Clacton Dental Care Ltd

Downham Market Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection of Downham Market Dental Care 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. A CQC inspector, who was supported by two specialist dental advisers, led 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 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 well-led care in accordance with the relevant regulations.

Background

Downham Market Dental Care is a well-established practice that provides mostly NHS treatment to patients of all ages. The dental team includes six dentists, ten dental nurses, three receptionists and a practice manager. A hygienist visits a couple of days a month.

The practice has six treatment rooms and is open on Mondays to Fridays from 9am to 5pm. In addition to this, it opens on a Tuesday and Thursday until 6.30pm, and on alternate Saturday mornings.

Summary of findings

There is level entry access for people who use wheelchairs and fully enabled toilet facilities. At the time of our inspection, the downstairs patient waiting room was in the process of refurbishment to enlarge it.

The practice is owned by Clacton Dental Care Ltd and, as a condition of registration, must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Downham Market Dental Care is the operations and business manager for the company.

On the day of our inspection we collected 21 comment cards filled in by patients, we also spoke with another four during our inspection.

During the inspection, we spoke with five dentists, three dental nurses, the practice manager, the operations and business manager, and a receptionist. The provider's clinical director was also present at the inspection. We looked at the practice's policies and procedures, and other records about how the service was managed.

Our key findings were:

- Most patients were very happy with the quality of their treatment and the staff who delivered it. However, some patients told us they were unhappy with the high turnover of dentists at the practice, and the frequent changes in appointment times that this had caused on occasion.
- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Risk assessment was robust and action was taken to protect staff and patients.
- Patients received their care and treatment from well supported staff, who enjoyed their work.
- Opening times were good and the practice offered extended hour opening two evenings a week, and on alternate Saturdays.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance. Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- There was a clear leadership structure and staff felt supported and valued by the practice manager. The practice proactively sought feedback from staff and patients, which it acted on.

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 robust arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays). Staff had received safeguarding training and were aware of their responsibilities regarding the protection children and vulnerable adults. Risk assessment was comprehensive and effective action was taken to protect staff and patients. Equipment used in the dental practice was well maintained. There were sufficient numbers of suitably qualified staff working at the practice to support patients.

No action ✓

Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs.

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

No action ✓

Are services caring?

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

Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received and of the staff who delivered it. Staff gave us specific examples of where they had gone out their way to support patients. We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action ✓

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required and the practice opened late two evenings a week, and on alternate Saturday mornings. Appointments were easy to book and patients were able to sign up for text and email reminders for their appointments.

The practice had made good adjustments to accommodate patients with a disability.

There was a clear complaints' system and the practice responded professionally and empathetically to issues raised by patients.

No action ✓

Summary of findings

Are services well-led?

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

We found staff had an open approach to their work and shared a commitment to continually improving the service they provided. Staff were well supported in their work, and it was clear the practice manager valued them and supported them in their professional development.

The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were systems in place to monitor and improve quality, and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on to improve services to its patients.

No action

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 untoward events were recorded and managed effectively to prevent their reoccurrence. For example, a new system for recording medicines was introduced following the accidental removal of the practice's Midazolam by the visiting implantologist; hazard warning tape was added to a step, following a patient's fall, and the way sharp instruments were handled was reviewed following an injury.

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. Staff we spoke with were aware of recent alerts affecting dental practice

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 noted good information around the practice about safeguarding matters and there was a comprehensive folder available to staff full of relevant guidance. Staff received safeguarding training, and senior staff held a level three qualification in child protection. The practice manager told us of additional monitoring they had implemented due to concerns about a child they had treated.

All staff had DBS checks in place to ensure they were suitable to work with vulnerable adults and children.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments that staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items, and staff were aware that sharps' bins needed to be disposed of after a period of three months. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how it would deal with events that 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. Staff regularly practiced medical emergency simulations to keep their skills up to date and we noted this had been done as part of a recent staff meeting.

Emergency equipment and medicines were available as described in recognised guidance, Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Glucagon was stored in the practice's fridge, which was monitored to ensure it operated correctly.

Two staff had received specific training in First Aid. Staff had access to first aid, bodily fluids and mercury spillage kits although they should consider obtaining an eyewash station and glucose monitoring device.

