Pennypot Dental Practice Ltd

Pennypot Dental New Romney

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 19 May 2016 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

Pennypot Dental Practice New Romney is in Littlestone, in Romney Marsh, Kent. The premises is a modern purpose built building. There are four treatment rooms, a private waiting area, a waiting lounge and a toilet for patients' use.

The practice team consisted of two dentists, one hygienist and two dental nurses. The clinical team are supported by two reception staff and a practice manager.

The provider is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice is open from 8am to 5pm on Mondays, Thursdays and Fridays, and from 8am to 7pm on Tuesdays and Wednesdays and Saturdays 8am to 1pm.

The practice provides NHS and private dental services for both adults and children.

Summary of findings

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. We collected eight completed cards and obtained the views of a further two patients on the day of the inspection.

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

Our key findings were:

- The practice was visibly clean and a number of patients mentioned that the practice was always clean and hygienic. The practice had systems to assess and manage infection prevention and control.
- The practice had suitable safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- There was a process in place for the reporting and shared learning when incidents occurred in the practice.
- The practice had clear processes for dealing with medical emergencies and for ensuring that appropriate dental equipment was available and regularly maintained.
- Dental care records provided clear and detailed information about patients' care and treatment.
- Staff received training appropriate to their roles and were supported in their continued professional development.
- Patients were able to make routine and emergency appointments when needed.
- Patients received a responsive service and staff treated them in a thoughtful, respectful and professional way.
- The practice had governance processes to manage the practice effectively.

There was an area where the provider could make improvements and should:

- Review the availability of a hearing loop for patients who are hearing aid users.

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 took safety seriously and had systems for managing this. These included policies and procedures for important aspects of health and safety, such as infection prevention and control, clinical waste management, dealing with medical emergencies, maintenance and testing of equipment, dental radiography (X-rays) and fire safety. Staff were aware of their responsibilities for safeguarding children and adults.

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

The practice provided personalised dental care and treatment. The dental care records we looked at provided clear and detailed information about patients' care and treatment. Clinical staff were registered with the General Dental Council and completed continuous professional development to meet the requirements of their professional registration. The information we gathered confirmed that the practice provided care and treatment to patients in accordance with published guidance. Staff understood the importance of obtaining informed consent, including when treating patients who might lack capacity to make some decisions themselves.

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

We gathered patients' feedback from eight completed Care Quality Commission comment cards and obtained the views of a further two patients on the day of our visit. These offered a positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients remarked on friendliness and helpfulness of the staff and dentists were good at explaining the treatment that was proposed.

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

All the patient feedback provided indicated high levels of satisfaction with a service which met the needs of adults and children in a personalised way.

Patients could access treatment and urgent and emergency care when required. The practice provided patients with written information in language they could understand and had access to telephone interpreter services when required. Treatment rooms at ground floor level made it possible to accommodate wheelchair users or patients with reduced mobility and a disabled parking space was available at the entrance.

Information was available for patients at the practice and on the practice website. The practice had a complaints procedure which was available for patients; they had received six complaints in the last 12 months.

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

The practice had arrangements for managing and monitoring the quality of the service which included relevant policies, systems and processes which were available to all staff. Audits of clinical and other systems and processes were well established at the practice as a means to monitor the quality of the service provided.

Summary of findings

The practice team were positive about using learning and development to maintain and improve the quality of the service. There was an established and structured personal development and appraisal process for all staff and regular staff meetings had taken place.

Patients and staff were able to feedback compliments and concerns regarding the service and the practice acted on them. Patients commented that the practice took notice of their concerns.

Pennypot Dental New Romney

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 19 May 2016 by a Care Quality Commission (CQC) inspector and a dental specialist advisor. Before the inspection we reviewed information we held about the provider and information that we asked them to send us in advance of the inspection.

During the inspection we spoke with members of the practice team, including the provider, a dentist, two dental nurses and two receptionists. To assess the quality of care provided we looked around the premises including the decontamination room and treatment rooms. In addition, we viewed a range of policies and procedures and other documents and read the comments made by eight patients in comment cards provided by CQC before the inspection.

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 significant event policy to provide guidance to staff about the types of incidents that should be reported as significant events. Significant events were discussed at practice meetings monthly in order to identify improvement needs and facilitate shared learning. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and report them internally and externally where appropriate.

