BM Pearson Ltd

B M Pearson - Tiverton Dental Centre

Inspection Report

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Overall summary

We carried out an unannounced comprehensive inspection on 12 February 2016 due to information of concern being shared with the Care Quality Commission.

We asked 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 regulation.

Background

Tiverton Dental Centre is a dental practice providing mainly NHS and some private treatment for both adults and children.

The practice is situated in Tiverton town centre. The practice has three dental treatment rooms based over two floors and a separate decontamination room used for cleaning, sterilising and packing dental instruments. The practice had one treatment room on the ground floor enabling level access for patients who had mobility problems.

The practice employs six dentists, one hygienist, two dental nurses, four trainee dental nurses of whom two are enrolled on recognised training courses and two are on induction and a practice manager. The practice's opening hours are 8am to 1pm and 2pm to 6pm Monday to Thursday and 8.30am to 1pm and 2pm to 5pm on Friday. There are arrangements in place to ensure patients receive urgent medical assistance when the practice is closed. This is provided by an out-of-hours service.

Summary of findings

There was no registered manager at the time of our inspection at this location. We were told that the current practice manager was going through the CQC registration process to become 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.

The inspection was carried out by a lead inspector and a dental specialist adviser.

Our key findings were:

- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and maintained although some areas of the practice were cluttered.
- Infection control procedures generally followed published guidance.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence guidelines.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment and urgent and emergency care when required.
- Staff recruitment files contained essential information in relation to Regulation 18, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2015.
- Staff received training appropriate to their roles and were supported in their continued professional development by the practice manager.
- Staff we spoke to felt supported by the practice manager and were committed to providing a quality service to their patients
- Information from 14 patients gave us a positive picture of a friendly and professional service.
- The practice manager, although recently appointed to this position, provided effective leadership for staff working at the practice.
- The practice reviewed and dealt with complaints according to their practice policy.

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

- Ensure that risks in relation to fire safety are fully identified and mitigated.
- Review infection control protocols to ensure that the packaging of processed instruments follow published guidelines.
- Ensure that a new Legionella risk assessment is carried out.
- Declutter treatment rooms and storage areas of the practice.

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 arrangements in place for infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. Staff received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

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

The dental care provided was evidence based and focused 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. We saw examples of positive teamwork within the practice and evidence of good communication with other dental professionals. The staff received professional training and development appropriate to their roles and learning needs. Staff where appropriate were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration

Are services caring?

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

We obtained the views of 14 patients on the day of our visit. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was good. Patients commented on friendliness and helpfulness of the staff and dentists were good at explaining the treatment that was proposed.

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took those these into account in how the practice was run. Patients could access treatment and urgent and emergency care when required. The practice provided patients with written information in a language they could understand and had access to telephone interpreter services when required. The practice had one ground floor treatment room and level access into the building via a portable ramp situated by the front door for patients with mobility difficulties and families with prams and pushchairs.

Are services well-led?

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

The practice manager and the staff team had an open approach to their work and shared a commitment to continually improving the service they provided. The practice had essential clinical governance and risk management structures in place. Staff told us that they felt supported and could raise any concerns with the practice manager. Staff we met said that they were happy in their work and the practice was a good place to work.

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Detailed findings

Background to this inspection

We carried out an unannounced, comprehensive inspection on 12 February 2016. The inspection was carried out by a lead inspector and a dental specialist adviser.

We informed NHS England area team that we were inspecting the practice.

During our inspection visit, we reviewed policy documents and staff records. We spoke with six members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the computer system that supported patient dental care records. We obtained the views of 14 patients on the day of our inspection.

Patients gave positive feedback about their experience at the practice.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice manager described a good awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice had an incident reporting system in place along with forms for staff to complete when something went wrong, this system also included the reporting of minor injuries to patients and staff. The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA) via email. Relevant alerts were discussed during monthly staff meetings which facilitated shared learning. We saw an example of one such alert that involved the risks around window blind cords. The practice told us there were no significant events or incidents in 2015.

Reliable safety systems and processes (including safeguarding)

We spoke to staff about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current European Union (EU) Directive with respect to safe sharp guidelines, thus helping to protect staff from blood borne diseases. The practice used a system whereby needles were not manually re-sheathed using the hands following administration of a local anaesthetic to a patient. The dentists were responsible for ensuring safe recapping using a 'scoop' method. Staff were also able to explain the practice protocol should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked two dentists how the practice treated the use of instruments used during root canal treatment. They explained that these instruments were single use only. They also explained that root canal treatment was carried out where practically possible 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. On the day of our visit we saw that several patients were booked in for root canal treatment and that a rubber dam was used. Patients could be assured that the practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam.

