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Fitz Park Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 11 May 2015.

The practice has one dentist who is supported by an associate dentist. There is a practice manager, three hygienists and six dental nurses, who also cover receptionist duties.

The practice provides primary dental services to private patients only. The practice is open Monday 9am – 7pm, Tuesday 9am – 6pm. Wednesday and Thursday 9am – 5pm. Friday is half day closing alternate weeks.

The dentist is the registered provider for the practice. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We viewed 20 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. All of the comment cards reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and hygienic, they found the staff very friendly and approachable and they found the quality of the dentistry to be excellent. They said explanations were clear and made the dental experience as comfortable as possible

The practice was providing care which was safe, effective, caring, responsive and well-led in accordance with the relevant regulations.

Our key findings were:

- The practice recorded and analysed significant events and complaints and cascaded learning to staff.
- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Infection control procedures were in place and the practice followed published guidance.
- Patient's care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.
- The practice was well-led and staff felt involved and worked as a team.

Summary of findings

- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided.

There were no identified areas for improvement.

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 effective systems and processes in place to ensure all care and treatment was carried out safely. Significant events, complaints and accidents were recorded appropriately, investigated and analysed then improvement measures implemented.

Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. Staff were appropriately recruited and suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times. Staff induction procedures were in place and completed by all new members of staff.

Infection control procedures were in place and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Local rules were displayed clearly where X-rays were carried out. Emergency medicine in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice and serviced and maintained at regular intervals.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. Patients received an assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained. Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner. Staff had received training in and understood the Mental Capacity Act 2005.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations. Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. We saw that treatment was clearly explained and patients were provided with written treatment plans. People with urgent dental needs or in pain were responded to in a timely manner, often on the same day.

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations. Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained.

Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner. Staff understood the Mental Capacity Act 2005 and offered support when necessary. Staff were aware of Gillick competency in relation to children under the age of 16.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations. The practice staff were involved in leading the practice to deliver satisfactory care. Care and treatment records were audited to ensure standards had been maintained.

Summary of findings

Staff were supported to maintain their professional development and skills. A range of clinical and non-clinical audits were taking place. The practice sought the views of patients both with a formal audit and informally. Health and safety risks had been identified, which were monitored and reviewed regularly.

Fitz Park Dental Practice

Detailed findings

Background to this inspection

The inspection took place on 11 May 2015 and was conducted by a CQC inspector.

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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with the dentist and associate dentist, the practice manager a dental nurse and the receptionist. We reviewed policies, procedures and other documents. We reviewed 20 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the dentists or the practice manager. The practice had a no blame culture and policies were in place to support this. The practice manager told us that there had been no safety incidents in the last three years.

There were procedures in place for investigating and responding to complaints. These set out how complaints and concerns would be investigated, responded to and how learning from complaints would be shared with staff. From information received prior to the inspection we saw that 14 complaints had been received. 10 of these were related to the waiting time for appointments. The practice manager told us that these had occurred when the associate dentist had to stop work immediately and it took some time for the practice to recruit a new dentist. On review of appointment waiting times we found that most patients could be offered an appointment with one to six weeks depending on the treatment required and their choice of dentist.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and who to contact and how to refer concerns to agencies outside of the practice should they need to raise concerns. They were able to demonstrate that they understood the different forms of abuse and how to raise concerns. From records viewed we saw that all staff at the practice were trained in safeguarding adults and children. The dentist had a lead role in safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice.

The practice had whistleblowing policies. Staff spoken with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations. There had been no safeguarding concerns raised by the practice in the last three years.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received basic life support including the use of the defibrillator (a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). Staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest.

Emergency medicines, a defibrillator and oxygen were readily available if required. This was in line with the 'Resuscitation Council UK' and 'British National Formulary Guidelines. We checked the emergency medicines and found that they were of the recommended type and were all in date. Staff told us that they checked medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order. These checks were recorded.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We looked at the files for each of the five staff employed and found that the process had been followed.

The practice had an induction system for new staff. The practice manager told us that this included a period where new staff were mentored, during this time they could familiarise themselves with the practices' policies and procedures. We saw that there was an induction checklist in place.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred staff told us that they would cover for their colleagues. Most of the staff had been employed by the practice for a number of years.

