

Caring Dentistry Ltd

Alexandra Road Dental Practice

Inspection Report

11 & 12 Alexandra Road
Wisbech
Cambridgeshire
PE13 1HQ
Tel: 01945 583104
Website: www.alexandradental.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 15 February 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Alexandra Road is part of Caring Dentistry Limited, the two storey practice is located in the town centre of Wisbech and had completed phase one of a refurbishment plan. The ground floor has two treatment rooms, reception, and waiting area, practice manager's office, and staff toilet. There are a further three treatment rooms, a decontamination room for cleaning, sterilising, and packing dental instruments, a patient toilet, a cleaning room and a staff room on the first floor.

The ground floor of the premises are accessible to wheelchair users, however, there are no disabled toilet facilities, staff make patients aware of this and sign post them to other local practices if needed. The practice does not have a lift. A free car park, with designated disabled parking spaces, is available very close to the practice.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

Six dentists provide NHS and private treatment to approximately 3,500 patients. The practice employs nine trained dental nurses, one trainee dental nurse, and three receptionists.

We received feedback from 15 patients during the inspection process. We received positive comments about the cleanliness of the premises, the empathy and responsiveness of staff, and the quality of treatment provided.

Five patients told us that staff explained treatment options to them well. Patients reported that the practice had seen them on the same day for emergency treatment. Patients commented that the service they received was good, and that staff were always clear about the costs involved in their treatment.

Our key findings were:

- Staff had received safeguarding training and knew the processes to follow in order to raise any concerns.
- Staff had been trained to deal with medical emergencies and appropriate medicines and life-saving equipment were readily available and accessible.
- Infection control procedures were in place and staff had access to personal protective equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits, and risks and were involved in making decisions about them.
- 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.
- The practice staff felt involved in the management and development of the practice and worked as a team.

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

- Undertake audits relating to X-rays at regular intervals to help improve the quality of service.
- Dental care records should be written to ensure they contain the relevant information needed to reflect patients' consent, and decisions in relation to their treatment.

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 in place to ensure all care and treatment was carried out safely.

Staff had received training in safeguarding vulnerable adults and children, and they could describe the signs of abuse and were aware of the external reporting process. Staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

Infection control procedures were in place and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Emergency medicines 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, serviced, and maintained at regular intervals.

Are services effective?

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

Consultations were carried out in line with 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 and options available to them. Staff were supported through training, and opportunities for development. Patients were referred to other services in a timely manner. Staff had received training in 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 treatment plans. Patients with urgent dental needs or in pain were responded to in a timely manner, usually 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.

Appointments were easy to book and the practice offered extended opening hours to meet the needs of those who could not attend during normal opening hours. The practice offered slots each day enabling responsive and efficient treatment of patients with urgent dental needs.

There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area.

Are services well-led?

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

Staff had received inductions and regular performance reviews. The practice team were an integral part of the management and development of the practice.

Summary of findings

The practice had a number of policies and procedures to govern its activity and held regular staff meetings. It proactively sought feedback from staff and patients, which it acted on. However, we found that they did not undertake regular audits of X-rays. These must be undertaken at regular intervals to help improve the quality of service.

Alexandra Road Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 15 February 2016 and was conducted by a Care Quality Commission (CQC) inspector and a specialist dental advisor.

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 three dentists, practice manager, three dental nurses, three receptionists (one of the receptionists was also a dental nurse) and the compliance manager from Caring Dentistry Ltd. We reviewed policies, procedures and other documents. We received feedback from 15 patients during the inspection process.

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 and were encouraged to bring safety issues to the attention of the practice manager. Over the past 12 months, there had been ten complaints recorded, these were documented and dealt with appropriately. The practice manager told us that there had been no reported significant events at the practice.

The practice received national and local alerts relating to patient safety and the safety of medicines. The manager, who received the alerts by email, noted if any actions were required and cascaded information as appropriate to the staff. A copy was held at head office and staff were aware of where to locate the information.

