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Talking Teeth Dental Practice

Inspection Report

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Ince

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Overall summary

We carried out a comprehensive inspection of Talking Teeth Dental Practice Ince on 18 February 2015.

The practice offers mainly NHS treatment services for its patient population but they do provide some private treatment such as dental implants. Talking Teeth Dental Practice Ince has one associate dentist, four qualified dental nurses and a trainee dental nurse who is also the receptionist. At the time of our inspection there were two dentists on duty with an associate from another practice in the group to meet the demands of the patient population.

The practice is currently in the process of changing their registered manager, who will be legally responsible for making sure the practice meets the requirements of the Health and Social Care Act as the registered manager.

We spoke with three patients who used the service on the day of our inspection and reviewed 29 CQC comment cards that had been completed by patients prior to the inspection. The patients we spoke with were very complimentary about the service. They told us they found the staff to be extremely friendly and welcoming and felt they were treated with respect. The comments on the CQC comment cards were also very complimentary about the staff and the service provided.

During the inspection we toured the premises and spoke with the owner who is registered as the provider, the area manager and three other staff on duty that day. This

included one other dentist on duty. To assess the quality of care provided by the practice, we looked at practice policies and protocols and other records. Our key findings were as follows:

- There were systems in place for staff to report incidents. There were sufficient staff on duty to deliver the service. There was enough equipment available for staff to undertake their duties and we saw the premises was maintained to a good standard and clean and tidy.
- Patient's needs were assessed and care was planned and delivered in line with current guidance. This included the promotion of good oral health. We saw evidence staff had received training appropriate to their roles and further training needs were identified and planned through the appraisal process.
- The patients we spoke with and all the comment cards we reviewed indicated that patients were consistently treated with kindness and respect by staff. It was reported that communication with patients and their families, access to the service and to the dentists, was good. Patients reported good access to the practice with emergency appointments available the same day.
- The practice had procedures in place to take into account any comments, concerns or complaints that were made to improve the practice.
- The practice had an accessible and visible leadership team. Staff on duty told us they felt supported by the leadership team. Staff reported that patients were at

Summary of findings

the heart of the practice. This included the promotion of good oral health. Staff had received training appropriate to their roles and there was an effective appraisal system in place.

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?

Staff were aware of their responsibilities to raise concerns and report incidents and accidents. There were regular practice meetings that had items on the agenda regarding safety that demonstrated the practice was committed to providing a safe service for its patient population. All information about safety was recorded, monitored, appropriately reviewed and addressed. The practice assessed risks to patients and managed these well. There were also safe systems in place for infection prevention and control, management of medical emergencies, both in the dental chair and in the practice in general, and dental radiography. We found that all the equipment used in the dental practice was well maintained.

Are services effective?

National Institute for Health and Care Excellence (NICE) and local clinical guidelines were considered in the delivery of dental care and treatment for patients. The treatment provided for the patients was effective, evidence based and focussed on the needs of the individual. Staff received training appropriate to their roles. Continuing professional development (CPD) for staff was supported by the practice leadership team. This enabled staff to meet the requirements of professional registration. There was evidence that the practice worked together with other health professionals.

Are services caring?

The patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in all their care and treatment decisions. The CQC comment cards we reviewed all demonstrated that patients, their families and carers felt well supported, treated with dignity and respect and involved with their treatment plans. There was sufficient information available for patients to help them understand the dental care available. We observed that staff treated patients with kindness and respect and were aware of the importance of confidentiality.

Are services responsive to people's needs?

We saw evidence patients had good access to appointments at the practice and that emergency appointments were available on the same day. There were good dental facilities in the practice and sufficient well maintained equipment, to meet the dental needs of their patient population. There was a clear complaints system with evidence that demonstrated the practice had measures in place to respond quickly if an issue was raised.

Are services well-led?

There was evidence of a visible, transparent and open leadership culture in the practice. The practice had an ethos of continuing improvement of the service they provided. There was a leadership structure and staff felt supported. The practice had an organised management system and met regularly with staff to review all aspects of the delivery of dental care and the management of the practice. There were systems in place to monitor and improve quality and identify risk.

