

Mrs. Meha Opie

Mayden Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 15 September 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Mayden dental practice provides general dentistry and other specialist dentistry such as orthodontics. The practice provides private services for patients in New Romney, Kent and the surrounding area.

The practice staff included a dentist, a dental therapist, two dental nurses and receptionists. Dental services are provided Monday 9am to 6pm, Tuesday 9am to 5.45pm, Wednesday and Thursday 8.30am to 6pm and Fridays 9am to 2pm. There are appointments available on Tuesday evenings and Saturday mornings for patients who have difficulty attending during normal working hours.

We talked to five patients. They believed that the practice offered an excellent service and staff were efficient, helpful and caring. All commented that staff always had time to spend with them. They commented that it was fairly easy to get appointments and that if they needed emergency treatment staff made time to fit this in. They did not feel that staff were pressured to complete procedures and staff took time to explain what they were doing. They said that staff treated patients with dignity and respect.

Our key findings were

- There were effective systems to reduce the risk and spread of infection. We found that all the treatment rooms and equipment appeared clean.

Summary of findings

- There were systems to check all equipment had been serviced regularly, including the compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
 - Dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
 - The practice ensured staff maintained the necessary skills and competencies to support the needs of patients.
 - The practice kept up to date with current guidelines.
 - Patients were provided with information and were involved in decision making about the care and treatment they received. We observed staff to be kind, caring, and worked hard to put patients at their ease.
- There were areas where the provider could make improvements and should
- Review staff training and availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
 - Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role
 - Complete regular staff appraisals and complete any identified actions
 - Review the governance systems to ensure that they are effective in assessing, monitoring and improving the quality and safety of the services provided.
 - Carry out audits relating to the quality of X-ray images giving due regard to the recommendations set out in IR (ME) Regulations 2000.

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.

There were systems for the management of infection control, clinical waste, medical emergencies and dental radiography. Staff had received training in safeguarding and knew the signs of abuse and how to report this. There was a whistleblowing policy and staff were aware of it. The equipment used in the practice was well maintained and in line with current guidelines. There were systems for identifying, investigating and learning from incidents. The staffing levels were safe for the provision of care and treatment provided.

Are services effective?

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

The practice provided evidenced based dental care which was focussed on the individual needs of each patient. Consultations were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE), Faculty of General Dental Practice (FGDP) and the General Dental Council (GDC). Patients received a comprehensive assessment of their dental needs and their medical history was kept up to date. Staff registered with the GDC had frequent continuing professional development and were meeting the requirements of their professional registration. Consent to care and treatment was obtained from patients and recorded appropriately.

Are services caring?

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

Patients told us that they had found the practice supportive. They said they were listened to, treated with respect and were involved with the discussion of their treatment options which included risks, benefits and costs. There was provision to see patients with urgent dental needs on the day they called and this almost always happened.

Are services responsive to people's needs?

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

Appointment times met the needs of patients. Patients with mobility issues were accommodated at the practice. The practice handled complaints openly and transparently. The complaints procedure was readily available to patients and the practice responded to complaints and learned from them.

Are services well-led?

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

The practice had clinical governance and risk management systems. There was a pro-active approach to dealing with safety issues and the practice learned and made improvements. Sometimes there was a lack of structure to governance and more auditing should be used to assess the quality of the service provided and drive improvement. The practice management were approachable and supportive of staff. Staff felt that they could raise concerns with any member of the management team. The practice sought the views of staff and patients and acted on them.

Mayden Dental Practice

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection of Mayden Dental Practice on 15 September 2015. Our inspection team was led by a CQC Lead Inspector. The team included a Dentist specialist advisor.

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as NHS England and the local Healthwatch, to share what they knew. We did not receive any information of concern.

