

Park Vale Partnership

Park Vale Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 14 December 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. NHS England provided us with information about contracts they hold at the practice.

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

Park Vale Dental Surgery is in Falmouth and provides NHS and private treatment to patients of all ages.

Access for people with wheelchairs/ parent with buggies was restricted. Car parking spaces were available on surrounding streets, or in the town centre.

The dental team includes two permanently employed dentists, two dentists employed on a locum basis, three trainee dental nurses, one dental nurse renewing their

Summary of findings

registration/receptionist, one additional receptionist and a practice manager. The practice manager is supported by a senior management team. The practice has four treatment rooms.

NHS England provided us with information about the contracts they hold at the practice. They held two contracts, one with Park Vale Partnership and another with a limited company. The day to day managerial arrangements at the practice were carried out by the limited company but one of the partners was also director of the limited company. As a condition of registration the partnership must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. One of the partners was the CQC registered manager. We were told that there were plans to apply to de-register the partnership at the practice and manage the practice contracts under the current registration for the limited company.

On the day of inspection we collected 27 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two trainee dental nurses, one dental nurse/receptionist (in the process of renewing their registration with the General Dental Council), the practice manager, the area manager, another member of the management team and a company director (who was also one of the partners of the second contract/registration held at the practice). We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 9am – 5pm. The practice is closed for lunch between 1pm – 2pm daily.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures that would benefit from review to reflect published guidance.
- Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk. Some risk assessments would benefit from review.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice staff recruitment procedures had not been consistently followed but risk assessments were in place to protect patients from risk.
- The clinical staff broadly provided patients' care and treatment in line with current guidelines but guidance protocols informing the recall of child patients was not always followed.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system 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.
- Improvements had been made to deal with complaints positively and efficiently.

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

- Review the practice's testing protocols for equipment used for sterilising used dental instruments, reassess effectiveness of air flow in the decontamination room, review legionella risks and associated dental line flushing protocols. The review should take into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review the practice's environmental risk assessments and ensure a fire risk assessment is undertaken and the necessary actions implemented. This should be supported by a formalised business continuity plan.
- Review its responsibilities to respond to the needs of patients with disability and the requirements of the Equality Act (2010).

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. Improvements could be made to ensure robust staff recruitment processes.

Premises and equipment were clean and properly maintained. Improvements could be made to processes for following national guidance for sterilising dental instruments and the management of water lines.

The practice had suitable arrangements for dealing with medical and other emergencies.

Improvements could be made to review some of the practice's environmental risk assessments.

No action



Are services effective?

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

Patients described the treatment they received as professional and efficient. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Procedures for recall periods of child patients would benefit from review to ensure that national guidance is consistently followed.

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 27 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, helpful and courteous. They said that they were given honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



Summary of findings

Are services responsive to people's needs?

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

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

Staff considered patients' different needs but improvements could be made to assess the needs of the patient population under the Equalities Act (2010) and to make reasonable adjustments to the premises as a result of such assessment.

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

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

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 were regularly reviewed. The practice followed relevant safety laws when using needles and other sharp dental items. Where rubber dams were not used alternative methods were used to secure instruments and prevent accidental ingestion or inhalation.

The practice did not have a written business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. We discussed this with the management team, who told us that the informally agreed business continuity plan would be documented and circulated at the practice.

Medical emergencies

Clinical staff knew what to do in a medical emergency; two reception staff were unsure of the practice procedure. We

raised this with the management team who told us this would be discussed at the next team meeting. All staff completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance with the exception of paediatric pads for the defibrillator. The management team said these would be ordered. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at five staff recruitment files. These showed the practice had not followed their recruitment procedure as there were gaps in background checks required about staff. However, the practice had completed risk assessments with respect to the gaps in information and was working toward obtaining the required information.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. We noted that transporting dental instruments within the building including using the sets of steep stairs had not been risk assessed. We raised this with the management team, who told us that a risk assessment would be undertaken.

The practice had a fire risk assessment dated January 2017. We looked at the assessment and discussed it with the management team. It was apparent that the risk assessment would benefit from review as some of the information was out of date.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

Are services safe?

We noted that some cleaning items were stored in a patient accessible area and were not secure. We brought this to the attention of the management team, who took steps to ensure the items did not remain accessible.