Talking Teeth 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 and to pilot a new inspection process being introduced by the CQC.

We carried out an announced inspection on 18 February 2015. This inspection was carried out by a CQC inspector.

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

We reviewed the information we had about this provider from the previous inspection. The practice sent us their statement of purpose and informed us they had not received any complaints in the last 12 months. We also reviewed further information on the day of the inspection.

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

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

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Learning and improvement from incidents

Staff we spoke with were aware of, and had access to, the incident reporting system. This allowed staff to report all incidents including near misses where patient safety may have been compromised. We saw evidence there were systems and processes in place to manage accidents and incidents if they occurred. This was through policies and procedures, and the incident reporting system. We reviewed the accident record book and this indicated that all accidents had been investigated, reviewed and subsequent action to prevent recurrence put in place if required.

Reliable safety systems and processes (including safeguarding)

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. We saw dental care records were maintained on a computerised system. A medical history was obtained and/or updated prior to the commencement of dental treatment in all cases. The dental care records we saw were all well-structured and contained sufficient detail enabling another dentist to tell what treatment had been prescribed or completed, what was due to be carried out next and details of any possible alternatives.

The lead for safeguarding in the practice was the owner and provider. They were trained to level 2 safeguarding vulnerable adults and children. We looked at training records which demonstrated that staff had received relevant role specific training on safeguarding. Staff were aware who the practice's safeguarding lead was and knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew what to do if they encountered safeguarding concerns. They also knew how to contact the relevant agencies in working hours and out of normal hours. Contact details for local authority safeguarding personal were available and accessible to all staff.

Infection control

During our visit we noted that the practice was clean and well maintained. There was a cleaning plan, schedule and checklist, which we saw were completed, and cleaning equipment was stored appropriately in line with Control of Substances Hazardous to Health (COSHH). COSHH is the

law that requires employers to control substances that are hazardous to health. A COSHH assessment had been undertaken in January 2015. The area manager had overall responsibility for decontamination however a dental nurse was the lead for infection prevention and control in the practice. We saw evidence that all staff in the practice had received training in infection prevention and control.

We saw evidence that the practice was meeting the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). HTM01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination. We saw evidence the practice had undertaken an Infection Prevention Society (IPS) audit in January 2015 and demonstrated compliance with HTM01-05 standards.

Decontamination of dental instruments was carried out in a designated decontamination room on the ground floor of the practice. A dental nurse demonstrated the decontamination process from taking the dirty instruments through to clean and ready for use again. We observed that the arrangements ensured that dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. The practice used a system of manual scrubbing and rinsing known as temporal separation, followed by inspection of each item under a magnifying lamp before sterilisation.

When instruments had been sterilised they were pouched and stored until required. All pouches were dated with an appropriate expiry date. The dental nurse demonstrated to us that the practice operated systems to ensure that the autoclave (equipment used to sterilise instruments) used in the decontamination process was working effectively. We noted that data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete. We also looked at the records of six monthly maintenance schedules, ensuring that equipment was maintained to the standards set out in current guidelines.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps waste was in accordance with current guidelines and the practice had undertaken a sharps risk assessment. We observed that sharps

Are services safe?

containers were well maintained and correctly labelled. When we spoke with practice staff they understood the practice sharps injury protocol. This indicated that staff were protected against contamination by blood borne viruses. The practice used an appropriate contractor for the safe collection and disposal of dental waste from the practice.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. Flushing of the water lines was carried out in accordance with current guidelines and supported by an appropriate practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor and documentary evidence was provided to support this. Legionella is a germ found in the environment which can contaminate water systems in buildings.

There were hand washing facilities in each treatment room and staff had access to good supplies of personal protective equipment (PPE) for patients and staff members. Staff and patients we spoke with confirmed that staff wore protective aprons, gloves and masks during assessment and treatment in accordance with infection control procedures.

Equipment and medicines

We found that all of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and the X-ray sets. There was a method in place that ensured tests of equipment were carried out at the right time and there were records of service histories for each of the units and equipment tested. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process which electrical appliances are routinely checked for safety.

