All staff were trained appropriately and registered with their professional body. They maintained their skill levels by means of continuing professional development (CPD); this is a compulsory requirement of registration with the General Dental Council (GDC) as a dental professional. We examined staff files and they showed details of the number of hours they had undertaken and training certificates obtained.

We saw the practice induction process for new staff it included all aspects of health and safety and included fire safety, medical emergencies, infection control and decontamination procedures. The staff we spoke with confirmed that this had been undertaken and we saw staff training files that confirmed this.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. This included referral for specialist treatments such as conscious sedation and patients who required orthodontic treatment.

Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient. The dentists we spoke with were also aware of and understood the use of Gillick competency in young persons. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge.

We saw in documents that the practice were aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. However staff had not yet received Mental

Are services effective?

(for example, treatment is effective)

Capacity Act 2005 (MCA) training. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for them.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. They also confirmed that should a confidential matter arise the patient would be seen in a second treatment room away from reception. Doors were always closed when patients were in the treatment rooms.

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that patient records, both paper and electronic were held securely.

We reviewed completed comment cards that had been supplied to the practice by the Care Quality Commission (CQC), 32 people provided feedback about the service. All of the comments were positive about the service they had received. Patients commented that the service was efficient, staff were friendly and helpful and the dentists were very good.

Involvement in decisions about care and treatment

Feedback by patients included comments about how good the staff and dentists were and treatments were always explained. Medical history updates were always asked for. All patients sign consent forms and written treatment plans are provided. The practice displayed information in the waiting area which gave details of the private and NHS dental charges or fees.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice website and information displayed in the waiting area described the range of services offered to patients, the complaints procedure, information about patient confidentiality and record keeping. The practice website also displayed both private and NHS costs; it included the range of treatment offered.

We found the practice was responsive to patients' needs and had systems to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

Tackling inequity and promoting equality

The practice had a range of anti-discrimination policies and promoted equality and diversity these were standard IDS policies used nationally by the group. Staff we spoke with were aware of these. They had also considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. The building had step free access to assist patients with mobility issues, using wheelchairs or mobility scooters and parents with prams or pushchairs. The two surgeries were located on the ground floor of the building. The practice has wheelchair access and a toilet that is adapted for those persons with disabilities it also contained baby changing facilities.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen usually within hours of their phone call. The practice website gave information for patients on who to contact in an emergency.

The practice opening hours at the time of the inspection were Monday, Wednesday and Friday from 9am – 5pm and on Tuesday and Thursday from 9am – 7pm

Concerns & complaints

The practice had a complaints procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Details of how to raise complaints were included in the practice leaflet given to all new patients and accessible in the reception area. Staff we spoke with were aware of the procedure to follow if they received a complaint.

From information received prior to the inspection we saw that there were two complaints had been received within the practice These had been addressed correctly by the practice and resulted. There was one complaints made in the last 12 months on the NHS Choices website. There was also a compliments regarding the practice and praised them for the treatment they had received from the staff and dentists. We saw that the practice manager had replied both these comments on the website.

Are services well-led?

Our findings

Governance arrangements

The registered manager with the CQC was also the practice manager. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. We saw risk assessments and the control measures in place to manage those risks, for example fire and infection control. Staff we spoke with were aware of their roles and responsibilities within the practice.

Health and safety and risk management policies were in place including processes to ensure the safety of patients and staff members.

There were systems in place for carrying out clinical and non-clinical audits taking place within the practice. These included assessing the detail and quality of patient records, oral health assessments and X-ray quality.

Leadership, openness and transparency

The practice manager encouraged candour, openness and honesty within the practice. Staff told us that they felt confident in speaking with each other and the practice manager if they had any concerns. There were clear lines of responsibility and accountability within the practice and all staff were encouraged to report any safety concerns they had.

Learning and improvement

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. Staff were aware of the practice values and ethos and demonstrated that they worked towards these. There were a number of policies and procedures in place to support staff improve the services provided.

We saw that the dentists reviewed their practice through their continuing professional development (CPD) learning and peer review. This is a compulsory requirement of registration with the General Dental Council (GDC) as a dental professional. We examined staff files and they showed details of the number of hours they had undertaken and training certificates obtained. A number of clinical and non-clinical audits had taken place where improvement areas had been identified. These were cascaded to other staff if relevant to their role.

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

We viewed comments left on the NHS choices website and saw that the practice manager responded to the comments left. We were told by the practice manager that patients speak with them at any time to discuss anything regarding the practice.

Staff told us that they were encouraged to share their views at any time with the dentists or practice manager.