Torrs Park Dental Practice

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Inspection Report

Torrs Park
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Overall summary

We carried out this announced inspection on 25 July 2017 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.

We told Healthwatch that we were inspecting the practice. They did not provide any information.

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

Torrs Park Dental Practice is in Ilfracombe and provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available at the practice.

The dental team includes three dentists, one qualified dental nurse, two trainee dental nurses, two receptionists and a practice manager (who is also a qualified dental nurse). The practice has two treatment rooms.

Summary of findings

The practice is owned by a partnership 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 the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Torrs Park Dental Practice was the practice manager (who is also one of the partners).

On the day of inspection we collected 49 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, one qualified dental nurse, one trainee dental nurse, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday 9am - 1pm and 2pm - 5.30pm. Friday 9am - 1pm and 2pm - 4.30pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We identified two areas of notable practice.

- The practice was spearheading a community outreach project which organised donations of items, including oral health products, for vulnerable people in the local community, throughout the year.They also organised an annual local Christmas shoebox gift appeal for vulnerable people in the community. The practice donated oral hygiene kits and assisted in the distribution of the boxes.We were told that these schemes supported approximately 280 people in the last 12 months, who were not accessing a dental service. This showed compassion for vulnerable groups who may not be able to afford oral health products.
- The practice had identified key areas of need within the local community and was providing outreach oral education services to community groups. These projects had been running for two years. The aim was to tackle an identified problem of tooth decay in children and vulnerable adults locally. The dentists and dental nurses approached local schools and nurseries and attended community events to give oral hygiene advice and give out toothpastes.They actively engaged children by running competitions for them to design leaflets with the information they learnt in the educational sessions. The practice used the local newspaper to promote good oral health advice and had on-going links with four schools, two nurseries and two town community health projects. The practice showed us how they supported a local halfway house, foodbank and young families' centre with oral hygiene products and information. These initiatives showed a deep commitment to the promotion of oral health in the community.

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

- Review the practice's recruitment policy and procedures to ensure complete and detailed records are maintained for all staff.
- Review the practice protocols and procedures for the use of rectangular collimation, giving regard to the 2001 Department of Health 'Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment'.

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?

No action

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. They 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. Improvements could be made to staff recruitment procedures.

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

The practice had suitable arrangements for dealing with medical and other emergencies.

X-ray equipment was suitably maintained. Improvements could be made to reviewing procedures and processes for dentists when performing X-rays.

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as informative and professional, and that they never felt rushed during their treatments. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

No action

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

We received feedback about the practice from 49 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, polite and respectful. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Summary of findings

The practice had identified key areas of need in the local community and had a demonstrated track record of involvement with outreach charities, in providing oral health kits to improve oral health within vulnerable groups in the local community.

Are services responsive to people's needs?

No action

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.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services.

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

The practice provided oral health education within the local community to parents of pre-school children and children of school age, through a range of initiatives.

Are services well-led?

No action

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 the practice team 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.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

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.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. When using rubber dams, the dentists did so in line with guidance from the British Endodontic Society when providing root canal treatment. When not using rubber dams, an alternative was used, which was risk assessed to the individual patient.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in 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.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We were told that one new member of staff had been employed in the last two years. We were told that staff recruitment records were held securely off-site. We did not view staff recruitment records. The practice manager told us that improvements could be made to recruitment records. They told us that a staff member did not have a disclosure and barring service record check, that the information to apply for this check had been collected and would be sent off. In the meantime the working practice of the staff member had been risk assessed.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

Are services safe?

line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out an infection prevention and control audit twice a year. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Water temperatures were measured at outlet sources on a monthly basis to ensure water was distributed at temperatures to minimise the risk of any Legionella growth. The practice policy was to review the practice water systems in a risk assessment on a two yearly basis. This was overdue; the practice manager said arrangements would be made to review the practice risk assessment.

We saw cleaning schedules for the premises. Cleaning schedules for clinical areas were detailed, schedules for general cleaning areas lacked detail. We discussed this with the practice manager who said they would devise a cleaning schedule for general areas in more detail. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. We saw a plan for equipment upgrade during 2017, to include electrical systems, IT systems, decontamination and treatment rooms. We saw written confirmation from contractors that the scheduled upgrades would take place from August 2017 onwards.

The practice had suitable systems for prescribing, dispensing and storing medicines.

Radiography (X-rays)

The practice had the required information in their radiation protection file, including records of up to date servicing of X-ray equipment. In discussion with the dentists, rectangular collimators were not used as part of the X-ray set up. Improvements could be made to minimise the risk of unnecessary scatter radiation, though the use of rectangular collimation. The dentists and practice manager told us that their procedures and process when taking X-rays would be reviewed, with immediate effect, to ensure the safety of X-ray equipment.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every month and had action plans to ensure quality remained high.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. We looked at a sample of seven patient care records. They were all completed fully and in detail. We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice had identified key areas of need within the local community and was providing outreach oral education services to community groups. These projects had been running for two years. The aim was to tackle an identified problem of tooth decay in children and vulnerable adults locally. The dentists and dental nurses approached local schools and nurseries and attended community events to give oral hygiene advice and give out toothpastes.They actively engaged children by running competitions for them to design leaflets with the information they learnt in the educational sessions. The practice used the local newspaper to promote good oral health advice and had on-going links with four schools, two nurseries and two town community health projects. Feedback about the educational events was sought from the local groups and the events had been positively appraised.

The practice showed us how they supported a local halfway house, foodbank and young families' centre with oral hygiene products and information.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists 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. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. We discussed processes for monitoring urgent referrals to make sure they were dealt with promptly by the referral centre. The dentists said that currently this was not formally followed up by contacting the patient. The dentists said that they would review their procedures, to record that a telephone enquiry had been made to the patient to ensure that the referral process had been effectively processed.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists 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's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect patients' diversity and human rights.

Patients commented positively that staff were friendly, helpful and calming. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. 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 personal information where other patients might see it.

The practice staff stored patients' paper records securely. There were no electronic patient care records.

There were magazines in the waiting rooms.

Information folders, patient survey results and thank you cards were available for patients to read.

The practice was spearheading a community outreach project called 'On The Doorstep.' They organised donations of household items and toiletries, including oral health products, for vulnerable people in the local community, throughout the year. They also organised an annual local Christmas shoebox gift appeal for vulnerable people in the community. The practice donated oral hygiene kits and assisted in the distribution of the boxes in conjunction with community nurses and local charities.We were told that these schemes supported approximately 280 people in the last 12 months, who were not accessing a dental service.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's social media page provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as orthodontic assessment treatment/referral.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, if a patient found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived. We also received a comment card telling us how adaptable the dentists and staff were with providing dental services to a family member who had complex needs.

Staff told us that they telephoned all patients to remind them of their upcoming appointment, unless they had chosen to opt out of this reminder service.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. The premises had step free access although they were not fully accessible for wheelchair users.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to telephone interpreter services.

Access to the service

The practice displayed its opening hours in the premises. The practice did not have a website. It had a social media page, which contained information about opening times, services offered and educational information about maintaining good oral health.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for 40 minutes at lunch-time and at the end of the working day for each dentist, for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

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. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The partners had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had 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.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays, anti-microbial prescribing and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys, social media page comments and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, as a result of patient feedback, reviewing record keeping of quotes for dental treatment advised over the phone and in providing a bike rack at the practice for patients who arrived by bicycle.