

Clacton Dental Care Ltd

# Ormesby Dental Surgery

## Inspection Report

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### Overall summary

We carried out this announced inspection on 24 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**

The practice is well-established and located in the small village of Ormesby, close to Great Yarmouth. It provides both NHS and private treatment to adults and children, and serves about 4,400 patients. The dental team includes five dentists, three dental nurses, one dental hygienist, and two receptionists.

There are two treatment rooms 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. Car parking spaces are available immediately outside.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at the practice is one of the dentists.

On the day of inspection we collected 31 CQC comment cards filled in by patients and spoke with three other patients.

During the inspection we spoke with one dentist, two dental nurses, the receptionist 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.
  - Risk assessments were robust and action was taken to protect staff and patients.
  - Patients received their care and treatment from well supported staff, who enjoyed their work
  - The practice had thorough staff recruitment procedures.
  - Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
  - The practice was providing preventive care and supporting patients to ensure better oral health.
  - 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 the management of patients with periodontal disease giving due regard to guidelines issued by the British Society of Periodontology.
  - Review the security of prescriptions in the practice and ensure there are systems in place to monitor and track their use.
  - Review the practice's protocols for the use of rubber dam for root canal treatment, giving due regard to guidelines issued by the British Endodontic Society
  - Review the practice's complaint handling procedures to ensure that all patient feedback is collected and responded to.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. Staff used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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, although some improvement was needed for the management of patients with periodontal disease.

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

The practice had been selected to take part in the government's Dental Prototype Agreement Scheme, to trial a new NHS dental contract that aims to offer a new way of providing dental care, with an increased focus on disease prevention.

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.

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

No action



# Summary of findings

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, although we found recent complaints about the practice's telephone messages had not been managed effectively.

## 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. We saw evidence that staff received safeguarding training and knew about the signs and symptoms of abuse and neglect, and how to report concerns.

There were named leads for safeguarding within the practice and one member of staff showed us a specific safeguarding 'app' on their smart phone, giving details of local safeguarding agencies. The practice manager shared with us a recent example of a safeguarding issue that they had dealt with at a sister practice. This had been managed professionally and quickly, and learning from the incident had been shared across both practices. This demonstrated that safeguarding concerns were taken seriously by staff and responded to appropriately.

The practice had a whistleblowing policy and staff told us they felt confident they could raise concerns.

The dentists mostly used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. However, one nurse told us she always had to prompt the dentist to do so, otherwise they would not use it. We noted here were too few rubber-dam elements present to ensure availability, should two dentists require them at the same time. Additionally, it was not always apparent from patients' notes whether rubber dam had been used or not used to protect patient's airways.

The practice had a staff recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We looked at two staff recruitment records. These showed the practice followed their recruitment procedure to ensure only suitable people were employed. The practice manager told us they were in the process of implementing a standard induction for all roles to ensure consistency across all the provider's sites.

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 in conjunction with staff at the GP surgery where the practice was sited.

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. Rectangular collimation was used to reduce dosage to patients.

We saw evidence that the dentists justified, graded and reported on the radiographs they took, although we noted some room for improvement as not all images were of the highest quality, indicating that the radiographic sensors used had deteriorated over time. 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.

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety. The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. We viewed specific risk assessments for new dental nurses, expectant mothers and Hepatitis B non-responders.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. 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.

# Are services safe?

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 a paediatric self-inflating bag was not available when we checked, but one was ordered immediately when we raised this with the practice. Regular audits of equipment were undertaken to ensure compliance with the Resuscitation Council's guidelines.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

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. We viewed staff meeting minutes for 19 February 2018 and saw they had received a comprehensive infection control update from the practice manager. Staff carried out infection prevention and control audits twice 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 procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The practice had undertaken a full assessment of its premises recently and we noted that action had already been taken to implement its recommendations, such as fitting the expansion vessel vertically. Records of water testing and dental unit water line management were in place.

We noted that all areas of the practice were visibly clean and hygienic, including treatment rooms the waiting area and patient toilet. Staff's 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 externally in locked containers in the car park.

## **Safe and appropriate use of medicines**

There was a suitable stock control system of medicines that were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

Antimicrobial prescribing audits were carried out regularly and the most recent audit demonstrated the dentists were following current guidelines.

