Market Square Dental Practice

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Inspection Report

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Overall summary

We carried out this announced inspection on 29 August 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 the NHS England team 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

Market Square Dental is in Bicester and provides NHS and Private treatment to patients of all ages.

The practice is based on the first floor of a commercial premises above a barber.

Summary of findings

The dental team includes the practice manager, two dentists, two trainee dental nurses, one dental hygenist, and two receptionists. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 49 CQC comment cards filled in by patients and obtained the views of 12 other patients.

During the inspection we spoke with one dentist, two trainee dental nurses, one dental hygienist, two receptionists and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

The practice is open 9am to 5.30pm Monday to Thursday, 8am to 4pm Friday and 5.30pm to 7.30pm on Wednesday for private patients.

Our key findings were:

- The practice appeared 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 practice had thorough staff recruitment procedures.
- 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.

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

- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

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 and the practice completed essential recruitment checks.

Equipment appeared clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

We noted that a hand washing audit had not been carried out. We have since been provided evidence to confirm this shortfall has been addressed.

We noted the decoration to surgery fell below the satisfactory standard. We have since been provided evidence to confirm this shortfall has been addressed.

The practice generally had suitable arrangements for dealing with medical and other emergencies. We noted the oxygen cylinder gauge showed the level of oxygen was outside the green area. We have since been provided evidence to confirm this shortfall has been addressed.

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

We noted that the method of consent for a patient with a sensory impairment was incorrectly recorded in their notes. We spoke with the dentist about having a system in place to provide interpreting services for patients needing additional support.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. We noted urgent referrals were not monitored to make sure they were dealt with promptly. We have since been provided evidence to confirm this shortfall has been addressed.

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.

Summary of findings

They said that they were given full friendly, reassuring and gentle 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.

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 families with children.

The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

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

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 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. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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.

We noted the oxygen cylinder gauge showed the level of oxygen was outside the green area. We have since been provided evidence to confirm this shortfall has been addressed.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at four staff recruitment files. These showed the practice followed their recruitment procedure.

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.

We noted the fire risk assessment reviewed in September 2016 was not effective. We have since been provided evidence that a risk assessment has been carried out by a competent person. We have since been provided evidence to confirm this shortfall has been addressed.

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 dentist when they treated patients. We were told the hygienist was not supported by an adequately trained member of the dental team.

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.

Are services safe?

We noted that a hand washing audit had not been carried out for clinical staff. We have since been provided evidence to confirm this shortfall has been addressed.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in 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. We were shown how dentists re sheathed needles after use. This method did not follow current guidelines. We have since been provided evidence to confirm this shortfall has been addressed.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. We noted the action plan stated that washable keyboards should be used. We saw these but staff told us they were unsure about washing them and had not. We have since been provided evidence to confirm this shortfall has been addressed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We noted that the resulting action plan had not been fully completed. We have since been provided evidence to confirm this shortfall has been addressed.

We saw cleaning schedules for the premises. The practice appeared clean when we inspected and patients confirmed this was usual. We noted the cleaning plans had no evidence to confirm the standard of cleaning was audited by the infection control lead. We have since been provided evidence to confirm this shortfall has been addressed.

The practice stored its clinical and general waste in a dedicated area of the building. These arrangements were not satisfactory. We have since been provided evidence to confirm this shortfall has been addressed.

We noted that there were two trainee dental nurses working at the practice. One had received three doses of Hep B vaccination whilst the second had received one dose. We spoke with the provider about this who advised us there was a national shortage of Hep B vaccine. We advised the provider to risk assess the working practices of these staff whilst their immunity was not confirmed. We have since been provided evidence to confirm this shortfall has been addressed.

We noted the practice used manual scrubbing and an autoclave to sterilise instruments. We spoke to the provider about the risks to unimmunised trainee nurses and suggested the introduction of an ultrasonic bath to remove debris from instruments. We have since been provided evidence to confirm this shortfall has been addressed.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

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

The practice stored NHS and private prescriptions. We noted these were not stored in accordance with current guidance. We have since been provided evidence to confirm this shortfall has been addressed.

Radiography (X-rays)

The practice mostly had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. We noted the HSE notification certificate was unavailable. We noted that there was no checking protocol in place of the phospor plates used in the X-ray machine. Checking would identify wear and tear. We have since been provided evidence to confirm this shortfall has been addressed.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out an X-ray audit for one of the dentists following current guidance and legislation. We noted the X-ray audit for the second dentist was overdue. We have since been provided evidence to confirm this shortfall has been addressed.

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

We noted the practice moved from film X-rays to digital. The local rules did not reflect this change. We have since been provided evidence to confirm this shortfall has been addressed.

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.

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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.

A dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

A dentist 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.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed most 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

A dentist 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 noted the practice did not monitor urgent referrals to make sure they were dealt with promptly. We have since been provided evidence to confirm this shortfall has been addressed.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. A dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice'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. We noted the consent recorded for one patient contradicted their ability to provide verbal consent. We spoke with the dentist who assured us their system would be reviewed as soon as practicably possible.

The policy also referred to Gillick competence and the dentists and hygienist 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 people's diversity and human rights.

Patients commented positively that staff were professional, sympathetic to pain and friendly. 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. Patients could choose whether they saw a male or female dentist.

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.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

There were magazines and a television in the waiting room. Information leaflets were available for patients to read.

We noted that there were two CCTV cameras present in the public area of the practice. We asked for a policy regarding recording and evidence that the information commissioner had been informed. The provider was unable to provide either. We have since been advised CCTV cameras have been removed from the practice.

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 website 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 implants.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options.

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.

Staff described an example of a patient who was very nervous before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Promoting equality

The practice was based on the first floor but referred patients to another dentist nearby if stairs were a barrier.

Staff could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

The practice had a hearing loop system but were unable to confirm whether it was working. We have since been provided evidence to confirm a new hearing loop has been purchased.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website. We noted the practice leaflet was not up to date. We have been advised this is being addressed.

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 advised us they offered sit and wait appointments. We were told the answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. We noted the answerphone was not working correctly at the time of our visit. We have since been advised this issue has been addressed.

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 provider 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 provider 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. The complaints policy stated that a complaint would be acknowledged within three working days and a full investigation would be undertaken in ten days. 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 principal dentist 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. We noted there were outstanding actions for the legionella risk assessment. We have since been provided evidence to confirm this shortfall has been addressed.

The fire safety risk assessment was not fit for purpose. We have since received evidence to confirm this has been addressed.

The practice had information governance arrangements and staff was aware of the importance of these in protecting patients' personal information. We noted the security of computer screens was not effective on the day of our visit. We were assured this was an oversight and would not happen again.

Leadership, openness and transparency

Staff were generally 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, no blame culture at the practice. They said the principle dentist 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 and infection prevention and control. They had records of the results of these audits and the resulting action plans and improvements. We noted the audit of record cards and X-rays for one dentist were not available and were told these were outstanding. We have since been provided evidence to confirm this shortfall has been addressed.

The principal dentist 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. We noted that one dentist did not have evidence available to confirm training had been carried out for oral cancer, legal and ethical issues and level 2 safeguarding children and vulnerable adults. We have since been provided evidence to confirm this shortfall has been addressed.

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 and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example following patient feedback the practice introduced signage outside to say when the practice was closed at lunchtime.

We were told that patients were not encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We spoke with the principal dentist and provided them guidance from NHS England. They agreed to reintroduce this satisfaction testing going forward.