The practice manager acted as the safeguarding lead. They acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Training records showed staff received appropriate safeguarding training for both vulnerable adults and children. Information was displayed in the practice that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities in recent times.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. There was an automated external defibrillator which 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 practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with medical emergencies in a dental practice. Equipment included oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. Emergency medicines and oxygen were all in date and stored in a central location known to all staff. The expiry dates of medicines and equipment was monitored using a monthly check sheet that enabled staff to replace out of date medicines and equipment promptly. All of the staff demonstrated to us they knew how to respond if a person suddenly became unwell.

Staff recruitment

All the 14 patients we asked said they had confidence and trust in the dentist.

All the dentists and dental nurses who worked at the practice had current registrations with the General Dental Council. The practice had a recruitment policy which

Are services safe?

detailed the checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications and employment checks including references.

We looked at six staff recruitment files and records confirmed all had been recruited in accordance with the practice's recruitment policy. Staff recruitment records were stored at the company's head office but sent to us for examination after our inspection.

Monitoring health & safety and responding to risks

The practice had a health and safety risk management process in place which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice. There was a business continuity plan in place.

We found the practice had self-assessed the potential risk of fire although fire safety signs were not always clearly displayed, fire extinguishers had been recently serviced and staff demonstrated to us how to respond in the event of a fire. We found the practice fire risk assessment was not detailed in that it did not clearly define exit routes. We had concerns that risks may not have been fully identified and mitigated. For example, a first floor fire exit had a wooden notice board and a wet floor sign stored beside a door to an external stair case, this door was bolted in two places and locked (the key was in the lock). A battery operated smoke detector located on the first floor stairwell was found to be missing a battery and there was no provision of emergency lighting. The provider undertook to address this issue and supplied photographic and written evidence of works being undertaken to install emergency lighting following our visit and also undertook to arrange fire warden training for the practice manager and an external fire safety expert to carry a fire risk assessment and install a fire alarm.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found this to be comprehensive where risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them. The file was regularly updated when new materials or chemicals were introduced to the practice

Infection control

All the patients we asked told us they felt the practice was clean and hygienic. There were systems in place to reduce the risk and spread of infection within the practice. Our review of practice policy and protocols showed HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being met however there were areas that could be improved. We observed that an audit of infection control processes was carried out in February 2016 in accordance with current guidelines.

The three dental treatment rooms, waiting area, reception and toilet were visibly clean. However some areas of the practice were cluttered including the floor of a first floor treatment room, the top of the stair case and the basement area. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towels in each of the treatment rooms and toilet. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The drawers of treatment rooms were inspected and these were clean however we did note that a number of instrument pouches did not contain an expiry date and several pouches were damaged. The practice manager immediately removed these and undertook to re-sterilise them. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

A dental nurse described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. This included how the working surfaces; dental unit and dental chair were decontaminated. They also explained how the dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella. We were told that a Legionella risk assessment had been carried out at the practice by a competent person before the present owners had taken over the running of the practice but was not available at the time of our visit.

The practice had a separate decontamination room for instrument processing housed in the basement of the

Are services safe?

practice. A dental nurse demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. We noted that the stairs and floor leading to the decontamination room were inadequately covered or sealed. This meant that the proper cleaning of these areas following spillages of contaminated instruments and other items could not be assured. The provider undertook to address this issue and supplied photographic and written evidence of works undertaken to seal the flooring following our visit.

The practice used a system of manual scrubbing and an ultra-sonic cleaning bath for the initial cleaning process. Following inspection with an illuminated magnifier instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When instruments had been sterilised, they were pouched and stored until required. However we noted a number of issues relating to pouching, this was highlighted earlier in the report. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively. We observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date. The weekly foil tests which formed part of the validation of the ultra-sonic cleaning baths were carried out and the results were recorded on appropriate log sheets.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. The practice used an appropriate contractor to remove clinical waste from the practice. This was stored in the basement area prior to collection by the waste contractor. Waste consignment notices were available for inspection. Patients' could be assured that they were protected from the risk of infection from contaminated dental waste. We also saw that general environmental cleaning was carried out by an external cleaner and they carried out cleaning according to a cleaning plan developed by the practice.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclaves had been serviced and calibrated recently and the practice was awaiting the test certificates from the service company. The practices' X-ray machines had been serviced and calibrated as specified under current national regulations. On the day of our visit the X-ray sets were undergoing testing by the Radiation Protection Adviser. Portable appliance testing had been carried out in January 2016.The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. We found that the practice stored prescription pads securely to prevent loss due to theft.

Radiography (X-rays)

We were shown a maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of three years.

