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The Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 16 November 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
The Dental Practice (Polygon) has three dentists and four dental nurses. All of the dentists and dental nurses are qualified and registered with the General Dental Council (GDC). The practice's opening hours are 9am to 5pm from Monday to Friday.

The Dental Practice (Polygon) is a dental practice providing mainly NHS and some private treatment and caters for both adults and children. The practice is situated in a converted residential property. The practice had three dental treatment rooms. Decontamination for cleaning, sterilising and packing dental instruments is carried out within each treatment room. There is a reception and waiting areas on both floors. One of the dental treatment rooms were on the ground floor enabling access for patients who found stairs difficult.

The Dental Practice (Polygon) was purchased by its current owners in April 2015. The practice owner is the registered manager who practices at a separate location but rarely visits the practice. However a business manager supports the practice manager and visits regularly. 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

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. Supporting the Registered Manager is a practice manager and a business support manager.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We collected eight completed cards and spoke to ten patients. These provided a positive view of the services the practice provides. All of the patients commented that the quality of care was good.

We carried out an announced comprehensive inspection on 16 November 2015 as part of our planned inspection of all dental practices. The inspection took place over one day and was carried out by a lead inspector, a second inspector and a dental specialist adviser.

Our key findings were:

- The practice had an empowered practice manager who administered the clinical governance systems and processes within the practice.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice was visibly clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- The practice had effective safeguarding processes in place for safeguarding adults and children living in vulnerable circumstances.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- The practice had enough staff to deliver the service.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Staff we spoke to felt well supported by the practice manager and were committed to providing a quality service to their patients.
- Information from eight completed CQC comment cards gave us a positive picture of a friendly, caring and professional service.
- All complaints were dealt with in an open and transparent way by the practice manager responsible for administration if a mistake had been made.

There were areas also where the provider could make improvements and it should:

- Re-establish the audit process for dental radiography so that it is undertaken at least on an annual basis.
- Information for patients wishing to make a complaint should be readily available in all waiting areas.
- Complete the programme of staff appraisals.
- Establish a staff meeting frequency cycle.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

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 care which was safe in accordance with the relevant regulations.

The practice had reliable arrangements in place for essential topics such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

The practice did not have effective recruitment procedures. The practice did not have a staff recruitment policy and staff recruitment checks for staff who started to work since the service registered with the Care Quality Commission (April 2015) did not include evidence of a full employment history, or satisfactory references. We were shown the recruitment procedure the practice had adopted since the two staff started and was confident this shortfall would not occur again.

Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance to guide their practice. The staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

Are services caring?

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

We collected eight completed patient comment cards. These provided a completely positive view of the service; we also spoke to ten patients who also reflected these findings. All of the patients commented that the quality of care was good. They were treated with compassion and put at ease. They felt listened to and involved in their treatment.

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took these into account in how the practice was run. Patients could access treatment and urgent care when required. The practice provided patients with written information about how to prevent dental problems and on the indicative costs of dental treatment. One dental treatment room was based on the ground floor enabling ease of access into the building for patients with mobility difficulties and families with prams and pushchairs.

Are services well-led?

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

Summary of findings

Staff were supported and managed at all times and were clear about their lines of accountability. They felt the provider valued their involvement, were engaged and their views were reflected in the planning and delivery of the service. Care and treatment records were complete, legible, accurate, and kept secure. Staff were supported to meet their professional standards and follow their professional code of conduct.

Audit processes were effective and had a positive impact in relation to quality governance, with clear evidence of action to resolve concerns. There were systems in place to support communication about the quality and safety of services and what actions had been taken as a result of concerns, complaints and compliments.

The Dental Practice

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection of The Dental Practice on 16 November 2015. The inspection was carried out by a lead inspector, a second inspector and a dental specialist adviser.

We informed NHS England area team that we were inspecting the practice, however there were no immediate concerns from them.

During our inspection visit, we reviewed policy documents and staff records. We spoke with nine members of staff, including the practice manager and business manager. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and computer system that supported the patient treatment records. We reviewed comment cards completed by patients prior to our visit and spoke to ten patients on the day. Patients gave positive feedback about their experience at the practice.

