

Mroke Limited

Madeley Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 21 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

We carried out an announced comprehensive inspection on 21 March 2016 at Madeley Dental Practice.

Dental services have been provided from the location by the current provider since 2008. The practice provides general dental services to mainly NHS patients, with private treatment available if desired. At the time of our inspection there were approximately 2,500 patients. The practice had recently expanded their treatment rooms from one to two and had drawn up plans and timescales for the implementation of a dedicated decontamination room.

The practice provides dental care and treatment to patients Monday, Thursday and Friday 9am to 5:30pm and Tuesday and Wednesday from 9am to 6pm (with lunchtime closing from 1pm to 2pm). Out of these hours patients with urgent dental needs are directed to contact either NHS 111 or the principal dentist depending on the basis of their treatment.

The provider has two registered practices; our inspection looked only at the services at Madeley Dental Practice. Staffing at the practice differed throughout the week, with at least one dentist providing services each working day. The wider practice team including dental health professionals and the management team covered both practices on a rostered basis.

Summary of findings

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received feedback from 16 patients. All of the comments made by patients were highly positive about how they felt about the way in which practice staff treated them. The feedback contained a common reoccurrence of the words professional and caring. A number of comments named individual staff and described instances when patients had been treated with empathy. Patients also told us the practice's appointment system met their needs.

Our key findings were:

- Patients told us that their care and treatment was explained and they felt involved in decisions about their treatment.
- The appointments system met the needs of patients.
- Patients received clear explanations and written information about their proposed treatment, costs, benefits and risks and were involved in making decisions about them.
- The practice was well equipped to meet the needs of patients.
- The practice sought feedback from staff and patients about the services they provided.
- Staff were well trained and knowledgeable about their individual roles.

There was an area where the provider could make improvements and should:

- Review the practice arrangements for storing Glucagon in line with manufacturer's instructions.

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 a policy for recording significant events and had an open culture for reporting, investigating and acting on incidents.

Infection prevention and control procedures were in place and staff were knowledgeable on good working practice. The practice had trained staff, and had emergency equipment, medicines and procedures in place for emergencies such as fire and sudden illness. Staff knew their individual responsibilities for safeguarding children and vulnerable adults

Risks from X-ray and other equipment were mitigated by operating procedures and regular servicing and maintenance of equipment.

Are services effective?

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

Patients received a full assessment of their oral health needs including the taking of a full medical history at each consultation. Records showed that treatments had been relevant to the symptoms or findings, treatment options were explained and timely follow up appointments had been arranged.

Patients who used the practice had been given clear information on their treatment. We saw that information to support patients to understand proposed treatments and actions had been explained and recorded.

Are services caring?

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

Patients were treated with kindness, dignity, respect and compassion whilst under the care of the practice. Patients who used the practice had been given clear information on their treatment including cost. Issues of urgent dental need and those in pain were responded to in a timely manner.

Are services responsive to people's needs?

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

Services were planned and delivered to meet the needs of patients. Patients said they had good access to appointments at times convenient to them. Facilities within the practice were sufficient and well maintained. The practice sought the views of patients continuously.

The practice operated a publicised complaints system and responded appropriately if complaints were raised.

Are services well-led?

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

Governance was well managed and we saw a number of examples of specific risks that had been mitigated. The practice had a leadership structure and staff felt well supported by the dentists and management team. Staff met regularly and they were supported to maintain and enhance their professional development and skills. Patients had the opportunity to give feedback on their experience.

Madeley Dental Practice

Detailed findings

Background to this inspection

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

The inspection took place on 21 March 2016. It was led by a Care Quality Commission (CQC) inspector who was accompanied by a dental care professional specialist advisor.

We reviewed the information we held about the practice and had no known concerns.

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. Before the inspection we asked the practice to send us information to assist us in our checks. This included a summary of complaints from the previous year, details of staff; their qualifications and proof of professional registration. We also reviewed the information we held about the practice and had no areas of concern.

