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C R Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 30 June 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

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

CR dental practice is situated in the Park Hill area of Sheffield. It is close to Sheffield city centre. It offers mainly NHS dental care services to patients of all ages. It provides care for approximately 1750 patients. The services provided include preventative advice and treatment and routine restorative dental care. The treatment and waiting room is on the ground and first floor of the premises. The surgery relocated to new premisis in April 2013. It is now part of a medical centre.

The practice has one dentist, a dental nurse, two receptionists, a practice manager and a practice adviser.

The practice is open Monday 10-00am to 3-30pm, Tuesday to Thursday 9-00am to 3-30pm and Friday 9-00am to 1-00pm.

During the inspection we spoke with patients who used the service on the day of inspection and reviewed completed CQC comment cards. 44 patients provided feedback about the service. Patients we spoke with and those who completed comment cards were positive about the care they received about the service. They commented that staff were caring, helpful and respectful, treatment was well explained, the practice was clean and that they had no problems getting appointments.

Our key findings were:

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- Patients were treated with care, respect and dignity.

Summary of findings

- Patients were able to access appointments in a timely manner.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions.
- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP).
- Staff received training appropriate to their roles.

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

- Ensure that rubber dam is used for all root canal treatments.
- Ensure all written treatment plans are completed.

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.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any incidents in the last 12 months but there was a system in place to act upon any incidents which may occur in the future. Patients would be given an apology and informed of any actions as a result of the incident.

Staff had received training in safeguarding and knew the signs of abuse and who to report them to.

The staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. The dentist was aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation UK guidelines.

Are services effective?

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

Patients dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE). The practice focused strongly on prevention and the dentists were aware of 'The Delivering Better Oral Health Toolkit' (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were supported to deliver effective care through training and supervisions. The clinical staff were up to date with their continuing their professional development (CPD) and they were supported to meet the requirements of their professional registration.

Are services caring?

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

We were provided with feedback from 44 patients. Common themes were that patients felt they were treated with dignity and respect in a safe and clean environment. Patients also commented they were involved in treatment options and full explanations of treatment was given. It was also noted that reception staff were always very helpful and friendly.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which patients understood.

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 had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice was fully accessible to disabled people and those with limited ability.

Are services well-led?

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

There was a clearly defined management structure in place and staff all felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice and they were supported by a dental practice adviser.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning. They regularly undertook patient satisfaction surveys and were also undertaking the NHS Family and Friends Test.

There were good arrangements in place to share information with staff by means of monthly practice meetings which were minuted for those staff unable to attend.

C R Dental Practice

Detailed findings

Background to this inspection

This announced inspection was carried out on 30 June 2015 by a dentally qualified CQC inspector.

We informed the local NHS England area team and Healthwatch Sheffield that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we toured the premises, spoke with the dentist, the dental nurse, two reception staff, the practice manager and two patients. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of 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

Reporting, learning and improvement from incidents

The practice had a clear and effective process of how to report incidents. Staff were fully aware of this process. We saw evidence that incidents were documented, investigated and reflected on by the practice. Patients would be given an apology if necessary and informed of any action taken.

The principal dentist understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). There was reference to this in the practice health and safety policy. The practice responded to patient safety alerts issued from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The principal dentist was the safeguarding lead professional in the practice and all staff had undertaken safeguarding training in the last 12 months. There had not been any referrals to the local safeguarding team, however they were confident about when to do so. Staff we spoke with told us they were confident about raising any concerns with the safeguarding lead professional.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). Rubber dam (this is a rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field) were not used in root canal treatment in line with guidance from the British Endodontic Society. The safety issues relating to non-use of rubber dam was discussed with the dentist and they said they would start using rubber dam when undertaking root canal treatment in the future.

Medical emergencies

The practice had a medical emergencies policy which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency resuscitation kits, oxygen and emergency medicines were stored securely with easy access for staff working in any areas of the practice. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed regular checks were carried out to ensure the equipment and emergency medicines were safe to use.

Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team within the last 12 months.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The principal dentist told us the practice carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has 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. Records showed that these checks were in place.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice owner and receptionist carried out health and safety checks which involved inspecting the premises and equipment and ensuring maintenance and service documentation was up to date. Health and safety and risk

management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, exposure to hazardous substances and use of equipment. The assessments included the risks identified and actions taken.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. Key contact numbers were included and copies of the plan were kept in the practice and by the principal dentist.

Infection control

There was an infection control policy and procedures to keep patients and staff safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. The practice had a nominated infection control lead who was responsible for ensuring infection prevention and control measures were followed.

Staff received annual training in infection prevention and control. We saw evidence that staff were immunized against blood borne viruses (Hep B) to ensure the safety of patients and staff.

We obserevd the treatment room and the decontamination rooms to be clean and hygienic. Work surfaces were free from clutter. Staff we spoke with told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned and colour coded equipment was used. There were hand washing facilities in each treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients we spoke with confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in dedicated decontamination rooms (a clean and dirty room). In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

The infection control lead showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments; packaging and storing clean instruments. The practice routinely used a washer-disinfector machine to clean the used instruments, then examined them visually with an illuminated magnifying glass, then sterilised them in an autoclave. The decontamination process took place in two rooms (clean and dirty rooms) to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out the self- assessment audit in June 2015 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05).This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

Records showed a risk assessment process for Legionella had been carried out in the last 12 months. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This ensured the risks of Legionella

Are services safe?

bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, autoclaves, washer disinfectors and dental chairs The practice maintained a comprehensive list of all equipment including dates when maintenance contracts which required renewal. Portable appliance testing (PAT) was completed (PAT confirms that electrical appliances are routinely checked for safety). We saw evidence of validation of the autoclave, X-ray machine and washer-disinfector.

The practice had systems in place regarding the use and stock control of the medicines and materials used in clinical practice. The type, batch number and expiry dates of local anaesthetic was not recorded in patient dental care records. This was brought to the attention of the dentist and they agreed to start recording the details of each local anaesthetic used on a patient.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated the X-ray equipment was regularly tested. A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to the X-ray machine were displayed in accordance with guidance. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended training.

X-ray audits were carried out every year and invlolved taking a sample of X-rays throughout the year. The results of the audits confirmed they were meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays. Any possible learning was indentified and this was discussed at staff meetings.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentist carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice UK (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. This was documented and also discussed with the patient.

We reviewed six care records with the dentist regarding the oral health assessments, treatment and advice given to patients. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. Medical history checks were updated by each patient every time they attended for treatment and signed by the patient. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentist followed the guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record. Records showed a diagnosis was discussed with the patient and treatment options explained.

Patients signed a consent form for treatment which included the fee for the treatment. However the proposed treatment was not included on the consent form. This meantthe practice could not be sure the patient had given written consent for the treatment. This was brought to the attention of the dentist and practice manager and they said this would be addressed.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with 'The Delivering Better Oral Health Toolkit' (an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). For example, the practice recalled patients at high risk of tooth decay to receive fluoride applications to their teeth. Patients were given advice regarding maintaining good oral health and were provided with information leaflets to reinforce the importance of maintain good oral hygiene. Where required, high fluoride toothpastes were prescribed.

The medical history form patients completed included questions about smoking and alcohol consumption. The dentist told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. There were health promotion leaflets available in the waiting room to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. Staff we spoke with confirmed they had been fully supported during their induction programme.

Staff told us they had good access to ongoing training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD. Mandatory training included basic life support and infection prevention and control. The practice had developed a staff training matrix which showed when staff members were due to complete mandatory training. This ensured that staff were all up to date with current training.

The practice manager monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. The practice only employed one dental nurse. A risk assessment had been undertaken if for any reason the dental nurse could not attend. In the first instance a locum nurse would be contacted through an agency (these nurses have already been DBS checked). If a locum nurse was not available then one of the reception staff would act as a chaperone for the dentist.

Are services effective?

(for example, treatment is effective)

All staff took holidays at the same time and the practice closed. Emergency cover wasavailable through a dedicated emergency service. Details of this service are available on the practice answer machine, in the practice leaflet and is displayed in the waiting room.

