

Dr. Timothy Lewin

Upton-upon-Severn Dental Surgery

Inspection Report

Upton-upon-Severn Health Centre
Upton-upon-Severn
Worcester
Worcestershire
WR8 0QL
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Website: No Website at present

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Overall summary

We carried out this announced inspection on 7 November 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.

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

Upton-upon-Severn Dental Surgery is located within a modern purpose built centre called Upton-upon-Severn Health Centre which is shared with other healthcare providers. Upton-upon-Severn Dental surgery provides

Summary of findings

predominantly NHS dental treatments to patients of all ages. This is a vocational training practice for dentists and is currently supporting a newly qualified foundation dentist.

The dental team includes three dentists, one foundation dentist, seven dental nurses who also support in reception, two apprentice dental nurses, a dental hygiene therapist, two receptionists and a practice manager who is also a qualified dental nurse.

The practice is on the ground floor of the building and has level access for wheelchair users and pushchairs. There is shared use of three patient toilets (one of which is an assisted toilet with an assistance bell, grab rails and a baby change unit) and the Health Centre benefits from a dedicated on site car park with 10 spaces available for blue badge holders. The practice has a designated waiting area, a reception with back office areas, four dental treatment rooms, a staff kitchen, a staff toilet and a decontamination room for the cleaning, sterilising and packing of dental instruments. In addition to this staff share communal facilities such as changing rooms, a large kitchen and a lounge with other healthcare professionals in the building.

The practice is jointly 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 43 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, the foundation dentist, two dental nurses, one apprentice dental nurse, one dental hygiene therapist 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: 8.45am – 5.15pm

Tuesday: 8.45am – 5.15pm

Wednesday: 8.45am – 5.15pm

Thursday: 8.45am – 5.15pm

Friday: 8.45am – 5.15pm

Closed every lunch time 12pm – 1.30pm

Our key findings were:

- The practice was visibly clean and a contracted cleaning company were responsible for the day to day cleaning.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were mostly available. On the day of our inspection the practice did not have a full range of face masks for the self-inflating bag, did not have eye wash and were not recording the oxygen checks that they were completing. The missing equipment was ordered following our inspection and weekly logs were adapted to include the oxygen checks.
- The practice had systems to help them manage risk.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- 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. Due to demand and large patient numbers the practice were not accepting new NHS patients at the time of our visit to keep waiting times for routine appointments down to a minimum.
- The practice had effective leadership. Staff we spoke with felt well supported by the principal dentist and practice manager and were committed to providing a quality service to their patients.
- The practice asked staff and patients for feedback about the services they provided and displayed results in the patient information folder.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

Summary of findings

- Review the management of prescription pads in the practice and ensure there are systems in place to track and monitor their use.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment.

The practice used learning from incidents and complaints to help them improve. We found that these were standing agenda items at practice meetings although the practice did not have incident forms readily available in line with the incident reporting policy.

The practice held NHS prescriptions, documented in the patients clinical care records the prescription number when issued and stored them securely. We found that prescriptions were not recorded and logged prior to being issued. This prevented the practice from being able to track all prescriptions and audit them. Following our inspection the practice created prescription tracking logs for each surgery to rectify this.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. The practice had detailed contact information for local safeguarding professionals and relevant policies and procedures were in place.

Staff were qualified for their roles and the practice completed essential recruitment checks however, the practice did not retain references and CVs on file for newly recruited staff members.

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

The practice had arrangements for dealing with medical and other emergencies. On the day of our inspection the practice did not have a full range of face masks for the self-inflating bag, did not have eye wash and were not recording the oxygen checks that they were completing. The missing equipment was ordered following our inspection and weekly logs were adapted to include the oxygen checks.

No action



Are services effective?

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

The previous foundation dentist and a practice nurse visited a local school to deliver tooth brushing and healthy eating advice to engage with the local community.

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. At the time of our inspection the practice were supporting a foundation dentist and two apprentice dental nurses to become qualified.

No action



Summary of findings

Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who might lack capacity to make decisions. We saw examples of positive teamwork within the practice.

Are services caring?

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

We received feedback about the practice from 43 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, friendly and true role models for their profession. They said that they were given extremely attentive and caring treatment at the right time 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.

No action



Are services responsive to people's needs?

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

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

The practice was aware of the needs of the local population and took those these into account in how it ran. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. The practice displayed their complaints policy in the reception area and on their patient information leaflet.

No action



Are services well-led?

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

Strong and effective leadership was provided by the principal dentist and empowered practice manager. The principal dentist, practice manager and other staff had an open approach to their work. There was a no blame culture in the practice. Staff told us that they felt well supported and could raise any concerns with the principal dentist and practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

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.

The practice was a British Dental Association (BDA) good practice member, a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities.

No action



Summary of findings

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. We found that the practice had an incident reporting policy and procedures but did not have the supporting incident forms readily available for staff members.

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. There was a dedicated safeguarding information board containing local authority contact details and how to identify signs of different types of abuse displayed in the reception area.

The practice had a whistleblowing policy on file in the reception and on the Intranet. 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 comprehensive 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.

Most emergency equipment and medicines were available as described in recognised guidance. On the day of our inspection the practice did not have a full range of face masks for the self-inflating bag or eye wash. These were ordered following our inspection. Staff kept records of their checks, with the exception of the oxygen check, to make sure these were available, within their expiry date, and in working order. Following our inspection the weekly logs were adapted to include the oxygen checks.

