Papineni Dental Practice

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Inspection Report

Papineni Dental Practice,
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Overall summary

We carried out this announced inspection on 10 May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Papineni Dental Practice is in South Woodham Ferrers, and provides NHS treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking is available near the practice.

The dental team includes one dentist and one dental nurse. The practice has one treatment room.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager.

Summary of findings

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 Papineni Dental Practice was the principal dentist.

On the day of inspection we collected 52 CQC comment cards filled in by patients and spoke with two other patients.

During the inspection we spoke with the dentist and the dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Thursday from 9am to 6pm. Patients are referred to the sister practice in Benfleet or the 111 out of hours service when the practice is closed.

Our key findings were:

- We received positive comments from patients about the dental care they received and the staff who delivered it.
- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were mostly available with the exception of a paediatric reservoir bag and clear face masks which were immediately ordered.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice asked patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.

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

- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice and review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Review staff awareness of young people's competency in relation to consent and ensure all staff are aware of their responsibilities in relation to this.
- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.

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?

No action

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. The practice team reported there had been no significant events. We found there was a limited understanding of what might constitute an untoward event. We discussed this with the dentist who agreed to review their training and process for significant events.

Staff were qualified for their roles and the practice completed essential recruitment checks.

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

The practice had suitable arrangements for dealing with medical and other emergencies. Appropriate medicines and life-saving equipment were mostly available with the exception of a paediatric reservoir bag and clear face masks which were immediately ordered.

Are services effective?

No action

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

Dental care records we reviewed were incomplete and lacked detail. The dentist did not justify, grade or report on the radiographs they took. There was no evidence that the dentist was universally taking plaque and gum bleeding scores or detailed charts of the patient's gum condition. We noted that improvement was needed in the assessment of patients' periodontal caries and cancer risk and in the recording of X-rays to ensure recommended guidance was followed. We have shared our concerns with NHSE who will continue to support the provider.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional and appropriate. The dentists discussed treatment with patients so they could give informed consent. Details regarding these discussions were not always recorded in their dental care records.

The practice's consent policy did not include information about the Mental Capacity Act 2005. The policy referred to young people's competence, by which a child under the age of 16 years of age can consent for themselves. We found the staff were not fully aware of the need to consider this when treating young people under 16 years of age.

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

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Summary of findings

Are services caring?

No action

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

We received feedback about the practice from 54 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind and caring.

They said that they were given honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services, but told us there had been no demand for this service. There were arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

No action

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

The practice had arrangements to ensure the smooth running of the service. Dental care records were stored securely.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

We received wholly positive comments from patients about the dental care they received and the staff who delivered it.

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, equipment & premises and radiography (X-rays).

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice did not have a staff recruitment policy and procedure to help them employ suitable staff. We were told that as the practice team consisted of a husband and wife team the practice did not have any plans to recruit other staff. We looked at both staff records. These reflected the relevant legislation.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw that the dentist did not justify, grade or report on the radiographs they took. We noted that X-rays were not taken routinely at intervals in line with the FGDP guidance and only when patients attended with a problem.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines was available as described in recognised guidance. Some items were missing including clear masks and a child's reservoir bag. We discussed this with the dentist and were assured these were replaced immediately.

The dental nurse worked with the dentist when they treated patients in line with GDC Standards for the Dental Team.

The dentist had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health

Are services safe?

Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were not written and managed in a way that kept patients safe. Dental care records we saw appeared accurate for the treatment provided, but lacked detail of discussions regarding options, risks and benefits and informed consent. Dental care records were kept securely and complied with data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety

The practice had a good safety record.

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

Lessons learned and improvements

The dentist and dental nurse understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice team reported there had been no significant events. We found there was a limited understanding of what might constitute an untoward event. We discussed this with the dentist who agreed to review their training and process for significant events.