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). Where relevant, these alerts were shared with all members of staff.

There was a clear understanding and reporting of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) and COSHH (Control of Substances Hazardous to Health).

The practice was aware of the legal requirement, the Duty of Candour, to tell patients when an adverse incident directly affected them.

Reliable safety systems and processes (including safeguarding)

The practice had up to date safeguarding policies and procedures based on local and national safeguarding guidelines. Staff knew who was the named safeguarding lead. In addition, a flowchart was available to all staff, which contained a variety of information including contact details for local organisations involved in child and adult safeguarding.

A detailed fire risk assessment had been carried out in February 2016 and fire drills were carried out every six months.

We confirmed with the dentist that they used a rubber dam during root canal work in accordance with guidelines issued by the British Endodontic Society. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

The treatment of sharps and sharps waste was in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013.

Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. We saw evidence that staff had completed basic life support training and training in how to use the defibrillator.

The practice had emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The staff kept records of the emergency medicines and equipment to monitor that they were available, in date, and in working order. We noted that the self-inflating bag with reservoir for children was not available. Following the inspection the provider sent us evidence to show they had acquired this piece of equipment.

Staff recruitment

All the dentists and dental nurses who worked at the practice had current registrations with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. The practice had a recruitment policy which detailed the checks required to be undertaken before a person started work.

We looked at three staff recruitment files and records confirmed they had been recruited in accordance with the practice's recruitment policy. We saw evidence that the practice had obtained Disclosure and Barring Service (DBS) checks for all staff in line with their recruitment policy. 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 may have contact with children or adults who may be vulnerable.

Are services safe?

Monitoring health & safety and responding to risks

The practice had a comprehensive health and safety policy, a practice risk log and specific risk assessments covering a variety of general and dentistry related health and safety topics. These were supported by a detailed business continuity plan describing how the practice would deal with a wide range of events which could disrupt the normal running of the practice.

A detailed fire risk assessment had been carried out in February 2016 and fire drills were carried out every six months.

A very comprehensive Control of Substances Hazardous to Health (COSHH) file was available on the intranet, with practice specific sections . This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. We found that they met the HTM01- 05 essential requirements for decontamination in dental practices.

Decontamination of dental instruments was carried out in a separate decontamination room. The separation of clean and dirty areas in the decontamination room and in the treatment room was clear. Staff used clearly labelled boxes with lids to carry used and clean instruments between the decontamination room and the treatment rooms.

When the instruments had been sterilised, they were pouched and stored until required.

The dental nurse who showed us the decontamination process explained this clearly. Part of the process involved cleaning used instruments manually. Heavy duty gloves were available and the brush used for scrubbing was stored appropriately.

The practice kept records of the expected decontamination processes and checks including those which confirmed that equipment was working correctly. We saw that instruments were packaged, dated and stored appropriately, all pouches showed an expiry date in accordance with current guidelines. The practice used single use instruments whenever possible.

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available for staff and patient use. The treatment rooms and decontamination room had designated hand wash basins for hand hygiene and liquid soaps and paper towels. Suitable spillage kits were available to enable staff to deal with any loss of bodily fluids safely.

The practice had a Legionella risk assessment carried out by a specialist company; all recommended actions had been addressed. Legionella is a bacterium which can contaminate water systems in buildings. We saw that staff carried out routine water temperature checks and kept records of these. Staff confirmed they also carried out regular flushing of the water lines in accordance with current guidelines.

The segregation and storage of dental waste reflected current guidelines from the Department of Health. The practice had a waste management policy and used an appropriate contractor to remove dental waste from the practice. We saw the necessary waste consignment notices and that the practice kept waste securely stored ready to be collected.

Equipment and medicines

The practice had maintenance arrangements for equipment to be maintained in accordance with the manufacturers' instructions using appropriate specialist engineers. This included equipment used to sterilise instruments, the compressor and the air conditioner.

Medicines were securely stored and the practice kept records to monitor the quantity in stock and the expiry dates. The practice also stored prescription pads securely and kept records of the serial numbers in stock. The serial numbers of prescriptions issued were recorded in individual patients' records.