Staff recruitment

Files we reviewed showed that most pre-employment checks had been undertaken for staff including proof of their identity and DBS checks. Risk assessments were completed for any staff member who began their employment at the practice whilst awaiting confirmation of the DBS status. However, evidence of references or interview notes for two recently employed staff members could not be found.

All new staff received a comprehensive induction to ensure they had the skills and knowledge for their new role.

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

Monitoring health & safety and responding to risks

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed comprehensive practice risk

Are services safe?

assessments that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff. Additional assessments were available for specific issues such as new mothers and Hepatitis B non-responders.

A fire risk assessment had been completed in February 2017 and its recommendations to install a fire blanket and to wall mount fire extinguishers had been implemented. Firefighting equipment such as extinguishers was regularly tested and building evacuations were rehearsed with patients.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for all materials used within the practice.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We noted that recommendations from the risk assessment to remove dead legs in pipework had been implemented.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice had comprehensive infection control policies in place to provide guidance for staff on essential areas such as hand hygiene, the use of personal protective equipment and decontamination procedures. The practice conducted infection prevention and control audits and results from the latest audit undertaken in May 2017indicated that it met essential quality requirements.

There were cleaning schedules in place, and we noted that all areas of the practice were visibly clean and hygienic, including the waiting areas, toilet, corridors and stairway. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. However, we noted a ripped seat in surgery five and some rusty drawer handles. We found cloth covered chairs in two surgeries, which were not easy to clean effectively.

Staff's uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. We noted that staff changed out of their uniforms at lunchtime. Records showed that all dental staff had been immunised against Hepatitis B.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05, although we noted that some items such as X-ray holders and syringes were not put through the practice's washer disinfector. The practice manager assured us that this would commence forthwith.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally in a locked area.

Equipment and medicines

Staff told us they had the equipment needed for their roles and that repairs and replacements were actioned in a timely way.

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly, although the practice needed to review its use of soil test strips. Other equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this.

Stock control was good and medical consumables we checked in cupboards and in drawers were within date for safe use.

The practice had suitable systems for prescribing and dispensing medicines and a logging system was in place to account for any issued to patients. However, the practice needed to review its storage of prescription pads and we found that not all dentists were aware of the British National Formulary's website for reporting adverse drug reactions.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file. Rectangular collimation was used to reduce the dosage to patients.

Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured. The practice manager told us that radiograph audits had not been completed for all dentists, but that measures had already been implemented to rectify this.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We received 21 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment. Dentists we spoke with understood national guidelines that applied to dentistry and kept dental care records containing information about the patients' current dental needs, past treatment and medical histories, although we noted a few minor shortfalls in relation to the recording of patients' dental risk assessments.

The practice regularly audited each dentist's dental care records to check that the necessary information was recorded.

Health promotion & prevention

The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. A part-time dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. Two of the dental nurses had undertaken a course in oral health education and the practice took part in national campaigns such as 'Smile Month'.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. General information about oral health care for patients was available in the waiting area. We noted good information about local smoking cessation services.

Staffing

The practice had experienced a high turnover of dentists in the last 18 months and was struggling to recruit replacements. This was something patients commented on to us, stating they found it unsettling, and meant their appointments were changed at short notice. Two dental nurses had also recently left and the practice was in the process of recruiting replacements. Despite these challenges, staff told us there were enough of them for the smooth running of the practice. They reported there was usually an additional dental nurse available most days to undertake decontamination duties. A nurse always worked with a dentist; however, the hygienist worked without chairside support.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. Staff told us they discussed their training needs at their annual appraisals.

Working with other services

Staff 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. Each dentist kept a log of their patients' referrals so they could be tracked, although patients were not routinely given a copy of their referral for their information.

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 told us their dentist listened to them and gave them clear information about their treatment.

Staff had good knowledge of the Mental Capacity Act and how it affected their management of patients who could not make decisions for themselves, although not all clinicians had a thorough understanding of Gillick guidelines when treating children and young people.

Dental records we reviewed demonstrated that treatment options had been explained to patients.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We received positive comments from patients about the quality of their treatment and of the staff who provided it. They described staff as caring, helpful and advised us that staff listened to them empathetically. Patients commented that reception staff were welcoming and friendly. It was very busy when we visited and we noted that reception staff were professional, helpful and polite to patients throughout the day. The main reception area itself was not particularly private and those waiting could easily overhear conversations between reception staff and patients, although the receptionist assured us that they were careful not to give out patients' personal details when speaking on the phone. A room was available to discuss private matters if needed.