The practice had signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). These were monitored by the dentist who actioned them if necessary.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioner up to date with current evidence-based practice. We spoke with the dentist who described how they assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice; we found there was limited evidence that the dentist was taking plaque and gum bleeding scores or detailed charts of the patient's gum condition. We discussed the importance of these measurements with the dentist and were assured they would take immediate action to ensure they scored and recorded detailed charts of patients gum conditions in line with the British Society of Periodontology guidelines.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining patients' consent to treatment. We found the dentist did not always record in the patient records their conversation regarding consent with the patient to assure themselves that patients fully understood the procedure. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy did not include information about the Mental Capacity Act 2005. We found the team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy referred to young people's competence, by which a child under the age of 16 years of age can consent for themselves. However the staff were not fully aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

Our discussion with the dentist and review of dental care records demonstrated that patients' dental assessments and treatments were mostly carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. We noted that improvement was needed in the assessment of patients' periodontal disease, caries and cancer risk and in the recording of X-rays to ensure recommended guidance was followed.

The provider told us that X-rays were only taken on patients when the patient presented with a particular problem rather than using a risk-based approach to X-ray selection; they were also unaware of the recommendations by the Faculty of General Dental Practice FGDP regarding when it may be appropriate to take radiographs for the diagnosis and ongoing monitoring of dental caries and periodontal disease'. Records we saw confirmed these findings.

Audits of the quality of dental care records were not routinely undertaken as recommended by guidance to ensure they met national standards.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The practice team consisted of a husband and

Are services effective?

(for example, treatment is effective)

wife team with support from one other clinical family member. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients reported they had been registered at the practice for over 20 years. Patients commented positively that staff were kind, caring and polite. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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. Patients' paper records were scored securely in lockable filing cabinets behind the reception desk.

Involving people in decisions about care and treatment

Patients confirmed that staff listened and discussed options for treatment with them. The dentist told us they discussed treatment options with patients; however this was not detailed in the dental records we reviewed.

Patients told us the practice gave clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had made reasonable adjustments for patients with disabilities. These included step free access and a hearing loop. We were told that whilst they were aware of translation services there had been no demand for this service.

Timely access to services

Patients told us they were satisfied with the appointments system and that getting through on the phone was easy. Patients reported that it was easy to get an appointment well in advance or at short notice.

The practice displayed its opening hours in the premises, and included it in their practice information leaflet. Patients could also make appointments at the sister practice when the practice was closed.

The practice had an efficient appointment system to respond to patients' needs. We saw that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with the 111 out of hour's service.

The practice information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. There was information available at the practice which explained how to make a complaint.

The principal dentist was responsible for dealing with these. The practice nurse told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The dentist and dental nurse told us they aimed to settle complaints in-house and would invite patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice had not received any complaints in the previous 12 months. We were told the practice would respond to any concerns appropriately and would discuss any outcomes with staff to share learning and improve the service. Patients we spoke with told us they had been with the practice for over 20 years and had never had any reason to complain. Both felt the practice would take immediate action should they need to raise any concerns.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They were supported by the dental nurse who was responsible for the day-to-day running of the practice.

Vision and strategy

The practice did not have a specific vision or strategy in place, other than to keep operating as usual and managing its NHS contract of 250 patients.

Culture

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

The dental nurse told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

We identified a number of shortfalls in the practice's governance arrangements including the oversight of patient records and X rays. Dental care records we reviewed were incomplete and lacked detail. The dentist did not justify, grade or report on the radiographs they took. There was no evidence that the dentist was universally taking plaque and gum bleeding scores or detailed charts of the patient's gum condition. We noted that improvement was needed in the assessment of patients' periodontal caries and cancer risk and in the recording of X-rays to ensure recommended guidance was followed.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

The practice used patient surveys, a comments book in reception and verbal comments to obtain patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We looked at results of FFT cards received by the practice over a period of time. These were wholly positive with patients reporting they were extremely likely or likely to recommend the practice to friends and family.

The practice team held informal discussions to gain feedback and offer suggestions for improvements to the service.

Continuous improvement and innovation

The practice had limited quality assurance processes to encourage learning and continuous improvement. These included an audit of infection prevention and control. Audits of patient records and X-rays had not been completed.

They had clear records of the results of the audits of infection and prevention and control and the resulting action plan and improvement.

The dental nurse had an annual appraisal. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folder.

We saw that the practice team completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. We looked at practice records which showed the practice provided support and encouragement for them to do so.