During our visit we spoke with a range of staff (the dentist, the practice manager, the business manager, the dental therapist and a dental nurse) and spoke with five patients. We reviewed practice documentation.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a system for the reporting, recording and monitoring of significant events or safety incidents. All staff had responsibility for reporting significant or critical events and staff we spoke with understood this. We saw that where there had been a significant event it had been recorded. Some of the records were lacking in detail. Staff told us how the events were discussed at informal staff meetings and there was some evidence of this. However there was a lack of documented detail how learning was implemented and of the actions taken to reduce the risk of the event happening again. For example there had been a needle stick injury, the risks had been assessed but the staff had not followed the practice policy. There was no evidence that this failure to follow policy had been addressed or measures taken to reduce this happening in future.

National patient safety alerts were disseminated electronically as well as in paper form to practice staff and alerts relevant to the practice were discussed at staff meetings.

Reliable safety systems and processes (including safeguarding)

There were policies and procedures to guide staff on reporting safeguarding concerns. The practice had a named person responsible for safeguarding issues. All staff we spoke with told us they were up to date with training in safeguarding and records confirmed this. Staff knew to whom to report concerns. Staff were able to describe the different types of abuse patients might experience, how to recognise them and report them. There were contact details of relevant safeguarding bodies available on the practice computer system so that staff could report any allegations of abuse of vulnerable adults or children. Staff told us that there had been no safeguarding concerns during the last year.

There was a whistleblowing policy. Staff we spoke with were aware of the procedures and who to contact outside the practice if they felt that they could not raise issues internally. However they felt confident that any issue they raised would be taken seriously.

Staff maintained their professional registration for example, professional registration with the General Dental Council. We looked at the practice records of the clinical members of staff which confirmed they were up to date with their professional registration. Although the number of clinical staff was small there was no systematic process to monitor this.

Care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare. All patient records that we examined had an up to date medical history including any allergies and any medicines being taken. There was an annual review of the patients' medical histories.

Medical emergencies

There were arrangements to manage medical emergencies. Records showed that all staff had received training in basic life support in January 2015, this was a theory session and there had been no practical update for the last two years. Emergency equipment was available including medical oxygen. There was no automated external defibrillator (AED), a device used to attempt to restart a person's heart in an emergency nor had there been a risk assessment as to whether such a device was needed. The emergency medicines available included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Staff knew the location of the equipment and medicines. Equipment and medicines were checked regularly and when we checked the items were in date.

Staff recruitment

The practice had policies and other documents that governed staff recruitment. However no new staff had been recruited since the provider had been registered with the commission. All relevant staff had Disclosure and Barring Service (DBS) clearance (a criminal records check).

Monitoring health & safety and responding to risks

The practice had a health and safety policy and accompanying procedures. This information was available to staff. There was a record of identified risks and action plans to manage or reduce risk. A fire risk assessment had been undertaken that included actions required in order to maintain fire safety such as the appointment of a fire marshal. Fire extinguishers had been recently serviced and staff knew how to respond in the event of a fire. There had been a recent fire evacuation drill.

Are services safe?

We saw that the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). This was systematically managed and the information was available to all staff through a comprehensive file system. Each substance used at the practice that had a risk was recorded and graded as to the risk to staff and patients. The records contained all the manufacturer's guidance and were comprehensive. There were measures to reduce such risks such as the wearing of personal protective equipment and safe storage.

There were various contact lists that provided information on who to contact for certain events such as power failure, adverse weather or information technology failure.

Infection control

The premises were generally clean and tidy. Patients we spoke with told us they always found the premises clean and had no concerns regarding cleanliness or infection control. The practice had an identified infection control lead, who had had specific training to help them carry out this role. All relevant members of staff were up to date with infection control training.

There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste. There were sufficient supplies of appropriately stored cleaning equipment. The practice had a cleaning schedule that covered all areas of the premises. It detailed what areas should be cleaned, how frequently and the equipment to be used.

We looked at the treatment rooms and waiting areas. The treatment rooms were fitted with hard flooring so that spillages were easily cleared up. All surfaces of the dental chairs were intact and covered in cleanable material. Antibacterial hand wash, paper towels and posters informing staff how to wash their hands were available at all clinical wash-hand basins in the practice. Personal protective equipment (PPE) including disposable gloves, aprons, face masks and visors were available for staff to use. All clinical staff wore uniforms dedicated for use whilst at work.