The practice had a refrigerator for temperature sensitive medicines and dental materials and we saw that they kept a record to monitor the temperature of this.

Are services safe?

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). The records were well maintained and included the expected information such as the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The records showed that maintenance arrangements for the X-ray equipment were in place. We saw the required information to show that the practice had informed the Health and Safety Executive (HSE) of the X-ray equipment present in the building.

We saw the certificates confirming that the dentists had completed IRMER training for their continuous professional development.

We also saw a copy of the most recent X-ray audit for one of the dentists. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Training records seen confirmed all staff where appropriate had received training for core radiological knowledge.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We discussed the assessment of patients' care and treatment needs with the dentist. They confirmed they carried this out using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP).

The practice kept suitably detailed records about patients' dental care. They obtained and regularly updated details of patients' medical history, this included an update about patient's health conditions, current medicines being taken and whether they had any allergies. We confirmed that the team completed comprehensive assessments of patients' oral health including their gum health and checks of soft tissue to monitor for mouth cancer. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Dental staff discussed oral health with their patients and explained the reasons why decay and dental problems occur. They were a prevention focused practice and referred to the advice supplied in the Department of Health publication 'Delivering better oral health toolkit'. This is an evidence-based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The medical history form patients completed included questions about smoking and alcohol consumption. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice.

Staffing

The practice team consisted of two dentists, one hygienist and two dental nurses. The clinical team are supported by two reception staff.

We observed a friendly atmosphere at the practice. All of the patients we asked told us they felt there was enough staff working at the practice. Staff we spoke with told us the staffing levels were suitable for the size of the service. All the staff we spoke with told us they felt supported by the practice manager and the provider. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

There was a comprehensive induction and training programme for new staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.

Opportunities existed for staff to pursue continuing professional development (CPD). All staff had undertaken training to ensure they were up to date with the core training and registration requirements issued by the General Dental Council. We reviewed staff training records and saw that staff had attended a range of courses and conferences for their development. We saw evidence of training in CPR, medical emergencies, infection control, safeguarding, and radiography and radiation protection.

Working with other services

The practice referred patients to external professionals if they needed more complex treatment that the practice did not offer; such as orthodontics. The practice referred patients for investigations in respect of suspected oral cancer in line with NHS guidelines.

The practice monitored both internal and external referrals.

Consent to care and treatment

Staff understood the importance of obtaining and recording consent and giving patients the information they needed to make informed decisions about their treatment.

The practice had a written consent policy and guidance for staff about the Mental Capacity Act 2005 (MCA). The 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 staff we spoke with understood the relevance of this legislation and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment. Staff explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met. Staff had received specific MCA training and had a good working knowledge of its application in practice.

Are services effective?

(for example, treatment is effective)

The dentist explained that they used child friendly language and they used models and diagrams to explain to children before carrying out the treatment.

The staff we spoke with were also aware of and understood the use of the Gillick competency test in respect of the care and treatment of children under 16. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

We reviewed a random sample of dental care records to corroborate our information. Treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Consent to treatment was recorded. Feedback in CQC comment cards confirmed patients were provided with sufficient information to make decisions about the treatment they received.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection, we sent the practice comment cards so patients could tell us about their experience of the practice. We collected eight completed comment cards and obtained the views of a further two patients on the day of the inspection. All the information confirmed that patients had a consistently positive view of the service the practice provides. People described the practice team as friendly, caring and polite and said they received calm, gentle treatment which took any anxiety they may feel into consideration. They also said that the reception staff were always helpful and efficient. During the inspection, we observed staff in the reception area, they were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

Patients told us the dental team listened to them, put them at ease and gave them careful explanations of the treatment they needed in language they could understand. The practice explained that they provided written treatment plans and used written consent forms for certain procedures. They told us they used, diagrams, computer software, X-rays, models and photographs to explain information to patients. They stressed to us that they would not proceed with any treatment without being sure the patient understood the risks and benefits of this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We collected eight completed cards and also obtained the views of a further two patients on the day of the inspection. The information provided reflected patients' satisfaction with a service which was responsive to their needs. Patients with anxiety about dental treatment commented that the dentist had been sensitive and understanding and that this had helped them.