Staff recruitment

The practice had a staff recruitment policy and procedure, which was used alongside an induction training plan for new starters to help them employ suitable staff. This reflected the relevant legislation. We looked at five staff recruitment files. These showed the practice mostly followed their recruitment procedure however they did not retain staff references or CVs on personnel files.

We saw evidence of Disclosure and Barring Service (DBS) checks for all staff. The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they might have contact with children or adults who may be vulnerable.

The practice manager had a clear process for checking clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

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.

The practice had detailed information about the control of substances hazardous to health. These were well organised and easy for staff to access when needed.

Are services safe?

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

A dental nurse worked with the dentists and dental hygiene therapists 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.

There was a dedicated decontamination room which served all four treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination room with signage to reinforce this. These arrangements met the HTM01-05 essential requirements for decontamination in dental practices.

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 infection prevention and control audits twice a year. The latest audit completed in October 2017 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 completed in April 2016.

We saw cleaning schedules for the premises. 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.

The practice had suitable systems for prescribing and storing medicines.

The practice held NHS prescriptions, and documented in the patients' clinical care records the prescription number when issued and stored them securely. We found that prescriptions were not recorded and logged prior to being issued which prevented the practice from being able to track all prescriptions and audit them. Following our inspection the practice created prescription tracking logs for each surgery to rectify this.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. We found that some details required reviewing and updating in the radiation protection such as removing names of staff that had left the practice. We also noted that not all relevant staff had signed the local rules. This was immediately amended following our inspection.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every six months following current guidance and legislation. The audit completed in May 2017 showed that 86% of x-rays taken were of an acceptable quality, this audit was repeated in November 2017 following our inspection and the practice achieved 95%.

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.

Dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the condition of the gums using the basic periodontal examination scores and soft tissues lining the mouth. These were carried out where appropriate during a dental health assessment. We saw that not all of the dentists recorded which dental nurse had assisted them and recorded consent at each appointment. We were informed that this would be discussed as a team to ensure it was routinely completed by all dentists.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice was very focussed on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim the practice appointed a dental hygiene therapist to work alongside of the dentists in delivering preventative dental care.

The principal dentist was aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. Dental care records we saw demonstrated that dentists had given oral health advice to patients. The principal dentist had arranged a rolling programme for their foundation dentists and a practice nurse to visit a local schools to deliver tooth brushing and healthy eating advice to engage with the local community.

Children at high risk of tooth decay were identified and were offered fluoride varnish applications or the prescription of high concentrated fluoride tooth paste to keep their teeth in a healthy condition. Fissure sealants (special plastic coatings on the biting surfaces of permanent back teeth in children) were also used on patients who were particularly vulnerable to dental decay.

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.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme which included opportunities for new staff to shadow their more experienced colleagues. At the time of our inspection the practice were supporting a foundation dentist and two apprentice dental nurse to become qualified. 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 and weekly informal nurse meetings. 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. The practice monitored urgent referrals to make sure they were dealt with promptly.

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 and clinical team were aware of the need to consider this when

Are services effective?

(for example, treatment is effective)

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 caring, friendly and true role models for their profession. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone. Many patients also commented that they had complete confidence in their dentist, treatment was provided with sensitivity and exceptional kindness and they would highly recommend the practice to friends and family.

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 some privacy when reception staff were dealing with patients. The reception area had two windows one of which was in front of the patient waiting area and the other was at the side of the reception area accessed via a door which provided a quiet area for patients with more privacy. 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.

The waiting room was open plan with segregated seating for different departments within the Health Centre. There were magazines, a patient information folder and a children's corner in the waiting room.

Patient information leaflets, patient survey results and thank you cards were available for patients to read.

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 information leaflet provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease. The practice did not have a website.

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. We found that the practice were proactive in finding improvements and did not wait for complaints to prompt this. For example, the practice manager and principal dentist identified that appointment waiting times were increasing due to patient demand. To improve this, additional sessions were added and the NHS books closed to ensure that registered patients could receive care within appropriate timescales.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, a few elderly patients found it difficult to remember early appointments. The practice made a note on the patients clinical care record to schedule late afternoon appointments for these patients.

Staff described examples of anxious patients who 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 or that they were seated in the side waiting area which was much quieter.

Staff told us that all patients received a text message reminder prior to their routine appointments.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet with hand rails and a call bell. The Health Centre was accessible via automatic doors.

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

Access to the service

The practice displayed its opening hours on the window of the reception area, on the NHS Choices website and in their information leaflet.

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 several appointments free for same day appointments. They had arrangements for emergency on-call provision for their patients. The patient information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and 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 past 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 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.

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

Leadership, openness and transparency

Strong and effective leadership was provided by the principal dentist and an empowered practice manager.

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, no blame 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 team huddles every day, weekly informal nurse meetings and monthly staff 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 clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. At the time of our inspection the practice were supporting a foundation dentist and two apprentice dental nurses to become qualified. In addition to this the practice were supporting one dental nurse to complete infection control lead training and another dental nurse to complete a radiography qualification.

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.

The practice was a British Dental Association (BDA) good practice member, a quality assurance programme that allows its members to communicate to patients an on-going commitment to working to standards of good practice on professional and legal responsibilities.

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, comment cards, appraisals 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, as a result of patient survey feedback that 64% of patients found it hard to get an appointment two of the dentists had increased their sessions.

The practice regularly completed their own patient surveys to seek feedback and gather possible improvement ideas from patients. They collated results for the most recent survey which showed that 98% of the 50 respondents said that treatment was clearly explained to them.

Patients were 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 saw results from September 2017 where 100% of the 40 respondents would recommend this practice to friends and family.