Staff understood the process for accident and incident reporting including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). We reviewed the accident book; entries were appropriately managed however documentation lacked some details.

Reliable safety systems and processes (including safeguarding)

The practice had satisfactory child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting, and dealing with suspected abuse. Staff had completed the required training in child protection and described the actions they would take if they were concerned. For example, an elderly patient, looking for the practice, was brought to the practice by strangers. The patient was aware of the details of their treatment plan and was assessed as having mental capacity. However, after treatment, the practice staff became concerned, as the patient seemed more confused. Police and adult services were alerted and a report sent to the Care Quality Commission (CQC).

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect

patients from inhaling or swallowing debris or small instruments used during root canal work. The practice showed us that they had rubber dam kits available and confirmed that the dentists used these when carrying out root canal treatment.

We noted that there was good signage throughout the premises clearly indicating fire exits, the location of first aid kits, medical emergency equipment, and X-ray warning signs to ensure that patients and staff were protected.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All staff had received basic life support training. An automated external defibrillator (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm) was available. The practice did not have spare pads available however; pads were available, within three minutes, at another practice. 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.

We checked emergency medicines, equipment and oxygen, and found that they were readily available and were within their expiry dates. This was in line with the Resuscitation Council UK and British National Formulary Guidelines.

Staff recruitment

The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of identity, checking skills, and qualifications, registration with professional bodies where relevant, and deciding whether a Disclosure and Barring Service check was necessary. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We reviewed the files of three staff and found that all the necessary checks had been undertaken and recorded before they were employed by the practice

The practice had a formal induction system for new staff, this included information on accessing the practice's policies and procedures.

Are services safe?

The staff told us that there were usually sufficient numbers of suitably qualified and skilled staff working at the practice. Staff told us a system was in place to ensure that where absences occurred, they would cover for their colleague. The practice had access to an agency that could supply locum staff should the need arise.

Monitoring health & safety and responding to risks

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. For example, an asbestos survey undertaken in December 2015 identified that the practice's safe might contain asbestos; the staff had signed to confirmed that they were aware of this. Information and warnings notices were readily available for anyone who might open the safe.

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. Legionella is a bacterium found in the environment which can contaminate water systems in buildings and cause harm to patients.

Staff had received annual fire safety refresher training in June 2015. Staff were able to describe the actions they would take in the event of a fire. An evacuation drill was carried out February 2016. There were sufficient fire extinguishers and they had been serviced January 2016.

The practice had a business continuity plan to deal with any emergencies that might occur which could disrupt the safe and smooth running of the service. A copy was held off site at head office.

Infection control

The practice was visibly clean, tidy, and uncluttered. We noted that one treatment room, identified for refurbishment in phase two of the refurbishment plan showed areas where compliance of infection control might be compromised. On the day of the inspection we inspected the room and we were assured that it was clean and safe. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the treatment rooms and the general

areas of the practice. A dental nurse was the lead for infection prevention and shared responsibility with all the dental nurses. The nurses were responsible for the decontamination processes and for the cleaning of the equipment and treatment rooms; an employed cleaner was responsible for the floors, reception, waiting areas, and toilets.

An audit of the infection control procedures was completed in November 2015 with results and action points identified and completed.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the essential processes and practices to prevent the transmission of infections. Decontamination of dental instruments took place in the dedicated rooms in the practice. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

We found that the practice was in general meeting the HTM01-05 essential requirements for decontamination in dental practices. We noted that the extractor for air flow was not fitted correctly. We highlighted this to the practice who took immediate action to address this issue.

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

Sharps bins were signed, dated and not overfilled. A clinical waste contract was in place and waste matter was securely stored within a designated secure area alongside the premises.

The practice had a sharps' management policy which was clearly displayed and understood by all staff. Safer syringe systems were being used in the practice and single use items were used, where practical, to reduce the risks associated with cleaning sharp items such as matrix bands. Safer syringe systems mean medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury. Dentists were responsible for safely disposing of the sharps that they generated which also reduced the risk of injury to other staff.