We looked at the decontamination room and went through the decontamination processes with staff. There was a procedure, which followed the guidelines of HTM0105, for moving instruments between surgeries and the

decontamination area to help prevent the spread of infection. There was a system to help ensure that reusable items of equipment were only used on one patient before being decontaminated and sterilised. Dental instruments were cleaned and decontaminated in a dedicated decontamination room.

Staff demonstrated the process for cleaning and sterilising instruments. This followed current guidance. There was a flow of instruments from contaminated to sterile. We saw appropriate use of an ultra-sonic machine and autoclave with daily logged checks from the autoclave printer. There was no illuminated magnifier to check for any debris or damage throughout the cleaning stages. We were told that the practice would order one immediately. Staff wore appropriate personal protective equipment throughout the procedure. The equipment used for cleaning and sterilising was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests. We checked these and the equipment was in working order and being effectively maintained.

We looked at the dental instruments which had been decontaminated prior to reuse. Instruments were stored in sterile pouches which were marked with expiry dates. All the instruments we saw in the treatment rooms were within their expiry dates. There were clear written check lists in the surgery and decontamination room and they were filled in and logged daily.

There was a system for safely handling, storing and disposing of clinical waste. This was carried out in a way that reduced the risk of cross contamination. Clinical waste was stored in locked, dedicated containers whilst awaiting collection from a registered waste disposal company. There were procedures to help ensure that water used in the practice complied with purity standards. There were daily routines for checking the dental water lines and we saw that the surgery set-up and close-down protocols were observed. The practice had had an assessment of the risk of legionella (a bacteria found in the environment which can contaminate water systems in buildings) carried out in June 2014 and no remedial action had been necessary.

Equipment and medicines

Staff told us that there was sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. There were records which showed that

Are services safe?

equipment (including clinical equipment) was tested, calibrated and maintained in accordance with the manufactures' schedules. Portable appliance testing had been carried as required.

Medicines were stored securely in areas accessible only by practice staff. The practice kept records of the ordering, receipt and administration of medicines. Medicines that were checked were within their expiry date and fit for use. Appropriate temperature checks for refrigerators used to store medicines had been carried out and records maintained.

Radiography

Radiography was carried out at the practice safely and followed current legislation. There was an inventory of radiography equipment and the equipment had been regularly checked by service engineers, the last occasion being June 2015. There were clear lines of responsibility and accountability recorded in the local rules for each X-ray unit. (The local rules set out who is responsible for the oversight and safety of radiography in the practice and what to do in the event of an equipment failure).

X-rays were justified, graded and reported on in the dental care records, however there had been no radiograph quality audit. The quality of each radiographic image was recorded in the patients' clinical notes. Although the practice had a system to record the quality (grade) of each X-ray taken, there was no audit to identify the amount of grade 3 (poor quality) images taken. Therefore it was not possible to determine that the number of grade 3 images were within the percentage parameters required under the Ionising Radiation Regulations 1999.

The practice had a comprehensive radiation protection file where information, with the exception of quality assurance audits, was stored to show how the practice complied with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R2000). The file contained the names and contact details of the radiation protection advisor and the radiation protection supervisor.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for people using best practice

The dentist regularly assessed the health of each patient's gums and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). The practice recorded the justification, findings and quality assurance of X-ray images taken as well as an examination of a patient's soft tissues (including lips, tongue and palate) and their use of alcohol and tobacco. The dentist used an appropriate scoring method to record their assessment of any gum disease.

The practice was up to date with current guidelines in order to continually develop and improve their systematic clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to the use of a rubber dam for all root canal procedures (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work.) NICE guidance was also used in deciding when to recall patients for examination and review.