The practice had a recording system for the prescribing and recording of the medicines used in dentistry. The systems we reviewed were complete, provided an account of medicines prescribed, and demonstrated that patients were given their medicines as recorded. These medicines were stored safely for the protection of patients. All prescriptions and the prescription log were stored securely in a safe.

Monitoring health & safety and responding to risks

We were shown a comprehensive file of risk assessments covering clinical health and safety and general health and safety. These were maintained and up to date and highlighted significant hazards, those at risk, existing controls and/or action required. Risk assessments also included those for staff such as for new and expectant mothers.

There was a fire risk assessment that had been reviewed annually. Fire extinguishers were also serviced annually, fire alarms checked regularly and fire drills were held at regular intervals and recorded.

The practice had an emergency and business continuity plan in place to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included arrangements for staffing, records/electronic systems, clinical and environmental events. There were mutual aid arrangements for patients in co-operation with other practices in the group owned by the provider.

National patient safety alerts were disseminated by the area manager to practice staff. All staff received a memorandum regarding the alert and had to sign to say they had read them. We saw examples of memoranda about infection control and sharps injuries.

Medical emergencies

There were arrangements in place to deal with foreseeable emergencies. We checked that the practice had the necessary emergency medicines and equipment as listed in the British National Formulary (BNF) and in the Resuscitation Council (UK) guidelines and saw there was a range of suitable equipment available for dealing with medical emergencies should one occur. This included an Automated External Defibrillator (AED), emergency medicines and oxygen. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

The emergency medicines were all in date and securely stored along with emergency oxygen in a central location known to all staff. The expiry dates of medicines and equipment were monitored using a checklist which enabled the staff to replace out of date items and equipment in a timely manner. This demonstrated that the risk to patients during dental procedures was reduced and

Are services safe?

patients were treated in a safe and secure way. There were staff on duty who were qualified in first aid. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support.

Staff recruitment

The practice had a range of human resources and practice recruitment and selection policies in place. These included the principles of The Equality Act 2010, Employment Rights Act 1996 and Human Rights Act 1998. These set out the standards it followed when recruiting staff.

Records we reviewed contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS) were sought. Newly

employed staff had a period of induction to familiarise themselves with the way the practice ran, before being allowed to work unsupervised. This was evident in the records of staff and in discussion with them.

Radiography (X-rays)

The owner of the practice was the named radiation protection supervisor. An external company covered the role of radiation protection adviser. The practice had a radiation protection file which we reviewed. This file contained all the necessary documentation pertaining to the maintenance of the x-ray equipment. We saw evidence that audits of X-rays were carried out and that radiological protection rules were on display. A copy of the local rules was displayed with each x-ray set. We also saw a copy of the most recent radiological audit and this demonstrated that a very high percentage of X-rays were of the appropriate standard. We saw this met the criteria of the clinical audit cycle and was used to improve clinical dental practice.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

Patients' who used the service were given appropriate information and support regarding their dental care and treatment. We spoke with three patients who used the service. They were given clear treatment options which were discussed in an easy to understand language by the dentists. This was also confirmed when we spoke to the dentist. The patients we spoke with also confirmed that they understood and consented to treatment. This was reflected in comments patients made on CQC comment cards and in dental care records. We saw consent was consistently documented when we reviewed dental care records.

The dentist we spoke with was aware of how they would manage a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met. This meant where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect.

Monitoring and improving outcomes for patients

Patient's needs were assessed and dental care and treatment was planned and delivered in line with their individual treatment plans. We looked at a sample of computerised dental care records. The records contained details of the condition of the gums and soft tissues lining the mouth. These examinations were carried out at each dental health assessment. Patients were aware of changes in their oral condition following these assessments. Where patients were diagnosed with more aggressive forms of gum disease, a more detailed assessment of the gums was carried out by individual pocket depth charting. Patients would then be provided with more complex plan of care by the dentists. Patients' dental recall intervals were determined by the dentist using a risk based approach based on current National Institute for Health and Care Excellence (NICE) guidelines. The recall interval for each patient was set following discussion of these risks with them.

