

John G. Plummer & Associates

# John G. Plummer & Associates Great Yarmouth

## Inspection Report

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Date of inspection visit: 25 April 2018  
Date of publication: 25/05/2018

### Overall summary

We carried out this announced inspection on 25 April 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

##### **Background**

J G Plummer and Associates is a family run business who own and manage 11 practices in the Norfolk and Suffolk area. The Great Yarmouth branch is a mixed dental practice providing both NHS and private treatments to

# Summary of findings

adults and children. The dental team includes 16 dentists, 48 nurses and three receptionists. There are 10 surgeries and the practice opens from 8.30am to 5pm Monday to Friday.

There is level access for people who use wheelchairs and those with pushchairs.

As a condition of registration, the practice 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. The registered manager is one of the company's partners, who is also a dentist at the practice.

On the day of inspection we collected 40 CQC comment cards filled in by patients and spoke with two other patients. We spoke with three dentists, three dental nurses, an oral health advisor, reception staff and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

## Our key findings were:

- The practice had effective systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Patients received their care and treatment from well supported staff, who enjoyed their work

- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- The practice provided good preventive care and supported patients to ensure better oral health.
- Members of the dental team were up-to-date with their continuing professional development and were supported to meet the requirements of their professional registration.
- The practice had strong, effective leadership and a culture of continuous audit and improvement.
- The practice asked staff and patients for feedback about the services they provided. Staff felt involved and supported, and worked well as a team.

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

- Review the practice's protocols for domiciliary visits taking into account the 2009 guidelines published by British Society for Disability and Oral Health in the document "Guidelines for the Delivery of a Domiciliary Oral Healthcare Service"
- Review the practice's Legionella assessment and ensure it meets all requirements of The Approved Code of Practice: Legionnaires' disease: The control of Legionella bacteria in water systems.
- Review the practice's risk assessments to ensure they are still relevant and up to date.

# 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 robust arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays).

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults.

Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments. Improvements were required in the assessment of legionella risk within the practice.

There were sufficient numbers of suitably qualified staff working at the practice. Staff were qualified for their roles and the practice completed essential recruitment checks.

No action



### Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. Oral health promotion was given high priority within the practice to meet the specific needs of its practice population.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

No action



### Are services caring?

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

Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received, and of the staff who delivered it. Staff gave us specific examples of where they had gone out of their way to support patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action



### Are services responsive to people's needs?

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

No action



# Summary of findings

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

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

## **Are services well-led?**

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

The practice had arrangements to ensure the smooth running of the service. These included systems for staff 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. We found staff had an open approach to their work and shared a commitment to continually improving the service they provided.

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

### **Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays) )**

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. One of the provider's partners was the safeguarding lead, and kept a log of all referrals and advice she had given to staff across all their practices. We saw evidence that staff received safeguarding training and knew about the signs and symptoms of abuse and neglect, and how to report concerns. Information about protection agencies was available in each treatment room, and in waiting areas making it easily available to both staff and patients.

The practice had a staff recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We looked at staff recruitment information which showed the practice followed their procedure to ensure only suitable people were employed. Detailed job descriptions were available for all roles within the practice. All staff received an induction to their role. Eight new dentists had attended a full day induction to the company in September 2017 to ensure they understood its policies and procedures. We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Records showed that fire detection and firefighting equipment was regularly tested. Staff undertook regular timed fire evacuations with patients.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. We noted, however, that only two of the five treatment rooms we checked had access to rectangular collimation to reduce radiation dosage to patients. The dentists justified, graded and reported on the

radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography.

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running. We noted that it was dated 2015 and did not contain evidence to show it had been reviewed since that date. It was not specific to the practice and did not contain any contact details of staff or key utility companies.

CCTV was in place for the monitoring and safety of both patients and staff, although signage informing patients they were being filmed needed to be more visible.

### **Risks to patients**

The practice had completed a number of risk assessments to identify potential hazards. However, several we reviewed were dated 2011, so it was not clear if they remained relevant and up to date. There was no specific risk assessment for the premises, despite us noting a number of hazards such as unlocked and unmonitored entry doors.

The practice followed relevant safety laws when using needles and other sharp dental items, although not all clinicians were using the safest types of sharps. Sharps bins were wall mounted and labelled correctly. We reviewed clear protocols for needle stick injuries on display in staff areas. The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus, and that the effectiveness of the vaccination was checked. We noted that risk assessments had been completed for trainee nurses who were working without the required hepatitis B immunisation due to a national shortage.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted that two oxygen cylinders were not completely full and signage indicating their location was missing.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in

# Are services safe?

place containing chemical safety data sheets for all materials used within the practice, although it was not clear if there were data safety sheets available for products used by the external cleaner.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Staff carried out infection prevention and control audits four times a year. The latest audit showed the practice was meeting the required standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had undertaken an assessment of legionella risk. This was basic and did not cover all areas recommended by the approved code of practice and guidance for control of legionella bacteria in water systems. The practice had implemented a new system to manage dental unit water lines effectively.