Monitoring health & safety and responding to risks

Are services safe?

A health and safety policy and risk assessment was in place at the practice. This identified risks to staff and patients who attended the practice. The risks had been identified and control measures put in place to reduce them.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a Legionella risk assessment, and fire evacuation procedures. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place. Processes were in place to monitor and reduce these risks so that staff and patients were safe. Staff told us that fire detection and fire fighting equipment such as fire alarms and emergency lighting were regularly tested, and records in respect of these checks were completed consistently.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. The types of cleaning and frequency were detailed and checklists were available for staff to follow. The practice manager told us that they employed external cleaning company for the premises but dental nurses had their responsibilities in each surgery. The practice had in place systems for testing and auditing the infection control procedures.

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises. Posters describing proper hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities. Sharps bins were properly located, signed, dated and not overfilled. A clinical waste contract was in place and waste matter was stored securely until collection.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05):

Decontamination in primary care dental practices. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 1-05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and used the correct procedures. The practice cleaned their instruments manually and with an automatic washer. Instruments were then rinsed and examined visually with a magnifying glass and sterilised in an autoclave. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that met the recommendations from the Department of Health.

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Staff were well presented and told us they wore clean uniforms daily. They also told us that they wore personal protective equipment when cleaning instruments and treating people who used the service. Staff files reflected that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

The practice had a legionella risk assessment in place and conducted regular tests on the water supply. This included maintaining records and checking on the hot and cold water temperatures achieved.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. Portable appliance testing (PAT)

Are services safe?

took place on all electrical equipment. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

X-ray machines were the subject of regular visible checks and records had been kept. A specialist company attended at regular intervals to calibrate all X-ray equipment to ensure they were operating safely. Where faults or repairs were required these were actioned in a timely fashion.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use and these were rotated regularly. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were recorded for evidential and audit purposes.

Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were displayed in areas where X-rays were carried out.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary.

The dentist monitored the quality of the X-rays images on a regular basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms and the dentist considered each person's circumstance to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies.

The dentists we spoke with told us that each person's diagnosis was discussed with them and treatment options were explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice and general dental hygiene procedures. Where appropriate dental fluoride treatments were prescribed. The patient notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations.

Patients requiring specialised treatment such as conscious sedation or orthodontics were referred to other dental specialists. Their treatment was then monitored after being referred back to the practice after it had taken place to ensure they received a satisfactory outcome and all necessary post – procedure care.

We reviewed 20 comment cards. Feedback we received reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health.

Staffing

The practice employed six dental nurses who also worked in reception, three hygienists and a dental associate. Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Staff files we looked at showed details of the number of hours they had undertaken and training certificates were also in place.

Staff training was being monitored and training updates and refresher courses were provided. The practice had identified some training that was mandatory and this included basic life support and safeguarding. Records we viewed showed that staff were up to date with this training. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

The practice had procedures in place for appraising staff performance and records we reviewed showed that appraisals had taken place. Staff spoken with said they felt supported and involved in discussions about their personal development. They told us that the principal dentist, who was also the provider, was supportive and always available for advice and guidance.

The practice had an induction system for new staff. Records we looked at showed that there was an induction checklist which included infection prevention and control. We saw that new staff had completed or were on the way to completing their full induction.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. This included conscious sedation for nervous patients.

The care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. A referral letter was then prepared with full details of the consultation and the type of treatment required. This was then sent to the practice that was to provide the

Are services effective?

(for example, treatment is effective)

treatment so they were aware of the details of the treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring.

Where patients had complex dental issues, such as oral cancer, the practice referred them to other healthcare professionals using their referral process. This involved supporting the patient to access the 'choose and book' system and select a specialist of their choice.

Consent to care and treatment

We discussed the practices policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient. Training records we looked at showed that staff had attended Mental Capacity Act 2005 (MCA) training. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The dentist we spoke with was also aware of and understood the use of Gillick competency in young persons. Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was open plan but we were told by reception staff/dental nurse that they considered conversations held at the reception area when other patients were present. They also confirmed that should a confidential matter arise, a private area or a free surgery was available for use. Staff members we spoke with told us that they never asked patients questions related to personal information at reception.

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that patient records, both paper and electronic were held securely.