Working with other services

There was proactive engagement with other dental providers to co-ordinate care and meet patients' needs. The practice involved other professionals and therapists in the care of their patients where this was in the best interest of the patient. Patients were referred to hospital services appropriately. There was a patient referral form which included urgent two week referrals for mouth cancer. There were also referrals to an orthodontic specialist if required.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting people to ensure better oral health. Fluoride applications for children and oral health advice were provided. A selection of dental products were on sale in the practice to assist patients with their oral health. Records demonstrated patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice.

The practice used a variety of methods for providing patients with information. These included a practice website and patient information leaflet. Information displayed in the waiting area included good oral hygiene, early detection of oral cancer and children's oral health. There was also information on general health displayed alongside a number of information leaflets.

Staffing

Staff received appropriate professional development and the staff we spoke with confirmed this. The practice used a variety of ways to ensure development and learning was undertaken including both face to face and eLearning. The practice maintained a programme of professional development to ensure that staff were up to date and this would ensure that patients received high quality care as a result. This included training in safeguarding, patient confidentiality, records management, cardiopulmonary resuscitation (CPR) and emergency first aid at work.

We reviewed the system in place for recording training that had been attended by staff working within the practice. We also reviewed information about continuing professional development (CPD), current criminal records bureau (CRB) certificates (now known as disclosure and barring service (DBS) checks), current General Dental Council (GDC) registration and immunisation status and found them all to be in order.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed all staff treated patients with dignity and respect. The patients we spoke with were positive about the care and treatment they had received from the practice. They told us they were given choices and options with respect to their dental treatment in language they could understand. They said they were treated with respect and dignity at all times.

Staff were clear about the importance of emotional support needed when delivering care to patients who were very nervous or phobic of dental treatment. Staff were sensitive to the needs of their patients and there was a strong focus on reducing anxiety and supporting people to feel comfortable in the surroundings.

Maintaining patient confidentiality was high on the agenda at this practice. We observed staff were careful to follow the practice's confidentiality policy when discussing patient's treatments so that confidential information was kept private.

Staff and patients told us all consultations and treatments were carried out in the privacy of a surgery and we observed this to be the case. We observed the treatment room door was closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the area manager. These would then be investigated and any learning identified would be shared with staff individually or at practice meetings if necessary.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area that gave details of NHS dental charges. We also saw that the practice had a website that included information about dental care and treatments. There was also information and contact details displayed regarding how patients could access emergency dental care if required. This information was also available in the patient information leaflet.

The dentist and dental nursing staff we spoke with confirmed treatment options, risks and benefits were discussed with each patient to ensure the patient understood what treatment was available so they were able to make an informed choice. During appointments the dentist asked questions about each patient's current oral hygiene practice and gave suggestions how this could be improved to prevent oral health problems. Where a patient's carer attended an appointment with the patient, they ensured the carer was involved in the discussion. We observed this during our visit. Patients who had received treatment were given explanations about what to do to minimise any discomfort and prevent problems.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

We found the practice was responsive to patients' needs and had systems to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting. Patients commented that they had sufficient time during their appointment and that they were seen promptly. Staff told us that if appointments were running late they would speak with the patient waiting to ensure they were kept informed and were able to continue to wait.

Each patient contact with a dentist was recorded in the patient's computerised dental care record. New patients were asked to complete a comprehensive medical history and a dental questionnaire. This questionnaire enabled the practice to gather important information about their previous dental, medical and relevant social history. They also aimed to capture details of the patient's expectations in relation to their needs and concerns. This helped to direct the dentists in providing the most effective form of care and treatment for them.

The practice ensured that there were appointments available for emergencies each day.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services that included access to telephone translation services for patients whose first language was not English.

The premises had been adapted to meet the needs of people with disabilities. The building had access for people in wheelchairs and the waiting area was large enough to accommodate patients with wheelchairs and prams. These arrangements allowed for easy access to the ground floor surgery.

We observed how staff supported patients with additional needs such as a learning disability. They ensured patients were supported by their carer and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient understood.

Access to the service

Comprehensive information was available to patients about appointments in the practice and on the practice website. This included how to arrange emergency appointments through the Ashton, Leigh and Wigan out of hours emergency dental service.