During the inspection we spoke with staff including dentists, dental nurses and the clinical manager. We received feedback from 16 patients who shared their experiences of the care and treatment provided at the practice.

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

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- 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 policy and held reporting forms for recording significant events. Significant events can be described as occurrences that can have a positive or negative outcome for patients. Learning from significant events may help to prevent negative ones reoccurring and encourage the replication of ones that had positive outcomes. The practice had recorded six significant events in the previous 12 months. All occurrences had received investigation and when necessary procedures had been changed to minimise the chance of reoccurrence. Learning had been shared with staff through discussion and at practice meetings. All of the staff we spoke with knew the process for reporting significant events and confirmed learning had been shared.

A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Alerts for potential problems with medicines or equipment were received by the clinical manager and disseminated to relevant staff.

The practice had up to date risk assessments in place for the Control of Substances Hazardous to Health (COSHH) 2002. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

Reliable safety systems and processes (including safeguarding)

The practice had a number of named leads for safeguarding within the practice. All staff had received training in safeguarding children and vulnerable adults. All of the staff had received training to a higher level than suggested in the intercollegiate guidance by the Royal College of Paediatrics and Child Health, on safeguarding children and young people, March 2014.

We spoke with staff about the actions they would take if they had concerns about a child or vulnerable adult

displaying signs of neglect or abuse. Staff were able to describe the appropriate actions they would take and referred to the contact details for local safeguarding agencies that were displayed within the treatment and staff areas of the practice.

Safety processes had been introduced to minimise the chance of injury to staff. Staff were knowledgeable and confident in describing the practice procedure for disposing of needles and instruments, which reduced the risk of personal injury.

We asked how the practice treated the use of instruments which were used during root canal treatment. A dentist explained that these instruments were single use only. They also explained that root canal treatment was carried out using a rubber dam. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. Patients could be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

Medical emergencies

Appropriate equipment for staff to use in a medical emergency was available and included an automated external defibrillator (AED), suction (to clear an airway) and oxygen. (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). The equipment provided, was aligned to Resuscitation Council (UK) guidance for the type of equipment that should be available in a dental practice.

Emergency medicines to treat conditions such as anaphylaxis (allergic reaction) and hypoglycaemia (low blood sugar) were stored within a secure area of the practice. The medicine used to treat hypoglycaemia was not stored in a refrigerator, whilst this is acceptable the practice had not reduced the shelf life of this medicine in line with manufacturer's instructions. We spoke with staff about this; they immediately revised the process for storing the medicine to reflect manufacturer's instructions. The medicines were regularly checked and staff we spoke with knew their location. Training records showed that staff had received annual basic life support training.

Are services safe?

Staff recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to a staff member commencing employment. For example, proof of identification, references, qualifications and professional registration.

The practice had undertaken criminal records checks through the Disclosure and Barring Service (DBS) on all staff. (DBS 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). The practice manager told us this was due to a number of staff having dual roles in both clinical and administrative settings.

Monitoring health & safety and responding to risks

The practice had a health and safety policy and had identified members of staff with responsibility for health and safety. A number of risk assessments had been carried out including fire safety and infection control. Staff carried out regular checks on equipment and premises, we saw that staff had taken swift action and robust action to correct any identified risks from equipment.

The practice had a business continuity plan in place to deal with events that may disrupt the operation of services. The plan contained details of actions to take in the event of equipment failure, issues with premises or staffing difficulties.

All staff had been trained in fire safety and the practice carried out regular testing of firefighting equipment and warning systems.

Infection control

Staff were aware of the Department of Health issued guidance called Decontamination in primary care dental practices (HTM01-05). The document gives detailed guidance to minimise the risks of the transmission of infection.