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

We spoke with practice manager about the reporting of incidents that could occur in a primary dental care setting. We saw that a system was in place. We observed the recording of two previous incidents, a medical incident in January 2015 and a general accident in February 2015. We observed that the incident recording forms were meticulously completed and learning shared with the rest of the team.

Reliable safety systems and processes (including safeguarding)

We spoke to the practice manager about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current European Union (EU) Directive with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. The practice used a system whereby needles were not resheathed using the hands following administration of a local anaesthetic to a patient. A special device was used during the recapping stage and the responsibility for this process rested with each dentist. The practice manager was also able to explain the practice protocol in detail should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked how the practice treated the use of instruments which were used during root canal treatment. The practice manager explained that these instruments were single use only. They explained that root canal treatment was carried out where practically possible using a rubber dam (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). Patients could be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

The practice manager acted as the practice safeguarding lead. This individual acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse. Training records showed that all staff had received safeguarding training for both vulnerable adults and children. Information was available that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator, (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). The practice had in place the emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice also had an oxygen cylinder and other related items such as manual breathing aids and portable suction available in line with the Resuscitation Council UK guidelines.

All emergency medicines and oxygen were in date. The expiry dates of medicines and equipment were monitored using a daily and monthly check sheet which enabled the staff to replace out of date drugs and equipment promptly. The practice held training sessions for the whole team to maintain their competence in dealing with medical emergencies on an annual basis. The training was carried out in March 2015 with a refresher session booked for March 2016.

Staff recruitment

The practice did not have a staff recruitment policy in place at the time of our visit. We looked at the recruitment records for the two staff recruited since the practice registered with the Care Quality Commission (April 2015) and found both started to work at the practice without written evidence of conduct in their previous employment and written employment histories. We spoke to the practice manager and was shown the recruitment procedure the practice had adopted since the two staff started and was confident this shortfall would not occur again in the future.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments including

Are services safe?

a well maintained Control of Substances Hazardous to Health (COSHH) file. Other assessments included fire safety, radiation, general health and safety issues affecting a dental practice and water quality risk assessments.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice manager was responsible for infection control procedures within the practice. It was demonstrated through a description of the end to end process and a review of practice protocols that Health Technical Memorandum (HTM) 01 05 (national guidance for infection prevention control in dental practices) Essential Quality Requirements for infection control was being met. It was observed that a current audit of infection control processes confirmed compliance with HTM 01 05 guidelines.

It was noted that the three dental treatment rooms, waiting area, reception and toilets were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including wall mounted liquid soap and gels and paper towels in each of the treatment rooms and toilets. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

We asked the practice manager to describe to us the processes for infection control at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The drawers of a treatment room were inspected in the presence of the practice manager. These were well stocked, clean, well ordered and free from clutter. Instruments were either pouched or stored in covered trays if the instruments were used that day. This was in accordance with current guidelines. There were appropriate single use items available and these were clearly new. Each treatment room had the appropriate routine personal protective equipment available for staff and patient use.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) she described the method they used which was in line with current HTM 01 05 guidelines. A Legionella risk assessment had been carried out at the practice by a competent person in September 2014. The recommended procedures contained in the report were being carried out and logged appropriately. This included regular testing of the water temperatures of the taps in all rooms in the building. These measures ensured that patients and staff were protected from the risk of infection due to Legionella.

The practice utilised a separate decontamination area in each treatment room for instrument processing. Displayed on the wall were protocols to remind staff of the processes to be followed at each stage of the decontamination process. Dedicated hand washing facilities were available in these rooms. The practice manager demonstrated to us the decontamination process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual scrubbing and an ultrasonic cleaning bath for the initial cleaning process, following inspection they were placed in an autoclave (a machine used to sterilise instruments). Each treatment room had its own autoclave. When instruments had been sterilized they were pouched or stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines. The practice manager also demonstrated that systems were in place to ensure that the autoclaves and ultrasonic cleaning baths used in the decontamination process were working effectively. These included the automatic control test. It was observed that the data sheets used to record the essential daily validation checks of the sterilisation cycles were always complete and up to date. Essential checks for the ultrasonic cleaning bath were also carried out and were available for inspection.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove dental waste from the practice which was stored in a separate locked location within the practice prior to collection by the waste

Are services safe?

contractor. Waste consignment notices were available for inspection. Patients' could be assured that they were protected from the risk of infection from contaminated dental waste.

