

The Practice (Ulverston) Limited

The Practice - Ulverston

Inspection Report

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Overall summary

We carried out this announced inspection on 01 November 2017 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. We did not receive any information from them.

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

The Practice is in Ulverston south Cumbria and provides private dental treatment to both adults and children.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available at the practice.

The dental team includes one dentist, three dental nurses (of which one is a trainee dental nurse) and one part-time dental hygienist. The practice has three treatment rooms which are on the ground floor of the building.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 43 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, two dental nurses and the dental hygienist. We also spoke with one bank dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday – Wednesday 9.00am – 5.15pm

Thursday 9.00am – 6.00pm

Friday 9.00am – 3.45pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Staff were not confident in implementing the Mental Capacity Act 2005 or obtaining consent.

- There were limited procedures for staff development.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's systems in place for environmental cleaning taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Review its responsibilities as regards the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and ensure all documentation is up to date and staff understand how to minimise risks associated with the use and handling of these substances.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of 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 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 had received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

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.

No action



Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, excellent and of a high standard. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

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. We found no systems in place to help them monitor this. Staff did not have professional development plans and documented training was limited to subjects identified in the GDC continuing professional development for dental professional guidelines.

No action



Are services caring?

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

We received feedback about the practice from 43 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and helpful. They said that they were given helpful and full honest explanations about the dental treatment required 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. Staff had not received training in information governance and management. Patients said staff treated them with dignity and respect.

No action



Summary of findings

Are services responsive to people's needs?

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 telephone interpreter services and had 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.

No action



Are services well-led?

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. There were no formal systems for the practice team to discuss the quality and safety of the care and treatment provided. This was undertaken on an informal basis. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice had limited systems to monitor clinical and non-clinical areas of their work to help them improve and learn. The practice listened to the views of patients and staff.

No action





Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

There were no incidents or accidents reported in the last 12 months.

The principal dentist received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. There was an identified lead for safeguarding issues in the practice. Staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and intermediate life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure.

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

Monitoring health & safety and responding to risks

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. The 2002 Control of Substances Hazardous to Health Regulations (COSHH) also requires an assessment of the risk from hazardous substances. The practice had data sheets for all substances used in the practice but these were not supported by individual risk assessments.

We did not see evidence of staff undertaking training in health and safety issues.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentist and the dental hygienist when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in



Are services safe?

line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

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

The practice had limited procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with their risk assessment. There was no assessment of dead legs in the water supply system. These were unused areas of pipe which had no flushing and were a risk for legionella. There was no recording or proper understanding of designated sentinel taps. (Sentinel taps describe the first and last taps on a recirculating system.) There was no documented action plan to correct risks and there was no documentation that staff have been trained in the legionella monitoring tasks that they were carrying out. The principal dentist told us that the risk assessment was to be reviewed when the new water pipe had been installed in the practice.

The practice was clean when we inspected and patients confirmed this was usual. All staff were responsible for the cleaning of the practice but cleaning schedules and records were not in place to demonstrate what should be done and the frequency and for when the task had been completed.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

Radiography (X-rays)

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 evidence that the dentists justified, graded and reported on the X-rays they took. X-ray audits were completed following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

Health promotion & prevention

The practice believed in preventative 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.

Staff told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

We could not evidence that staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development as a requirement of their registration. Staff told us the practice provided support, training opportunities and encouragement to assist them in meeting the requirements of their registration and with their professional development. Staff training was not monitored. The principal dentist had recently secured access to an on line training package for dental staff. This would help staff undertake training in other subjects relevant to their role rather than just the core subjects recognised by the GDC.

We saw that some appraisals for staff had been completed but these were not supported by professional development plans and a record of identified training needs.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included 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. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team had a limited understanding of the importance of obtaining and recording patients' consent to treatment. Staff 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 included information about the Mental Capacity Act 2005. The team had a limited understanding of their responsibilities under the act when treating adults who may not be able to make informed decisions. The team were also unsure of the implementation of Gillick competence and the awareness of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

We did not see evidence that staff had received training in the MCA and gaining consent as stated in the 2005 Act.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were helpful, friendly and caring. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involvement in decisions about care and treatment

The practice gave patients 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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as dental implants.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us 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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment, for example identifying a patient who needed a quiet and settled environment. They managed this by ensuring appointment times were kept free either side their designated appointment time to ensure the waiting room was empty.

Staff told us that they telephoned some patients on the morning of their appointment to make sure they could get to the practice. If a need had been identified some patients received a text message or a letter reminding them of their appointment.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and an accessible toilet with hand rails and a call bell. The practice had taken into consideration the needs of different groups of people, for example, people with disabilities, and put in place reasonable adjustments, for example, handrails to assist with mobility.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpretation and translation services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept some appointments free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The website, 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.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The principal dentist was responsible for dealing with these. Staff 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 principal dentist told us they aimed to settle complaints in-house and invited 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.

We looked at comments, compliments and complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.



Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. They were supported by an identified dental nurse. They explained they had no designated managerial time but fitted this in around patients and the practice opening hours. Staff knew the management arrangements and their roles and responsibilities.

The practice was a member of a practice accreditation scheme which promoted good standards in dental care.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. There were limited arrangements in place to monitor the quality of the service and make improvements.

The practice had limited information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Staff had not undertaken training in information governance.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and apologetic to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns and act appropriately. The practice worked as a team and dealt with issues professionally.

The practice did not hold formal team meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Informal and immediate discussions were arranged to share urgent information. Minutes were not kept of any staff discussions.

Learning and improvement

The practice had limited quality assurance processes to encourage learning and continuous improvement. These included audits of X-rays and infection prevention and control. The principal dentist undertook an audit of his own X-ray images.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses had received annual appraisals and completed appraisals were kept in the staff folder. There were no personal development plans in place which discussed learning needs for the individual or for ensuring that staff recognised their responsibility to keep patients safe.

Staff told us they completed training, including medical emergencies and basic life support, each year. The General Dental Council (GDC) requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys to obtain patients' views about the service. We were told there had been no negative comments made in the surveys. Surveys were not supported by a report which collated the responses recorded by patients.

The practice gathered feedback from staff through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.