The practice had plans to create a dedicated decontamination room for cleaning and sterilisation of instruments. Until the dedicated decontamination room was commissioned, staff used a clinical room to wash, disinfect and sterilise instruments. A dental nurse showed us the end to end process from receiving used instruments through cleaning, inspection, sterilisation, packaging and storage of instruments. This process met the requirements of HTM01-05, however the room did not have a separate

hand washing sink as required in the guidance. We spoke with the management team and staff about this. They told us that staff washed their hands in adjacent rooms in the practice, although recognised that the interim system was not ideal. The practice arranged for a handwashing sink to be installed in the treatment room which was installed the week after our inspection. We saw that suitable amounts of personal protective equipment (PPE) such as gloves, aprons and eye shields were available for staff to use.

A number of checks were carried out on the equipment used for decontaminating and sterilising instruments. For example, daily checks to ensure that the equipment used for sterilising instruments had reached the required time, steam and temperature levels to ensure an instrument was sterilised. The practice held records of all of the checks performed. We also saw that all equipment used in the decontamination process had been tested and serviced at regular intervals.

The practice carried out infection control audits at six monthly intervals to ensure that they were complying with infection prevention control guidance.

Staff showed us the processes in place for flushing water lines to help minimise the risk of legionella. Legionella is a bacterium which can contaminate water systems in buildings. The practice had completed a risk assessment for the management, testing and investigation of legionella.

The practice separated and stored waste appropriately. For example, clinical and domestic waste were separated and stored in line with requirements.

Equipment and medicines

We saw suitable records of calibration, testing, servicing and inspection of equipment within the practice. Staff were able to demonstrate the safe and effective use of equipment in operation including X-ray, instrument cleaning and sterilising machines.

Medicines used in dental procedures on site were stored in accordance with manufacturers' guidelines. All of the medicines we checked were in date, correctly stored and their use was recorded and audited. Blank prescription forms were stored securely.

Are services safe?

The number of sterilised instruments available for use was sufficient for patients and sterilised instruments were packaged, dated and stored in accordance with guidance in HTM01-05.

Radiography (X-rays)

The practice had performed risk assessments and had procedures in place to minimise the risk of harm from radiation to staff, visitors and patients. All information had been collated in a radiation protection file. The radiation protection file met legislative requirements and was accessible to staff.

Audits were undertaken at regular intervals to ensure that X-rays were clinically necessary also that when an X-ray had been taken the quality of the image was acceptable and could be used in diagnosis and development of a treatment plan.

We saw all staff had received training in operating safely in the X-ray area and that those who physically used the equipment had been appropriately trained.

All equipment had been maintained and serviced in line with manufacturer's instructions to ensure it was fit for purpose.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice stored detailed information about the assessment, diagnosis, treatment and advice of dental healthcare professionals provided to patients in computerised health records. We reviewed a selection of dental records covering a number of dentists who worked at the practice spanning the patient need of both planned and emergency dental care provision. The records contained comprehensive information and treatment was reflective of guidelines by the National Institute for Health and Care Excellence (NICE) and standards issued by the General Dental Council (GDC). NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. We found that an up to date medical history had been taken on each occasion. When an X-ray was required, the reason for undertaking it was valid and had been recorded.

Records showed comprehensive assessment of the periodontal tissues had been undertaken and was recorded using the basic periodontal examination (BPE) screening tool. (BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). Patients with high BPE scores received three monthly reviews and coordinated treatment with the hygienist to promote better outcomes.

We saw that the dentists used nationally recognised guidelines to base treatments and develop longer term plans for managing oral health. Records showed that treatments had been relevant to the symptoms or findings, treatment options were explained and that adequate follow ups had been arranged.

Health promotion & prevention

Up to date medical histories were taken on each visit and these were recorded in patient records. Assessments about smoking, alcohol and sugar intake were made. Where appropriate staff promoted preventative measures as part of ongoing oral health. This included advice on reducing sugar intake, regular and effective teeth brushing and smoking cessation advice.

The practice provided fluoride application varnish to all children at intervals no less than twice yearly. Fluoride

varnish provides extra protection against tooth decay when used in addition to brushing. We saw evidence that children and their parents/carers had been given advice on the measures to take to prevent deterioration in their oral health.