The practice stored and kept records of NHS prescriptions as described in current guidance, although there was no system in place to monitor and track individual prescriptions issued to identify their loss or theft. We noted that NHS prescriptions were issued for patients who paid privately for their treatment.

## **Lessons learned and improvements**

The practice had policies and procedures to manage and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. All records of events were sent to the provider's area manager so that learning could be shared across regional sites. We viewed completed event records that clearly outlined details of the events and what needed to be done to prevent its reoccurrence. For example, a full investigation was undertaken following the administration of an out of date local anaesthetic. As a result, a new protocol was implemented whereby both the nurse and dentist now checked the expiry date, and expiry dates were added to surgery checklists.

The practice manager 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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

We received 31 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. The practice used rotary endodontics, apex locators and intra-oral radiography to enhance the delivery of care.

The practice had systems to keep dental practitioners up to date with current evidence-based practice. All clinicians had been issued with the provider's own Clinical Governance Handbook that gave them the required information in relation to areas such as GDC standards, record keeping, antimicrobial prophylaxis guidelines, and delivering better oral health.

Dentists assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We identified that improvements were needed in the management of patients with gum disease. For example, not all patients with a grade three risk of the disease had appropriate radiographs or pocket depth charting in place. The dentist was not aware that basic periodontal examinations were required for patients above seven years of age.

### Helping patients to live healthier lives

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. A part-time dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease.

The practice manager was an oral health educator and had been trained in smoking cessation.

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

health care for patients was available in the waiting area on areas such as gum disease. There was also a specific leaflet on treatment prevention and advice giving information about diet, tooth brushing and smoking and alcohol intake.

The practice was participating in the government's Dental Prototype Agreement Scheme, to trial a new NHS dental contract that aims to offer a new way of providing dental care, with an increased focus on disease prevention. As a result, the practice carried out detailed oral health assessments that identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

### 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 dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. The practice manager showed us a consent tool they had devised to help clinicians decide if a patient had the capacity to make decisions for themselves.

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

### 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. One described the practice's atmosphere as calm and relaxed. The practice had access to staff working in one of the provider's other services in Great Yarmouth, if needed, to cover unexpected shortages and staff were used to working across both sites.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed

# Are services effective?

(for example, treatment is effective)

showed they had undertaken appropriate training for their role. 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. All staff had personal development plans in place.

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

Staff confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements.

The practice kept central log of patients' referrals at reception so they could be tracked.

# 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 the dentist had calmed their nerves just by listening to them; another described their dentist as really gentle. Two patients reported that staff worked well with their children.

Staff gave us specific examples of where they had supported patients. For example, the receptionist had gone out her way to ensure a patient who had moved into a residential care home was able to complete their treatment. Staff had hand delivered important messages to patients' homes and helped them find emergency appointments at another dentist.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. Staff told us that if a patient asked for more

privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave 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 the door was closed during procedures to protect patients' privacy.

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. Dental records we reviewed showed that treatment options had been discussed with patients.

One patient told us the dentist always offered good advice and shared his knowledge. Another patient reported the dentist had clearly explained to them the cost of different types of filling they could have.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had its own website that provided general information about its staff and services.

The waiting area provided magazines and leaflets about various oral health conditions and treatments, and there were toys to help occupy children while they waited.

The practice had made reasonable adjustments for patients with disabilities. These included level access treatment rooms and a hearing loop to assist those who wore a hearing aid. Although the practice did not have a disabled toilet, patients could use the one at the GP practice on the same site. Patients had access to translation services and some information was available in large print to help those with visual impairments.

### 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.

Appointments could be made by telephone or in person and the provider was in the process of developing an on-line booking system for patients. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment once they had arrived. They stated that getting through on the phone was easy. We received many positive comments about the practice's receptionist who often went the extra

mile to find them appropriate appointment times. Specific emergency slots were available for those experiencing pain and staff told us that patients could be seen at lunchtimes and after 5pm if needed. Patients could also be referred to a sister practice nearby if there were no appointments available.

At the time of our inspection, the practice was accepting new NHS and private patients. However, we noted that appointment availability for follow on treatment was not available until July 2018, a period of three months, due to dentists' annual leave.

### Listening and learning from concerns and complaints

Details of how to complain were available in the waiting areas for patients and in the practice's information leaflet.