Environmental cleaning was carried out in accordance with the national colour coding scheme and cleaning schedules were available for inspection.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example the autoclaves had been serviced and calibrated in January 2015. The practices' X-ray machines had been serviced and calibrated during the period May 2013 in accordance with current guidelines. Portable appliance testing (PAT) for all electrical appliances had been carried out in September 2014. A sample of dental treatment records showed that the batch numbers and expiry dates for local anaesthetics were recorded when these medicines were administered. These medicines were stored safely for the protection of patients.

Radiography (X-rays)

We were shown a well maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor (RPA) and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. At this location the practice manager, a dental nurse with an approved dental radiography qualification acted as the Radiation Protection Supervisor. Included in the file were the critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of three years.

A copy of the last radiological audit in 2012 demonstrated that a high percentage of radiographs were of grade one standard. We observed that there were no audits carried out in radiography since this date although there was a history of annual audit from 2009 to 2012. A sample of dental care records where X-rays had been taken showed that when dental X-rays were taken they were justified, reported on and quality assured. Apart from the lack of a current audit the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists working in the practice carried out consultations, assessments and treatment in line with recognised general professional guidelines. We spoke to two dentists on the day of our visit. They described to us how they carried out their assessment. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

As review of a sample of dental care records showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

The medical history form patients completed included questions about smoking and alcohol consumption. The dentists we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. There were health promotion leaflets available in the practice to support patients look after their general health. A dental hygienist was available on a private basis to provide scaling and polishing and other preventive advice and treatments.

Staffing

There were enough support staff to support the dentists during patient treatment. All of the dental nurses supporting the dentists were qualified dental nurses. The practice manager told us that the practice ethos was that all staff should receive appropriate training and development. This included training in cardio pulmonary resuscitation, infection control, child protection and adult safeguarding and other specific dental topics.

Working with other services

The practice manager explained how the dentists would work with other services if required. Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. Systems had been put into place by local commissioners of services and secondary care providers whereby referring practitioners would use bespoke deigned referral forms. This helped ensure that the patient was seen in the right place at the right time. We saw a selection of these forms which included referrals for oral surgery problems, suspected mouth cancer cases, orthodontics and patients who required special care dental services as a result of physical and mental impairment. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring. We saw three such referrals a patient requiring orthodontic treatment, another referred into the special care dental service and a private referral for cosmetic dental treatment.

Consent to care and treatment

The dentists we spoke with had a clear understanding of consent issues. They stressed the importance of communication skills when explaining care and treatment to patients and explaining in a way and language that patients could understand. Costs were made clear in the treatment plan and in the dental treatment record. The dentists always used the NHS treatment plan form known as the FP17 DC form when carrying out any treatment over and above an examination and treatment under private contract. We reviewed a number of records which confirmed this approach had taken place.

Both dentists we spoke with explained how they would take consent from a patient who suffered with any mental impairment which may mean that they might be unable to fully understand the implications of their treatment. They told us how they would manage such patients. The dentists

Are services effective?

(for example, treatment is effective)

explained if there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They explained that they would involve relatives and carers to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting area and we saw that doors were able to be closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the rooms which protected patient's privacy. Patients' dental care records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage. However on the day of our visit we found that the paper records were stored unprotected behind the reception desk which made them vulnerable to unauthorised access by the general public. We made the business manager aware of this and they immediately removed them to a secure room at the back of the practice.

Patients told us (through discussion and comment cards) that they found the practice caring and supportive. They said they were listened to, treated with respect and were involved in discussions about their treatment options, which included risks, benefits and costs. We observed that staff were helpful, kind and considerate to the needs of individual patients.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients which detailed possible management options and indicative costs. A poster detailing NHS and private treatment costs was displayed in the waiting area.

We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. This information was recorded on the standard NHS treatment planning forms for dentistry.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Services were planned and delivered to meet the needs of patients. The practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The practice had a clear understanding of who their population were and understood their needs including, making appointments long enough to carry out investigations and treatment.