Staff at the practice were aware of, and followed, evidence based guidance contained in a document issued by Public Health England called 'Delivering better oral health.' The document is an evidenced based toolkit to support dental teams to improve patient's oral and general health.

Staffing

Staff at the practice had the skills, knowledge and experience to deliver effective care and treatment. All staff had completed annual training in basic life support, infection control and fire safety.

Staff told us they had been supported by the practice to meet the requirements of their professional continuous personal development (CPD). CPD is a compulsory requirement of registration with the General Dental Council (GDC).

When required staff had been provided with support and training to advance within their role, for example some dental nurses had received addition training in applying fluoride varnish, impression taking and assisting in dental implant surgery.

Working with other services

The practice had clear guidelines in place for referring patients to specialist colleagues both inside the practice and external dental services. We saw examples of occasions when patients were referred to other professionals, including hospital fast track clinics for symptoms that may be suggestive of cancer. The practice sent referrals by a trackable method and had oversight to ensure patients were seen within nationally recognised timescales.

Consent to care and treatment

Patients who used the practice had been given clear information on their treatment. We saw that information to support patients to understand proposed treatments and actions had been explained. We received positive accounts in feedback from patients about how their proposed treatment had been explained and that their wishes had always been taken into account.

Are services effective?

(for example, treatment is effective)

Treatment costs were clearly displayed within the practice waiting areas. Information about the cost of treatment was also clearly itemised in patients' records.

The options, risks, benefits, complications and costs of proposed dental implant surgery was recorded in a written treatment plan and patients were provided with a copy. Patients were encouraged to take time to understand all factors surrounding the procedure and recorded their consent on a template.

The staff we spoke with were able to explain the key components of the Mental Capacity Act 2005 and other relevant legislation. They gave examples of when patients may require additional support to obtain consent. For example, when a patient was unable to communicate their decision; carers or parents would be involved to arrive at decision in the best interest of the patient. We saw that consent was documented in all of the records we reviewed.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients told us they were treated with dignity and respect at all times whilst receiving care and treatment at the practice.

Appointment length was booked with consideration for the proposed examination or treatment. Staff told us this helped to ensure patients did not feel rushed. Patients told us that they did not feel rushed and that staff were reassuring and empathetic when dealing with them. They also told us that when they had urgent needs such as anxiety, high levels of pain or discomfort they had been dealt with swiftly and with consideration.

We received feedback from 16 patients. All of the comments made by patients were highly positive about how they felt about the way in which practice staff treated

them. The feedback contained common reoccurrence of the words professional and caring. A number of comments named individual staff and described instances when patients had been treated with empathy.

Staff displayed values in keeping with respecting the diversity, and human rights, of patients registered at the practice

Involvement in decisions about care and treatment

The practice displayed information in the waiting areas to clearly explain the costs of treatment for both NHS and private patients. Staff told us they explained the treatment and cost with each patient. We saw that conversations about treatment options and cost were clearly recorded in patients' records.

Patient feedback we received about involvement in care and treatment decisions was wholly and highly positive. All of the patients who provided feedback said they had high involvement in decisions about their care and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients were able to access information on services provided on the practice within an information booklet and via posters displayed within the practice. The services included preventative advice and treatment and routine restorative dental care. If patients required services that were not provided at the practice established referral pathways existed, to ensure patients' care and treatment needs were met.

Appointments were offered with dentists throughout the working week. Staff told us that arrangements were in place to ensure patients who needed to be seen urgently and aimed for urgent issues to be dealt with within 24 hours. The feedback from patients about the availability of appointments was positive for both urgent and routine appointments. Daily appointments were set aside for those with urgent needs.

Patients with urgent dental needs that arose outside of practice working hours were dealt with by telephoning either NHS 111 or the principal dentist depending on need and the basis of their treatment.