The practice acted upon feedback provided by patients, we saw examples where issues raised by patients had been rectified upon receiving complaints. For example, a patient raised an issue about privacy and staff traffic through the surgery and door not being closed. Consequently, the practice held a meeting and discussed the traffic through the treatment rooms when patients were having examinations/treatment. From that discussion it was determined that staff would ask permission to enter the sugery when they needed to collect instruments or impressions for example, or if a message needed passing on this would be shared electronically through the computer via a temporary pop up note so that patients would not be disturbed.

During our inspection we looked at examples of information available to patients. We saw that the practice waiting area displayed a wide variety of information including leaflets about the services the practice offered, how to make a complaint and information about maintaining good oral health.

The practice website also contained useful information including the different types of treatments offered and how to provide feedback on the services provided.

We observed that the appointment diaries were not overbooked and that this provided capacity each day for patients with dental pain to be fitted into urgent slots for each dentist. The dentists decided how long a patient's appointment needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to help prevent inequity for patients that experienced limited mobility or other issues that hamper them from accessing services. The practice used a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment. The practice had level access and treatment rooms on the ground floor for those patients with a range of disabilities and infirmity as well as parents and carers using prams and pushchairs. There was a disable toilet and a disabled person's parking space by the entrance.

The practice did not provide a hearing loop for patients who used hearing aids. We pointed this out to the practice manager who told us they would address this as soon as practicably possible.

Access to the service

The practice is open from 8am to 5pm on Mondays, Thursdays and Fridays, and from 8am to 7pm on Tuesdays and Wednesdays and Saturdays 8am to 1pm.

All feedback received reflected patients felt they had good access to the service and appointments were flexible to meet their needs.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. This was provided by an out-of-hours service. If patients called the practice when it was closed an answerphone message gave the telephone number patients should ring depending on their symptoms.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be dealt with, and the timeframes for responding. We found there was a system in place which ensured a timely response which sought to address the concerns promptly and efficiently and effect a satisfactory outcome for the patient. The practice listed six complaints received over the previous 12 months which records confirmed all were concluded satisfactorily.

Information for patients about how to make a complaint was seen on the practice website, patient leaflet and on display in the practice waiting room.

Are services well-led?

Our findings

Governance arrangements

The practice had a comprehensive range of detailed policies and procedures to provide the basis for effective management. These included confidentiality, security of patient information and health and safety. The policies had been compiled using relevant national guidance from organisations including the General Dental Council (GDC) and the British Dental Association (BDA). Each policy was dated and included original and review dates to maintain version control.

Leadership, openness and transparency

Staff we spoke with told us they worked well together and enjoyed being part of the team. They told us they communicated well and we saw this in practice during the inspection. The atmosphere at the practice was professional, happy and friendly.

The practice ethos focussed on providing patient centred dental care in a relaxed and friendly environment. The comment cards we saw reflected this approach. The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice owner. There was a no blame culture within the practice. They felt they were listened to and responded to when they did raise a concern. We found staff to be hard working, caring and committed to the work they did. All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and were happy with the practice facilities. Staff reported that the provider was proactive and resolved problems very quickly. As a result, staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

Learning and improvement

The practice recognised that training and development were important for building an effective team. Staff had personal development plans and received annual appraisals. They told us the practice supported them to meet their training needs.

Staff felt confident they could raise issues or concerns at any time with the provider who would listen to them. We observed, and staff told us, the practice was a relaxed and friendly environment in which to work and they enjoyed coming to work at the practice. Staff felt well supported by the provider and worked as a team toward the common goal of delivering high quality care and treatment.

We found there was a rolling programme of clinical and non-clinical audits taking place at the practice. These included infection control, X-ray quality and the quality of clinical record keeping. The audits demonstrated a process where the practice had analysed the results to discuss and identify where improvement actions may be needed.

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

The practice gathered feedback from patients through surveys, compliments and complaints. The practice used the NHS Friends and Family survey to obtain patients' views and within the previous three months had obtained a score of 100% for patients who would recommend the service to friends and family.

We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area.

Staff we spoke with said they felt valued and supported. They confirmed that they had practice meetings on a monthly basis. Staff described the meetings as good with the opportunity to discuss successes, changes and improvements. We saw evidence which showed these meetings were comprehensive and were a good method to reinforce good practice and share learning.