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care. The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint and reception staff spoke knowledgeably about how to deal with patients concerns.

We were told there had been no patient complaints in the previous year. However, reception staff told us that they had received numerous complaints from patients about the recorded telephone message selling dental services they had to listen to before being put through to reception. No formal record of these complaints had been made and the practice manager was unaware of them, despite their number.

# Are services well-led?

## Our findings

### Leadership capacity and capability

We found that the practice manager had the capacity and skills to deliver high quality, sustainable care. The practice manager held an NVQ level 4 in management and was an accredited NEBDN nurse trainer. Staff described them as calm, collected and organised. We found them to be knowledgeable, experienced and clearly committed to providing a quality service to patients. They were supported by the provider's operations and compliance staff who visited regularly to assist her in the running of the service. The practice manager also met regularly with the other practice managers of the provider's services to discuss any issues and share best practice. The clinical director and chief executive attended these meetings.

All staff received a regular newsletter from the provider that was used to give news of any new staff joining the company, celebrating any staff's achievements and delivering key messages from the provider's senior managers. Staff confirmed that senior managers within the company were visible and approachable, although wished they visited the practice a little more often.

### Vision and strategy

The provider had a clear mission statement to 'Provide quality professional care, attention and excellent customer service'. Staff told us they were aware of the provider's mission statement which was on display around the practice. They told us they felt involved in the development and the practice manager told us of a recent staff survey used to gather employees' viewpoints.

The provider was in the process of expanding its service and had employed a specific manager to oversee the integration of newly acquired practices.

### Culture

The practice was small and friendly, something which patients particularly appreciated. 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. Staff told us that senior managers were supportive and had accommodated requests to improve their work/life balance.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it. Staff told us of the action they had taken following an incident with a retained broken needle tip. This had involved apologising to the patient and keeping them informed of all action taken as a result.

### Governance and management

The practice manager was responsible for the day-to-day running of the service. There was a clear staffing structure in place and staff were aware of their own roles and responsibilities. There were lead roles for key areas such as safeguarding, infection control and reception.

There were clear and effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

Communication across the practice was structured around key scheduled meetings which staff told us they found beneficial. There were standing agenda items such as health and safety, infection control, safeguarding, information governance and incidents.

Systems were in place to recognise and reward practices that were achieving the provider's aims and objectives and performing well.

### 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 well maintained, up to date and accurate. All staff received training on information governance. The practice had robust information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice manager was knowledgeable about new information governance legislation coming into force in May 2018.

Patients were provided with a specific leaflet informing them how the practice would look after and safeguard information held by them.

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

# Are services well-led?

The practice used surveys, comment cards and verbal comments to obtain patients' views about the service. We viewed results of the last survey undertaken in April 2017 that asked patients for their views on the friendliness of staff, waiting times, cleanliness and inclusion in decisions. Recent results indicated high satisfaction levels. The practice had introduced the NHS Friends and Family Test as another way for patients to let them know how well they were doing. Recent results were on display in the waiting area and showed that patients would recommend the practice. Patients were actively encouraged to leave a review on NHS Choices website and at the time of inspection the practice had been rated four and half stars out of five.

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 on. The provider had just initiated an Employee viewpoint survey for 2018 in order to gather staff's views on important matters to them.

## **Continuous improvement and innovation**

The practice had quality assurance processes to encourage learning and continuous improvement. There was a strong culture of auditing in the practice. In addition to standard

audits for infection control, radiography and records, we viewed additional audits for areas such as waiting times, information governance, equipment compliance and patient failure to attend. There were clear records of the results of these audits and the resulting action plans and improvements.

We noted that recommendations and suggestions we had made at our inspections at the provider's other practices, such as the implementation of hearing loops and the monitoring of fridge temperatures, had been implemented at this practice. This demonstrated that action was taken to improve the service across all sites. Minor shortfalls we identified during our inspection were addressed immediately by staff.

The head nurse told us she was given plenty time to 'check that staff were checking their check lists'. This demonstrated to us a strong culture of safety and effective governance in the practice.

All staff received an annual appraisal of their performance. The provider's clinical director appraised the dentists and the practice manager all other staff. They discussed learning needs, general wellbeing and aims for future professional development. All staff had a personal development plan in place.