Are services safe?

The practice had a record of staff immunisation status in respect of Hepatitis B, and there were clear instructions for staff about what they should do if they injured themselves with a needle or other sharp dental instrument.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers' guidelines. Portable appliance testing took place on all electrical equipment in June 2015.

There was a robust management system to ensure that the medicines in use at the practice were in date, stored and disposed of in line with published guidance.

There were sufficient stocks of dental equipment available for use and these were rotated regularly to ensure equipment was used within the date of sterile packaging.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

Radiography (X-rays)

The practice was registered with the health and safety executive as required under Ionising Radiations Regulations 1999 (IRR99).

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 as required by the Ionising Regulations for Medical Exposure Regulations (IR (ME) R 2000), 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 dentists monitored the quality of the X-ray images on an individual basis and dental care records were being maintained. We noted that the practice had not completed an annual audit of X-rays to ensure that they were of the required standard to reduce the risk of patients being subjected to further unnecessary X-rays.

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. An audit of dental care records was carried out in October 2015; managers within the head office carried out analysis from each clinician. Interviews were held with identified areas for improvement discussed with the dentist. Records we viewed did not show that the standards, as described in the NICE guidelines, were always being adhered to. There was a lack of detail recorded in treatment discussion and options with patients. Staff told us that a re-audit was scheduled for February 2016.

Radiographs were taken at appropriate intervals and in accordance with the patient's risk of oral disease.

The dentists told us that each person's diagnosis was discussed with them and treatment options were explained. Fluoride varnish and higher concentration fluoride toothpaste were prescribed for high risk patients. Where relevant, preventative dental information was given in order to improve the outcome for the patient. We noted that there was a lack of written information available to give to patients, the practice told us that head office were reviewing this and leaflets should be received in the near future.

Smoking cessation advice was given; the practice recognised that this could be enhanced if they had knowledge of local services that were available to patients.

We spoke with five patients, adult and young patients and received feedback from ten patients comment cards; we also reviewed comments collected by the practice using the Family and Friends test (This is a national programme to allow patients to provide feedback on the services provided). All the comments received reflected that patients were very satisfied with the staff, assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The waiting room and reception area at the practice contained some literature that explained the services offered at the practice. Staff told us that they advised patients 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. Patients we spoke with confirmed that they had received health promotion advice.

Staffing

Dental staff were appropriately trained and registered with their professional body. Staff reported that they were encouraged and supported 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 records reviewed confirmed this.

Staff told us that they regularly met to discuss training, and their needs. We viewed minutes of staff meetings that had been held. Staff we spoke with said they felt supported and involved in discussions about their personal development. They told us that the practice manager was supportive, approachable, and always available for advice and guidance.

Working with other services

The practice had a system in place for referring, recording, and monitoring patients for dental treatment and specialist procedures for example root canal treatment, impacted wisdom teeth and orthodontics. The practice kept a log of these referrals made to ensure patients received care and treatment needed in a timely manner.

Consent to care and treatment

We discussed the practice's 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.

Staff were aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. Staff had received Mental Capacity Act 2005 (MCA) training and were fully conversant with the relevance to the dental practice. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for them.

Are services effective?

(for example, treatment is effective)

Staff were aware of gaining consent from children under the age of 16. They understood the issues relating to 'Gillick' competence. The 'Gillick test' helps clinicians to identify children aged under 16 who have legal capacity to consent to medical/dental examination and treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity, respect, and maintained their privacy. The reception area was well designed, and conversations were managed to maintain patient confidentiality.

A data protection and confidentiality policy was in place. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that dental care records were held securely.

Patients reported that that practice staff were friendly, helpful, and caring and that they were treated with dignity and respect. We observed staff treating patients professionally, confidentially and with courtesy.