Staff gave us specific examples of where they had supported patients. For example, one nurse had spent 15 minutes with a very nervous patient to assist them to attend their treatment. When one patient became ill, a member of staff searched for their partner in a local shop.

Computers were password protected and screens displaying patient information were not overlooked. Patient paperwork was kept well out of sight. All consultations were carried out in the privacy of the treatment room and we noted that the door was closed during procedures to protect patients' privacy. Downstairs treatment rooms had frosted glass on their windows to prevent passerbys looking in.

Involvement in decisions about care and treatment

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. We noted leaflets easily available around the practice providing patients with good information about a range of dental conditions and treatments. There was also good information on the practice's website.

Patients received plans that clearly outlined the treatment they would receive and its cost.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The waiting area provided good facilities for patients including interesting magazines and leaflets about various oral health conditions and treatments. In addition to this, the practice had its own website that provided general information about its services.

Patients told us they were satisfied with the appointments system that getting through on the phone was easy. The practice opened late two evenings a week and on alternate Saturday morning to meet patients' needs. The practice also offered text and email appointment reminders that patients told us they found useful. Daily emergency appointment slots were available for patients in dental pain.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a downstairs treatment room, a hearing loop and accessible toilet with handrails and a call bell. Patients had access to translation services and the dentists spoke a wide range of languages between them. The practice manager told us that information about the practice had been translated into Lithuanian for one particular patient. The practice's patient leaflet was available in large print for people with visual impairments.

Concerns & complaints

The practice had a complaints' policy that clearly outlined the process for handling their complaints, the timescale within which they would be responded to, and details of external agencies they could contact if unhappy with the practice's response. Details of how to complain were available in the waiting areas for patients (along with advocacy organisations that could support patients in their complaint) , and in the practice's information leaflet

Reception staff we spoke with showed a good knowledge of the complaints procedure. One receptionist showed us the laminated copy of the procedure they used to show patients.

We viewed the paperwork in relation to three recent complaints and found they had been thoroughly investigated and responded to in a professional, empathetic and timely way. Recent complaints in relation to patient waiting times had been raised with staff at their meeting in January 2017, to ensure that all were aware of the issue. We also noted that possible solutions to the problems had been discussed with those present.

The provider's clinical director told us he closely reviewed how all clinical complaints were dealt with and spoke passionately about the importance of using them as a learning tool to improve staff's performance.

Are services well-led?

Our findings

Governance arrangements

The practice manager was in day-to-day control of the service. She was supported by the provider's operations staff who visited regularly to assist her in the running of the service. She also met regularly with the practice managers of the provider's other services to discuss any issues and share best practice.

The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate.

The provider had produced a specific clinical governance handbook for its senior staff to ensure they were aware of all national guidance and legislation in relation to dental care.

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

Leadership, openness and transparency

Staff told us that leadership within the practice was good and that the practice manager had implemented good changes and, in their words, 'had turned the practice around'. Communication across the practice was structured around regular practice meetings that all staff attended. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it. We were shown a specific incident log that clearly demonstrated that staff had acted in accordance with the policy.

All staff received a regular newsletter from the provider that was used to give news of any new staff joining the company, celebrating any staff's achievements and delivering key messages form the provider's senior managers.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits on a range of topics of dental care records, radiography, medical emergencies, and infection prevention and control. Plans were in place to undertake an audit of antibiotic prescribing by dentists. The quality of these audits was good and there were clear records of their results and action plans.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Some staff had undertaken additional training in radiography and oral hygiene education. An accredited NEBDN nurse worked with the provider's group of practices and provided the training for all new trainee dental nurses.

All staff received an annual appraisal of their performance and training needs and we saw evidence of completed appraisals in the staff folders. Staff also had personal development plans in place. Dentist received six monthly appraisals from one of the provider's senior management team.

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

The practice used surveys, comment cards and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on such as enlarging the waiting area. The practice had introduced the NHS Friends and Family test as another way for patients to let them know how well they were doing. Results of these were shared with staff and put on display for patients to see. Recent result showed that patients would recommend the practice.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us that senior staff listened to them and was supportive of their suggestions. For example, staff's suggestion for each dentist to have their own pigeon holes for lab work had been implemented.