We noted that all areas of the practice were visibly clean, including the waiting areas corridors toilets and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt, although signs to indicate zoning between clean and dirty areas could be improved. Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored internally in a locked cupboard on the ground floor.

## Safe and appropriate use of medicines

There were suitable systems for prescribing and managing medicines and the practice stored and kept records of NHS prescriptions as described in current guidance. The dentists were aware of current guidance about prescribing medicines. Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines.

## Information to deliver safe care and treatment

We looked at a sample of dental care records to confirm our findings and noted that records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements. Patients' paper records were stored securely in a separate room behind the reception desk.

## Lessons learned and improvements

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. For example, following an incident at a sister practice, measures had been implemented to make it easier to call for emergency 999 assistance from treatment rooms. However we noted a number of incidents that had been recorded in the practice's accident book, including needle stick injuries and an incident where patients' saliva had entered a staff member's eye that had not been fully investigated. We were also told of a drunken patient that had head-butted a window. [MS1]It was not clear how learning from these incidents had been used to prevent their reoccurrence.

The head nurse received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and implemented any action if required. Staff we spoke with were aware of recent alerts affecting dental practice

[MS1]Never heard of that one before!! Made me smile.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

We received 40 comments cards that had been completed by patients prior to our inspection. All the comments received reflected patient satisfaction with the quality of their dental treatment.

We found that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. The practice had systems to keep dental practitioners up to date with current evidence-based practice. Clinical issues were a standing agenda item at the quarterly practice meetings, and minutes we reviewed from March 2018 showed that results of a recent antimicrobial audit had been discussed to ensure dentists were following national guidance.

One dentist occasionally visited older patients at home to deliver basic treatment to them. However, they did not follow guidelines as set out by the British Society for Disability and Oral Health. This needs to be reviewed by the provider.

### Helping patients to live healthier lives

The practice operated a 'Happy Smiles' club every Tuesday to deliver tailored preventive advice to children and adults who were at a high risk of dental disease. This service was led by a dental nurse, who was in the process of undertaking additional qualifications in oral health promotion. We spoke with this nurse who was clearly passionate about her work. She told us they regularly visited school and nurseries to promote better oral health, and had visited a Salvation Army event as part of world homelessness day. She had recently acquired a thousand free toothbrushes from a dental products company and planned to distribute these widely to members of the club. She had translated a number of key oral health information leaflets into languages commonly spoken by the practice's population group.

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Dental care records we reviewed demonstrated dentists had given oral health

advice to patients and referrals to other dental health professionals were made if appropriate. Dentists used fluoride varnish for children based on an assessment of the risk of tooth decay.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists 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. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. Staff were aware of the need to consider this when treating young people under 16 years of age.

We noted that both the child and their advocate signed consent forms for orthodontic treatment. The practice manager told us they always checked who had parental responsibility for a child before they entered for treatment.

### Effective staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us there were enough of them for the smooth running of the practice.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. Three of the dentists held further qualifications in orthodontics and one was in the process of undertaking specialist endodontic training. Many of the dental nurses



# Are services effective?

(for example, treatment is effective)

had taken additional qualifications in dental radiography, impression taking, fluoride application and oral health education. Ten of the nurses were qualified trainee dental nurse assessors

The practice manager told us they had undertaken a course in understanding the effects of dementia. She told us this had really helped their understanding of people living with this disease.

Staff told us they discussed their training needs at their annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

## **Co-ordinating care and treatment**

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear systems in place for 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 all referrals to make sure they were dealt with promptly, although did not routinely offer patients a copy of the referral for their information.

The practice was a referral clinic for orthodontics and ensured the clinicians were aware of incoming referrals on a daily basis.



# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as caring and empathetic to their needs. One patient told us that staff had made them feel more confident about visiting the dentist; another stated that staff had made them feel relaxed and safe. Patients described reception staff as pleasant, helpful and professional; and one of the orthodontists as reassuring.

Staff gave us specific examples of where they had supported patients. One member of staff had given an older patient a lift home during their lunch break, another had telephoned a patient to check on their welfare after they had fainted. A member of staff had moved one patient's car for them to avoid them incurring a parking fine.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy. Frosted glass and blinds were on downstairs treatment room windows to prevent passers-by looking in.

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

### **Involving people 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. We noted information leaflets available to patients on a range of dental health matters.