The dental nurse was supervised by the dentist and supported on a day to day basis by the practice manager. Staff told us the manager and the principal dentist were readily available to speak to at all times for support and advice. Staff told us they had received appraisals and reviews of their professional development within the last year.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was not kept in the patients' records. The principal dentist acknowledged that this should be done and said that this would be implemented.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff we spoke with had undertaken training on the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to dental treatment.

Staff ensured patients gave their consent before treatment began. The dentist informed that verbal consent was always given prior to any treatment. We noted that treatment plans were not fully completed before patients signed them. This meant the practice could not be sure the patient had consented to the proposed treatment. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We were provided with feedback from 44 patients. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. We observed staff were helpful, discreet and respectful to patients.

Patients' clinical records were recorded on paper cards. Patients records were kept securely in a locked cabinet.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients were also informed of the range of treatments available. The practice displayed information in the waiting area that gave details of NHS dental charges.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and found the premises and facilities were appropriate for the services that were planned and delivered. Patients with mobility difficulties had access to the practice.

We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointment slots to accommodate urgent or emergency appointments. Patients we spoke with confirmed they had sufficient time during their appointment and did not feel rushed. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Patients we spoke with told us the practice was providing a service that met their needs. The practice offered patients a choice of treatment options to enable people to receive care and treatment to suit them. The practice regularly sought the views of patients through the patient suggestion box, patient survey and the NHS Family and Friends Test to voice their concerns and needs. Results and subsequent actions taken were displayed in the waiting room.

Patients had requested that the service offered an option to pay for treatment by card, this was subsequently implemented.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. The practice recognised the needs of different groups in the planning of its services. We saw that they had made adjustments to enable patients to receive their care or treatment, including an audio loop system for patients with a hearing impairment.

The practice was all situated on the ground floor of the premises and was fully accessible for patients with limited mobility. There were disabled toilet facilities on the ground floor.

Access to the service

The practice displayed its opening hours on the premises and in their practice leaflet. Opening hours were Monday 10-00am to 3-30pm, Tuesday to Thursday 9-00am to 3-30pm and Friday 9-00am to 1-00pm. The practice had clear instructions in the practice, via the practice's answer machine and in the practice leaflet for patients requiring urgent dental care when the practice was closed. CQC comment cards reflected patients felt they had good access to routine and urgent dental care.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room, on the practice website and in the practice leaflet. There had not been any complaints within the last 12 months.

Are services well-led?

Our findings

Governance arrangements

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. There was an effective approach for identifying where quality and/or safety were being compromised and steps taken in response to issues. These included audits of infection control, patient records and X-ray quality. Where areas for improvement had been identified action had been taken. There were a range of policies and procedures in use at the practice. The practice held regular meetings involving all staff where governance was discussed.

There was an effective management structure in place to ensure that responsibilities of staff were clear. The practice manager and principal dentist shared the day to day running of the service. Staff we spoke with told us that they felt supported and were clear about their roles and responsibilities and had delegated lead roles, such as infection control.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner. All staff were aware of whom to raise any issue with and told us that the practice manager and dentists were approachable, would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

Management lead through learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. Staff told us they had access to training and this was monitored to ensure essential training was completed each year, this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

Information about the quality of care and treatment was actively gathered from a range of sources, for example incidents and comments from patients. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as medical records, X-rays and infection control. We looked at the audits and saw actions had been taken to resolve concerns. Staff provided us with examples of how this had led to improvements at the practice including starting to accept card payments.

The practice had monthly staff meeting where significant events and ways to make the practice more effective were discussed and learning was disseminated. All staff had annual appraisals where learning needs and aspirations are discussed.

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

Patients and staff we spoke with told us that they felt engaged and involved at the practice both informally and formally. Staff we spoke with told us their views were sought and listened to. The practice had systems in place to involve, seek and act upon feedback from people using the service and staff, including carrying out annual surveys. The most recent patient survey in November 2014 showed a high level of satisfaction with the quality of the service provided. The practice also undertook the NHS Family and Friends Test and recent result were positive. Staff we spoke with provided us with example of how the survey results had led to improvements in patient care or the patient experience.