On the day of our inspection we saw that patients and visitors were dealt with in a professional and caring manner and received treatment and assessment in a timely way.

Tackling inequity and promoting equality

The practice had a policy for supporting staff to uphold the provision of providing services that were inclusive for all and respected diversity. Staff told us that discrimination on the grounds of age, disability, gender reassignment, pregnancy and maternity status, race, religion or belief were avoided when making care and treatment decisions.

Interpreter services were available for patients for whom English was not their first language and also patients who were hard of hearing.

Access to the service

The practice was accessed by a single level entry. Doors and corridors were wide enough to make access for wheelchair users and those with prams/pushchairs easier. All treatment rooms were on a single level and accessible to all.

Concerns & complaints

The practice had a policy for handling complaints with clear guidance about the process for dealing with complaints appropriately. All of the staff we spoke with were able to describe the practice complaints procedure. Information for patients on how to make a complaint and the process on handling complaints was available for patients within the practice booklet and in waiting areas. The practice had not received any complaints within the previous year.

Are services well-led?

Our findings

Governance arrangements

Governance had been well managed, we saw examples of specific risks that had been mitigated;

- The practice recorded and investigated incidents such as significant events in a standard format and learnt from them.
- Staff had received training and knew how to deal with unplanned events such as medical emergencies.
- Equipment was serviced and maintained in line with manufacturer's instructions. Staff knew their own reasonability for checking equipment was fit for purpose.

Staff told us that the principal dentists and management team took an active lead in the day to day running of the practice. The practice also employed two managers (one practice and one clinical) both were experienced and qualified dental nurses to ensure the maintenance of service and operations. All the staff we spoke with demonstrated they had a thorough understanding of the day to day operation of the practice. Staff worked between both this and a sister practice within the locality.

We saw that the practice had completed a number of audits to identify issues where quality and safety may be compromised. Audits included completeness and accuracy of clinical records, infection prevention, taking of medical history and the quality of radiological images. The audits had all been reviewed and any area that required changes to be made had been actioned

The practice had a schedule of planned maintenance and inspection of all equipment which was well controlled and up to date. The practice had a number of policies and procedures to provide guidance to staff. All of these policies had been reviewed regularly and the staff we spoke with knew where to locate them.

Leadership, openness and transparency

Staff told us they felt the practice had an open, honest culture where they felt valued and supported. All staff said that the dentists and managers were approachable and they felt comfortable making suggestions and raising any concerns.

The practice manager told us about the arrangements for sharing information with staff. This included both informal

lunchtime information sharing and formal practice staff meetings. Minutes of practice meetings were taken to assist in sharing information with members of staff who had been absent and to provide an audit trail of communication.

The practice was midway through expansion plans to develop a dedicated decontamination room and had added an additional treatment room. Since becoming the provider of services in 2008, the practice had expanded their patient list from 400 to over 2,500 patients.

Learning and improvement

We saw that staff had been provided with the necessary training to help ensure a safe environment within the practice. For example, staff attended annual basic life support training.

All dentists and nurses who worked at the practice were registered with the General Dental Council (GDC). The practice manager had an effective system in place for ensuring the registration staff held was current and recorded. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the UK. Staff we spoke with told us they were supported to maintain their continuous professional development (CPD) with the GDC.

Staff had received recent one to one performance assessments and appraisals. We spoke with staff about how they were supported to learn and improve the way in which they worked. Staff told us that they felt well supported to develop within the practice.

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

The practice undertook regular surveys of patients' satisfaction both internally and by promoting the NHS Friends and Family Test. The results of the NHS Friends and Family Test since its introduction at the practice in April 2015 had been wholly positive, with all respondents at least likely to recommend the care and treatment.

The feedback we received from patients about the practice was highly positive and gave warm examples of patients' opinions about the care and attention they received.

Staff told us that they felt valued and part of a team. They told us that the practice held regular meetings and they attended learning and professional events outside of the practice.