A copy of the radiological audits for each dentist carried out was available for inspection. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw training records that showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The two dentists we spoke with demonstrated how they carried out consultations, assessments and treatment in line with recognised general professional guidelines. Each dentist described to us how they carried out their assessment of patients for routine care. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of oral cancer. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as tooth brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Dental care records showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that dentists had given oral health advice to patients.

Staffing

The practice employed six dentists, one hygienist, two dental nurses, four trainee dental nurses of whom two were enrolled on recognised training courses and two were on induction and a practice manager. We asked 14 patients if they felt there was enough staff working at the practice. Of these, 12 said yes and one was not sure and one would not.

We saw there was a structured induction programme in place for new members of staff and records confirmed this was used. Staff we spoke with told us that the staffing levels were suitable for the size of the service. Staff told us they felt supported by the practice manager felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

Working with other services

Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery or special care dentistry. This ensured that patients were seen by the right person at the right time.

Consent to care and treatment

We spoke with two dentists about how they implemented the principles of informed consent; both had a clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

We spoke to the dentists about how they would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment. They went on to say they would involve relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. They were familiar with the concept of Gillick competence in respect

Are services effective?

(for example, treatment is effective)

of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

All of the patients we asked told us the dentist treated them with care and concern. Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patient's privacy.

Patients' care records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in the basement cellar. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing NHS and private treatment costs was displayed in the waiting area. All the patients we asked told us the dentist was good at explaining tests and treatment and involved them in decisions about their care and treatment.

The dentists we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on the standard NHS treatment planning forms for dentistry where applicable.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including the practice patient information leaflet. This explained opening hours, emergency 'out of hours' contact details and arrangements and how to make a complaint. The practice web site also contained useful information to patients such as how to book appointments on-line and how to provide feedback on the services provided.

On the day of our visit we observed that the appointment diaries although busy, were not unduly overbooked. This provided capacity each day for patients with dental pain to be fitted into urgent slots for each dentist. Patients were also invited to come and sit and wait if these slots had already been allocated.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity for disadvantaged groups in society. The practice used a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment. In recent times the practice had carried out additional building works to improve access for disabled patients making it more convenient for them to enter the building and provided a portable ramp to enable access into the building but once inside the ground floor was accessible. The practice layout did not allow for the provision of a wheelchair accessible toilet but he practice was situated in the town centre of Tiverton and facilities were available nearby.

Access to the service

The practice's opening hours were 8am to 1pm and 2pm to 6pm Monday to Thursday and 8.30am to 1pm and 2pm to 5pm on Friday. There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. This was provided by an out-of-hours service. If patients called the practice when it was closed, an answerphone message gave the telephone number patients should ring depending on their symptoms.

We asked 14 patients if they were satisfied with the practice opening hours. Of these, 13 said yes and one told us they were neither satisfied nor dissatisfied.

Concerns & complaints

There was a complaints policy which provided staff with information about handling complaints from patients. Staff told us the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

Information for patients about how to make a complaint was available in the practice's waiting room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. We asked 14 patients if they knew how to complain if they had an issue with the practice. Of these, 11 told us they would know and two said they probably wouldn't.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location were overseen by the practice manager who was responsible for the day to day running of the practice. They were supported by the group's area manager and practice owner. We saw a number of policies and procedures in place to govern the practice and we saw these covered a wide range of topics.

Leadership, openness and transparency

It was apparent through our discussions with the dentist and nurses the patient was at the heart of the practice with the dentist adopting a holistic approach to patient care. We found staff to be hard working, caring and committed to the work they did. Staff told us they enjoyed their work and were well supported by the owner and dentists.

Staff described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the dentists, practice manager or owner of the practice. They felt they were listened to and responded to when they did raise a concern.

Learning and improvement

We found there were a number of clinical audits taking place at the practice. These included infection control, clinical record keeping and X-ray quality. There was evidence of repeat audits at appropriate intervals and these reflected standards and improvements were being maintained. For example infection control audits were undertaken every six months and X-ray audits were carried out in accordance with current guidelines.

Staff were supported to maintain their continuing professional development as required by the General Dental Council. Training was completed through a variety of resources including the attendance at face to face and online courses. Staff were given time to undertake training which would increase their knowledge of their role.

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

We reviewed complaints made to the practice over the past twelve months and found they were fully investigated with actions and outcomes documented and learning shared with staff through team meetings.

Staff we spoke with told us they felt included in the running of the practice. They went on to tell us how the dentists and practice management team listened to their opinions and respected their knowledge and input at meetings. We were told staff turnover and sickness absence was low. Staff told us they felt valued and were proud to be part of the team.