Patients were very satisfied with the appointments system. Comments received from patients showed that those in need of emergency treatment had been able to make appointments on the same day of contacting the practice. The opening hours for the practice at the time of our inspection were:

- Monday 08:30 - 12:45 13:30 - 17:00
- Tuesday 08:30 - 12:45 13:30 - 17:00
- Wednesday 08:30 - 12:45 13:30 - 17:00
- Thursday 08:30 - 12:45 13:30 - 17:00
- Friday 08:30 - 12:45 13:30 - 16:00

Patients could book appointments in person or via the phone.

Concerns & complaints

We arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our visit and 29 patients chose to comment. All of the comment cards completed were complimentary about the service provided.

The practice had a system in place for handling complaints and concerns. Information about how to complain was in the practice information leaflet and displayed in the waiting area. Any verbal complaints were handled in the practice by the staff on duty at the time and escalated to the area manager if necessary. The patients we spoke with knew how to raise concerns or make a complaint. Although patients were made aware how to complain, the patients we spoke with never felt the need to complain.

Are services well-led?

Our findings

Leadership, openness and transparency

We saw the practice had a statement of purpose which gave the aims and objectives of the service, types of service provided, details of registered manager, contact details and detail of the location which the services provided for the purposes of carrying on the regulated activity.

The practice statement of purpose indicated the overall ethos of the practice was to provide a friendly and professional service to their patients. The practice aimed to establish an individually-developed personal dental health regime for each patient to meet their dental care needs and aim for a high level of oral health. The practice also ensured all patients were fully involved in any decisions about dental treatment.

We reviewed minutes from practice meetings, which were held regularly. There was an agenda for the meeting that included updates about responsibilities, confidentiality, policies and updates in clinical practice. Staff we spoke with confirmed this. Staff told us there was an open culture within the practice and they had the opportunity and were confident to raise issues at any time.

We reviewed a number of policies which were in place to support staff. This included a whistleblowing policy.

Governance arrangements

The area manager undertook quality checks at the practice in accordance with the practice quality assurance policy. This included checks on health and safety, risk assessments and staffing. The information we reviewed demonstrated the practice was performing at a satisfactory level in these areas. We reviewed information from a recent clinical notes audit. This included checking patient's personal details, medical history, X-rays and whether consent was consistently applied. This audit was undertaken by an associate dentist from a different practice. This was a favourable audit that highlighted the importance of good record keeping as there were no immediate actions to be taken.

Practice staff were clear about what decisions they were required to make, knew what they were responsible for as well as being clear about the limits of their authority. It was clear who was responsible for making specific decisions, especially decisions about the provision, safety and

adequacy of the dental care provided at the practice and this was aligned to risk. Staff told us they felt valued, well supported and knew who to go to in the practice with any concerns.

We reviewed information on risk assessments covering all aspects of health and safety and clinical governance. These were well maintained and up to date.

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

Patients expressed their views and were involved in making decisions about their care and treatment. The practice used a patient feedback questionnaire to capture information about how the patients viewed the quality of dental care they received. It included sections on the waiting times, communication between staff and patients, staff, premises and comments. We saw that the results obtained showed a satisfactory level of satisfaction with the quality of service provided.

The three patients we spoke with were very happy with the standard of care they had received. They described how helpful and friendly the practice staff were. Patients were satisfied with appointment waiting times and the cleanliness of the practice. This was further supported by observing the results and comments contained in the patient feedback questionnaires and on the CQC comment cards.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. The practice had a whistle blowing policy which was available to all staff.

Management lead through learning and improvement

Staff told us the practice supported them to maintain and develop through training and mentoring. We saw regular appraisals took place and were recorded on a one to one form and personal development plan. The one to one form included sections on timekeeping, training and other general matters. The personal development plan included a review of objectives, training and development needs, actions required and expected outcomes.

Are services well-led?

All dentists and nurses who worked at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Staff were encouraged and supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

Staff we spoke with told us the practice was very supportive of training and provided them with eLearning. The practice offered a range of on-site, hands-on learning and development opportunities for dentists and all other staff.