Involvement in decisions about care and treatment

Feedback from patients included comments about how professional the staff were and treatments were always explained in a language they could understand. Patients also commented that staff were very sensitive to their anxieties and needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice provided a range of services to meet patients' needs. It offered both NHS and private treatment to children and adults.

There was good information for patients about the practice; this was available in the waiting area, and website. This included details about the dental team, the services on offer, how to raise a complaint, and information for contacting the dentist in an emergency. There was clear information about NHS and private costs on display in the waiting room.

Tackling inequity and promoting equality

There were treatment rooms on the ground and first floor; providing good access for patients who used wheelchairs or for families with children in push chairs. However, due to space restrictions toilets suitable for patients with disabilities were not available. The practice did make patients aware of this at the time of registration.

The practice had some patients whose first language was not English and had access to translation services if required. Staff spoke some different languages including Polish, Russian, and Portuguese. The practice did not have a hearing loop for patients who used hearing aids but the practice manager was confident in sign language and staff were able to describe how they managed communication with patients.

The staff were able to obtain information, usually without delay, in other formats or languages if required.

Access to the service

The practice was open Monday to Thursday 8am to 7pm, Thursday, and Friday 8am to 5pm. Appointments were available on one Saturday per month from 9am to 1pm. The extended hours met the needs of patients unable to attend during the working day.

Appointments could be booked by phone or in person. Staff told us patients were seen as soon as possible for emergency care and this was normally on the same day. Patients we spoke with and comment cards said that the practice had responded quickly when they had a need for urgent treatment.

The practice's answer phone message detailed how to access out of hours emergency care if needed.

All the patients we spoke with were satisfied with the appointments system and said it was easy to use.

Concerns & complaints

There was information available for patients giving them details of how to complain. The practice had ten complaints recorded in the past 12 months. The complaints had been documented and patients responded to appropriately, for example a patient had a problem with the dentures that had been fitted. The dentist concerned had discussed this with the patient, apologised, and waived the fee. The dentist discussed treatment with the patient, and referred the patient to hospital, the patient was happy with this outcome.

Patients we spoke with told us they felt confident that staff would respond appropriately to any concerns they had. The staff were aware of how to deal with a complaint should they need to.

Are services well-led?

Our findings

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, needle stick injury, safeguarding vulnerable adults and child protection. These policies and procedures had been updated regularly, and were available to staff.

The practice had an information governance policy, which staff were aware of, to ensure compliance with the laws regarding how patient information is handled.

There were meetings involving all the staff where a range of practice issues were discussed such as policies, significant events, and updates. Minutes of the meetings were taken for those who could not attend. Staff told us there were meetings where they felt able to raise concerns. We reviewed minutes from a meeting held 3 December 2016; topics discussed included dealing with an allergic reaction and a reminder about security of prescription pads. Staff felt their suggestions were listened to; for example, reception staff identified that paperwork for incoming mail was not organised well, a series of in trays were obtained, and the turnaround time of dealing with mail has reduced.

Staff received an annual appraisal of their performance. These appraisals were comprehensive and covered staff's performance including their communication, complaints handling and patient information management. Staff reported that their appraisal was useful, and helped to identify any training needs for example dealing with complex patients.

Leadership, openness and transparency

There were clear lines of reporting and responsibility organised by the practice manager. Staff told us they felt able to raise concerns at any time and did not wait for the monthly meeting. Staff felt involved with the management of the practice. Although they had not needed to use it at this practice, staff we spoke with were aware of the whistle blowing policy and understood when it was appropriate to use.

Learning and improvement

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. Staff told us they had good access to training and the practice monitored it, to ensure essential training was completed each year.

Support was in place for the dentists to help monitor their reflective learning, performance and drive improvement.

Minutes of staff minutes showed that learning was taken from complaints, significant events, and staff feedback.

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

Patients were given the opportunity to give feedback and influence how the service was run at each appointment. The practice offered comment cards for the NHS family and friends test and the practice's own questionnaires.