Health promotion & prevention

The practice promoted the maintenance of good oral health as part of their overall philosophy. The practice had a copy of the Department of Health 'Delivering Better Oral Health; a toolkit for prevention' but there was no evidence that it was routinely used. We saw that the practice prescribed high concentration fluoride tooth pastes to patients at high risk of dental decay.

The practice asked new patients to complete a health questionnaire which included information on their medical health, consent and data sharing guidance. Patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. Information in the waiting areas promoted good oral health and included information on tooth sensitivity.

Staffing

There was an induction policy to help to ensure that any new staff were skilled and competent to deliver safe and effective care and support to patients. However the practice had not taken on any new staff since it had been registered with the Commission.

We reviewed three staff files. Some aspects of staff development were addressed, for example there was a pre assessment questionnaire to help staff to identify training needs. We saw some occasions where these needs had been identified by the individual and agreed by the provider but no action had been taken to provide the training needed. Staff were up to date with their continuing professional development requirements (CPD). They were encouraged to maintain their CPD and their skill levels. There was an appraisal system but appraisals were incomplete.

Working with other services

There was a systematic approach to managing referrals to other providers. These were recorded and the referral made by letter or e-mail. If the referral was urgent, such as those for suspected cancer, the referral was made by facsimile. When a referral was necessary, the type of care and treatment required was explained to the patient and they were given a choice of other healthcare professionals who could provide that service.

The system worked well but there was no formal process of following up referrals to ensure that the patient had been seen within the expected timeframe.

Consent to care and treatment

The practice had a consent policy that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment. When patients needed treatment a treatment plan was developed. Patients were given time to make informed decisions about the treatment they chose to receive.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The practice had a number of patients to whom the act might apply. Although staff showed a basic understanding of the Act, there had been no formal training for staff on the subject.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients told us the practice offered an excellent service and staff were efficient, helpful and caring. They said that staff treated patients with dignity and respect. Patients said that they had sufficient time during consultations with staff and felt listened to as well as safe. All the patients we spoke with told us they were satisfied with the care provided by the practice. We listened to staff taking calls from and speaking with patients. They were considerate and attentive to patients' needs.

We saw that all consultations and treatments were carried out in the privacy of treatment rooms. Treatment rooms were private so that patients' privacy and dignity was maintained during any examination or treatment. We noted that treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Staff were careful about patients' personal information. They were careful in the reception area to ensure that any conversation they had with patients, for example on the telephone, could not be heard by patients waiting to be seen in person.

The practice had documents that guided staff in order to keep patients' private information confidential for example, the data protection policy and the information governance

policy. We heard staff updating a patient's telephone contact details, the patient was asked to write down the details rather than repeat them aloud in the reception area. All staff had signed a confidentiality agreement which was retained in their staff file. The practice obtained written permission from patients to share information about them with others. Patients' records were in electronic and paper form. Records that contained confidential information were held in a secure way so that only authorised staff could access them.

Involvement in decisions about care and treatment

Patients we spoke with told us that health issues and medicines were discussed with them and they felt involved in decision making about the care and treatment they received. A theme running through all the feedback we received from patients was that there was always enough time to discuss treatments in depth with the dentist or dental therapist. They also told us they felt listened to and supported by staff.

Patients were provided with written treatment plans that explained the treatment required and outlined any costs patients were required to pay. Staff told us that they rarely carried out treatment the same day unless it was considered urgent. This allowed patients time to consider the treatments available and make an informed choice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice delivered personalised care to patients that took into account their individual needs. Each morning there was a staff discussed the needs of each patient and how they would meet them.

Staff told us that the practice always scheduled enough time to assess and undertake patients' care and treatment needs. Staff said they did not feel under pressure to complete procedures and had enough time available to prepare for each patient. This was corroborated by patients who consistently commented how much time was afforded them for consultations.

Tackling inequity and promoting equality

The premises were on the first floor and had not been designed to meet the needs of patients with mobility issues or patients with prams and pushchairs. Staff told us that they would refer patients, with such problems, to other nearby practices and had a list that patients could choose from.