The patients who completed comment cards reported that they felt that practice staff were kind and caring and that they were treated with dignity and respect and were helpful. One comment said that staff always listened to concerns and provided excellent advice and appropriate treatment. Staff members told us that longer appointment times were available for patients who required extra time or support, such as patients with learning disabilities.

Involvement in decisions about care and treatment

Comment cards completed by patients included comments about how professional the staff were and treatments were always explained in a language they could understand. Another person commented that staff were very sensitive to their anxieties.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice information leaflet and information displayed in the waiting area described the range of services offered to patients, the complaints procedure, information about patient confidentiality and record keeping. The practice offered private treatment and the costs were clearly displayed and fee information leaflets were available. The practice is currently updating its web site to include further information for patients.

Appointment times and availability met the needs of patients. The practice was open from 9am to 1pm and 2pm to closing time. Patients with emergencies were seen within 24 hours of contacting the practice, sooner if possible. The practice was open late two evenings a week but did not offer treatment at weekends. There was a local dental network which provided emergency out of hours treatment. The practice's answering machine informed patients which practice they should contact during this time.

There had been some complaints received by the practice regarding the time people had to wait between appointments. We discussed this with the practice manager. We were told that unfortunately at the latter end of last year the associate dentist had to leave the practice without giving notice for personal reasons. The principal dentist, with the help of locum support, maintained appointments but this resulted in the delay patients were complaining about. In January this year a new associate dentist had been recruited and the problem was resolved.

Tackling inequity and promoting equality

The practice had policies a range of policies anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. They had also considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. The practice had a virtual step free access to assist patients with mobility issues, using wheelchairs or mobility scooters and parents with prams or pushchairs. However due to the age of the premises there was no toilet for the disabled. This was explained in the practice leaflet.

The premises has been a dental practice for over 100 years and is situated in a large Victorian house. The waiting area could accommodate wheelchairs, prams and pushchairs. The reception area had a section to accommodate patients in wheelchairs.

The practice had considered the needs of patients who were unable to attend the practice. The practice manager told us that they did not provide home dental visits but that these would be considered should the need arise.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen within 24 hours or sooner if possible. The patient leaflet informed patients about the importance of cancelling appointments should they be unable to attend so as to reduce wasted time and resources.

The arrangements for obtaining emergency dental treatment outside of normal working hours, including weekends and public holidays were clearly displayed in the waiting room area and in the practice leaflet. Staff we spoke with told us that patients could access appointments when they wanted them. Patients who completed comment cards confirmed that they were very happy with the availability of routine and emergency appointments

Concerns & complaints

The practice had a complaint procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Details of how to raise complaints were included in the practice leaflet given to all new patients and accessible in the reception area. Staff we spoke with were aware of the procedure to follow if they received a complaint.

The practice manager told us that there had been 14 complaints made within the last 12 months and actions had been taken to resolve all of these. CQC comment cards reflected that patients were satisfied with the services provided.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice.

There were systems in place for carrying out clinical and non-clinical audits taking place within the practice. These included assessing the detail and quality of patient records, oral health assessments and X-ray quality. Health and safety related audits and risk assessments were in place to help ensure that patients received safe and appropriate treatments.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality and recruitment. Staff were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them. The practice also used a dental patient computerised record system and all staff had been trained to use it. This enabled dental staff to monitor their systems and processes and to improve performance.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff told us that they could speak with the practice manager if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns.

All staff were aware of whom to raise any issue with and told us that the practice manager and dentists would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

Management lead through learning and improvement

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. Staff were aware of the practice values and ethos and demonstrated that they worked towards these. There were a number of policies and procedures in place to support staff improve the services provided.

We saw that the dentist reviewed their practice and introduced changes to practice through their learning and peer review. A number of clinical and non-clinical audits had taken place where improvement areas had been identified. These were cascaded to other staff if relevant to their role.

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

The practice manager and staff told us that patients could give feedback at any time they visited. A recent patient survey performed by a dental treatment plan provider had been carried out and the results of this had been positive, with patients expressing a high level of satisfaction with the services they received.

The practice had systems in place to review the feedback from patients who had cause to complain. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

The practice held regular staff meetings and staff appraisals had been undertaken. Staff we spoke with told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted. Staff told us that they felt part of a team.