A dental nurse worked with the dentists 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: 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 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 broadly used in line with the manufacturers' guidance. Improvements could be made with respect reviewing the practice's testing protocols for equipment used for cleaning and sterilising used dental instruments and assessing the suitability of air flow in the decontamination room.

The practice carried out infection prevention and control audits. They were completed in August 2016 and updated in December 2017. The latest audit showed the practice was meeting the required standards. The management team were aware of the guidance that audits be completed twice yearly and had made arrangements for regular future audits to be scheduled.

Improvements could be made to reduce the possibility of legionella or other bacteria developing in the water systems through completion of an up to date legionella risk assessment (the most recent being dated 2013). In addition staff protocols of flushing dental lines would benefit from review to ensure they meet published guidance and/or manufacturer's recommendations.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

We noticed that some of the dental chairs were cracked and affected by areas of rust. We discussed upgrade plans with the company director.

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.

We noticed that the practice was not maintaining a log of serial numbers of NHS prescription pads not in use. We raised this with the management team who told us that a log would be introduced immediately.

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. However, we noticed that the local rules for X-ray beam diagrams were not always clear as to the primary beam or control area. We raised this with the management team, who said they would review the information in the diagrams and discuss with the clinical team.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year 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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. We checked a selection of dental care records to confirm this.

We noticed that children of one of the dentists were recalled every three months, with no records of risk assessment to justify the frequency of the recall period. We raised this with the management team. They told us that NICE guidance for recalls would be raised at the next monthly team meeting and monitored.

The practice had not audited patients' dental care records since September 2016, to check that the dentists recorded the necessary information. The managers told us that an audit cycle was scheduled from 2018 onwards.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. The practice manager described an informal verbal induction for locum

staff. We discussed this with the practice manager, who told us that future inductions would be formalised, to allow both parties to agree that a suitable induction had been undertaken.

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 supervision sessions and annual appraisals. We saw evidence of appraisals for the whole staff team scheduled over the next 12 months.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. 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 dentists 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 we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, helpful and courteous. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Music was played in the treatment rooms and there were magazines in the waiting room. The practice provided drinking water on request.

Information folders, patient survey results and thank you cards were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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 for gum disease.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described satisfaction with the responsive service provided by the practice.

The practice had revised the appointment system to respond to patients' needs by allocating reception staff with clinical experience to triage phone calls to prioritise urgent appointments. Staff told us that patients who requested an urgent appointment were seen the same day. The manager had also recently extended routine appointments from 10 to 15 minutes to ensure that patients had enough time during their appointment and did not feel rushed. This was part of a larger review of the management of appointments and clinical work load at the practice. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment. Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Promoting equality

The practice had written to us prior to the inspection to say they planned to review their responsibilities regarding access to the building under the Equalities Act (2010). Currently access for people with wheelchairs/ parent with buggies was restricted and the practice did not have adaptations for patients with sight or hearing loss.

Staff said they could provide information in different formats and languages, if requested, to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises 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 and kept appointments free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients told us that there had been problems with getting routine appointments due to a lack of dentists available, but that this situation had improved in recent months with additional dentists being employed at the practice.

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. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

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. We saw that prior to recent changes in management that complaints had not been handled in a timely way and to the satisfaction of complainants. However, we could see that improvements had been implemented and that the practice manager was responding to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The company directors had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. The management team at the practice had been restructured within the last two months. We saw that systems of improvement had been implemented, starting with a thorough analysis of areas where improvements could be made, with a clear plan of action to be followed.

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 if anything went wrong.

We spoke with staff on duty, who told us there was an open culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. Prior to the inspection visit we had received information alleging that the management team were not responsive to concerns raised. We looked at records, which showed that the current management team took concerns seriously and acted in a timely and professional way to address concerns raised.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice management team had identified that clinical quality assurance processes were not established, to encourage learning and continuous improvement. For example, there had not been a recent audit of dental care records and no auditing of antimicrobial stewardship. We discussed plans for improvement with the management team. We were reassured that systems were now set up for implementation on an annual cycle basis.

The management team showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. There had been a number of new staff joining the practice team in recent months. We saw that probationary period supervisions had taken place and that annual appraisals had been scheduled.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, in the forthcoming installation of an additional telephone line to the receptionists in response to patients reporting difficulty in reaching the practice by phone at peak times.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.