Staff were knowledgeable about how to book interpreter services for patients whose first language was not English though they said that this was very rarely required..

Access to the service

Appointment times and availability met the needs of patients. The practice was open on Monday 8am to 7pm, Tuesday 8am to 4pm, Wednesday and Thursday 8am to

5pm and Fridays and Saturdays 8am to 1pm. Patients with emergencies were assessed and seen the same day if treatment was urgent. Patients could contact the practice at any time in an emergency using a designated mobile phone number where they could receive advice and guidance if required.

Patients we spoke with said that they could always get an appointment at a suitable time. There were extended appointments for patients with additional needs. Patients were able to get appointments at short notice when this was needed.

Concerns & complaints

There was a complaints policy which guided staff through the handling of formal and informal complaints from patients. There was information for patients about how to make a complaint in the practice. Timescales for dealing with complaints were clearly stated and details of the staff responsible for investigating complaints were given.

The practice had received 9 complaints in the last 12 months. We saw that the complaints were thoroughly investigated. The complainant received a response to their complaint and this included an apology if it was appropriate. Staff told that they discussed complaints and that lessons were learned from them. We saw that cancelled appointments had a theme for the first half of the year but that after this problem had actioned by staff there had not been any complaints of that nature for the last five months. The practice had also received many complements and letters of thanks during that time.

Are services well-led?

Our findings

Governance arrangements

Staff members told us they felt supported by the principal dentist. There were documents that set out the practice's governance strategy and guided staff, for example safeguarding, recruitment and confidentiality policies.

This was a small practice with only four clinical staff. Much of the leadership was informal and was often effective. Some staff members had dedicated roles for example, a dental nurse had lead responsibilities for infection control. There was no practice manager and some of the lines of responsibility had become unclear. For example there was a Legionella policy and there had been recent tests in accordance with the policy. However when asked for this one staff member believed it had not been done and it was only when we asked another staff member was it clear that the work had been carried out.

This was also true of other documents and policies so that, whilst there was sufficient governance in most areas, it was not always clear with whom the responsibility for different aspects of this lay.

The practice had carried out some audits, for example an audit of infection prevention control, some of the issues raised had been addressed but others had not. The audits did not have an action plan showing what needed to be addressed, who would do this and by when. There had been no recent radiographic audit and no recent audit of records, having said that the quality of the records, that we saw, was very good.

The practice identified, recorded and managed risks. It had carried out risk assessments where risks had been identified and action plans had been produced and implemented. For example, a fire risk assessments, control of substances hazardous to health and legionella (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

Leadership, openness and transparency

Staff told us they felt well supported by colleagues and management at the practice. They said they were provided

with opportunities to maintain skills as well as develop new ones in response to their own and patients' needs, although sometimes needs were identified but were not met.

All staff were involved in discussions about how to run and develop the practice. There informal staff meetings and staff were able to provide some evidence of beneficial changes that had come from suggestions made at the meetings, for example, the means of recalling patients. There were formal staff meetings twice a year. We looked at the minutes of these and they were very brief, but the actions raised in them had been achieved. For example one action had been to maintain a running record of who was in the building. We looked at this and it had been thoroughly maintained each day.

Management lead through learning and improvement

There was a culture of openness to reporting and learning from incidents and staff were able to illustrate examples of the learning, however the system was not formalised and the practice could not be sure that relevant incidents had been reported and actioned according to the practice's own policy.

All staff said that they were supported to update and develop their knowledge and skills. There were some records of training but they were not always complete.

Staff members we spoke with had had annual appraisals and valued the process. We saw that learning needs had been identified during the process and on generally the identified training took place. On one occasion it had not.

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

The practice took into account the views of patients and those close to them via feedback from patient surveys, as well as comments and complaints received when planning and delivering services. We saw that the practice reacted positively to feedback and where this identified training or other learning acted on this, for example in providing communication training.