Dental records we reviewed showed that treatment options had been discussed with patients. One patient told us that the dentist had made them feel very important, and another said that their dentist always explained the problem and answered all their questions.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The patient information leaflet explained opening hours, emergency 'out of hours' contact details and arrangements, staff details and how to make a complaint. The practice's website also contained useful information to patients about NHS charges which patients could download. TV screens were available in all waiting areas with a wide variety of information including gum disease, toothpaste types, dental products, complaints and translation services. The practice offered a full range of NHS treatments and patients had access to private treatments including orthodontics, endodontics, dental implants and teeth whitening.

The practice had made reasonable adjustments for patients with disabilities. These included level access entry, downstairs treatment rooms, a hearing loop and access to translation services. The practice's oral health educator told us they had translated key oral health leaflets into Portuguese, Romanian and Lithuanian, as there were commonly spoken languages by some patients. The nurse also used Makaton to better communicate with some patients.

### Timely access to services

The practice displayed its opening hours in the premises, and included it in their practice information leaflet and on their website. Patients told us that getting through on the telephone was easy and they were rarely kept waiting once they had arrived for their appointment.

Appointments could be made by telephone or in person and the practice operated an email appointment reminder service. Specific emergency slots were available for those experiencing pain and the practice offered sit and wait if needed.

### Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in the waiting areas for patients and in the practice's information leaflet. Reception staff spoke knowledgeably about how to deal with patients concerns.

One of the partners took responsibility for dealing with all complaints and monitored them closely to identify themes and patterns. All complaints were discussed at the regular partners' meetings so that learning from them could be shared.

We viewed information in relation to the two complaints received in the previous 12 months to our inspection. This demonstrated they had been managed effectively and that measures had been put in place to prevent them happening again.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The provider's senior management team was based at the head office in Caister-On-Sea in Norfolk. The team included lead individuals for safeguarding, health and safety, training, and information governance. Staff told us that the partners and senior managers were visible and approachable and worked closely with them to improve the service. One staff member told us the partners respected them and allowed them to trial their ideas and suggestions. If successful, these would then be implemented across all the practices.

There was a clear staffing structure within the practice itself with specific staff leads for areas such as nursing and reception. It was clear that processes were in place to develop staff's capacity and skills for future leadership roles. Two staff told us they had started as trainee dental nurses some years ago, and now held senior positions in the practice.

### Vision and strategy

There was a clear vision and set of values and the practice had planned its services to meet the needs of the practice population. We met with one partner who told us they were keen to develop and expand the Happy Smiles club due to the high levels of dental neglect in children living in the area. They were also keen to offer training and support to staff in residential care homes and provide prison dental services.

We reviewed minutes of the quarterly partners' meetings where developments were widely discussed including the introduction of digital X-rays across all practices, and extended sedation services. Staff were aware of these developments and told us they felt involved in them.

### Culture

Staff told us they enjoyed their job and felt supported, respected and valued in their work. Staff reported they were able to raise concerns and were encouraged to do so. One staff member told us she felt trusted by the partners to make decisions. The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

### Governance and management

There were clear and effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments (although some were in need of review), 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.

Communication across the practice was structured around key scheduled meetings which staff told us they found beneficial. There were quarterly partners' meetings, monthly partners and associates meetings, and other meetings involving all staff within the practice. One nurse told us there were additional meetings for the head nurses and practice managers across all locations to discuss issues and ensure consistency of practice.

### Appropriate and accurate information

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate. Staff received training on information governance.

Each year the practice completed an information governance toolkit to ensure it handled patients' information in line with legal requirements. The practice had achieved level two on its most recent assessment, indicating it managed information in a satisfactory way.

### Engagement with patients, the public, staff and external partners

The practice used surveys, comment cards and verbal comments to obtain patients' views about the service. The practice had introduced the NHS Friends and Family Test as another way for patients to let them know how well they were doing.

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

### Continuous improvement and innovation

The provider was an approved training centre for dental nurses undertaking a level three diploma in dental nursing and also acted as a training provider for newly qualified dentists during their probationary year, known as Foundation Training. There was peer review and a study

## Are services well-led?

club in place to facilitate the learning and development needs of the dentists. These were held on a quarterly basis and provided an opportunity for dentists to discuss dental cases of varying degrees of complexity.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. The partners encouraged staff to carry out professional development wherever possible. As a result, dental nurses had taken additional qualifications in dental radiography, fluoride application and oral health education. The practice ensured that all staff underwent regular training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding, and dental radiography (X-rays).

There was a strong culture of auditing in the practice with a specific audit timetable in place indicating which audits had to be completed each month of the year. In addition to standard audits for infection control, radiography and dental records, we reviewed additional audits planned for areas such as patient consent, health and safety, and hand hygiene.

Staff received a yearly appraisal of their performance from the provider's training director. The appraisal documentation for dentists we saw was comprehensive and demonstrated a meaningful appraisal process for staff. Areas covered included professional competence, patient relations, self-awareness and teamwork.