Most examination appointments were at least 15 minutes long and filling appointments were at least 20-30 minutes long. We did not see evidence of routine double booking of patients. This only occurred when patients were asked to come and sit and wait if they were in pain. Generally the practice had dedicated urgent slots as well as asking patients to come and sit and wait.

Tackling inequity and promoting equality

We asked the practice manager about access for disabled patients as the practice was based in a former domestic dwelling. The manager told us that a new patient's mobility requirements were always discussed when they made initial enquiries about joining the practice and should the stairs be an issue they were directed to NHS Choices to find a different dentist that was better suited. This was also confirmed by the receptionist and the business manager. The reception desk was high. We were told this was to protect patient information but was lowered as a result of patient feedback.

Access to the service

Appointments were available Monday to Friday between 9.00am and 5.00pm. Appointments could be made in person or by telephone. We asked ten patients if they were satisfied with the practice opening hours. Whilst all of these said they were satisfied one patient told us they would prefer an evening or Saturday morning surgery added to the opening times. The practice supported patients to attend their forthcoming appointment by having a reminder system in place. This included an SMS text message.

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 addressed, who by, and the timeframes for responding. For example, a complaint would be acknowledged within two days and a full response would be provided to the patient after a ten day investigation period. This was seen to be followed. We saw a complaints log which listed one complaint received in the previous seven months prior to our inspection. Records confirmed this complaint had been resolved with a satisfactory outcome. The clinical complaint had been received before the provider purchased the practice however the lessons had been shared with relevant staff.

We asked ten patients if they knew how to complain if they had an issue with the practice. Of these, four told us they probably would, three were not sure and the remaining three didn't know. Information for patients about how to make a complaint was seen in the practice leaflet and on display in one of the two patient waiting areas. We spoke with the practice manager about having information available for patients and they agreed to address this immediately.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location were set up and put into place by the previous owner of the practice but were maintained and developed by the present practice manager.

We found a system of policies, protocols and procedures in place covering the clinical governance criteria expected in a dental practice with the exception of staff recruitment. We found that procedures in relation to clinical governance were well maintained by the practice manager. There were many examples of attention to fine detail with respect to record keeping and validating processes and protocols. This included the reporting of incidents, completing risk assessments and maintaining policies and protocols in relation to infection control, radiation protection and medical emergencies.

Leadership, openness and transparency

It was apparent through our discussions with the dentists and nurses that the patient was at the heart of the practice with the dentists adopting a holistic approach to patient care. We found staff to be hard working, caring and committed to the work they did. Dentists were able to analyse their own performance as well as being able to obtain support and guidance from their colleagues and the providers who were also a practicing dentist.

Policies and procedures were seen to be in place to support a culture of openness and transparency in respect of the new statutory duty of candour which was introduced for dentists registered with CQC from 1 April 2015.

Learning and improvement

We found that there were examples of learning and improvement taking place in the practice. This included the auditing of infection control procedures and clinical record keeping. We saw a high level of compliance with infection control procedures and record keeping standards were maintained to a satisfactory standard.

We saw that the new provider had begun to implement new ways of working which included refurbishing a rear room which was to be used to securely store patient records and the introduction of a new electronic patient record system.

Employees were supported to access training and to maintain their registration with the General Dental Council (GDC), where relevant.

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

The practice had gathered feedback from patients through the NHS Friends and Family test, NHS Choices, compliments and complaints. For example, following patient feedback the practice installed a credit card payment machine and lowered the reception desk.

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

All of the staff we spoke with told us they felt included in the running of the practice. They went on to tell us how the dentists and practice management team listened to their opinions and respected their knowledge and input at meetings. We were told that staff turnover and sickness was low. Staff told us they felt valued and were proud to be part of the team. A system of staff appraisal for employees had been introduced and two staff had been appraised since April 2015. We were told this was currently being addressed and a schedule was in place to carry out all staff appraisals by the end of 2015. One staff meeting had been held since this April 2015. The practice manager told us that staff meetings were not as frequent as hoped for but this would be an action going forward as time had been taken up installing and training staff on a new computer system which was purchased by the new owners.