

Palladium Services Limited Village Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection of Village Dental Practice on 22 August 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.

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

Village Dental Practice is based near Luton and provides mostly NHS treatment to patients of all ages. The practice is part of Palladium Services Limited, who own eleven practices.

There is level access and three downstairs treatment rooms for people who use wheelchairs and pushchairs. The dental team includes four dentists, one hygienist, seven dental nurses and four receptionists.

The practice is open on Mondays and Tuesdays from 8am to 7pm; on Wednesdays, Thursdays and Fridays from 8am to 5.30pm; and on Saturdays from 8.30 am to 1pm.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Village Dental is the owner, Sab Bhandal.

On the day of inspection, we collected 22 CQC comment cards filled in by patients. We spoke with three dentists, three dental nurses and two receptionists. Two of the company's area managers and a compliance manager were also present.

We looked at practice policies, procedures, and other records about how the service is managed.

Our key findings were:

- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Risk assessment was comprehensive and action was taken to protect staff and patients.
- The practice was well equipped to treat patients and meet their needs.
- Patients' needs were assessed and care was planned and delivered in line with current best practice

guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance. Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.

- The practice dealt with complaints positively and efficiently.
- There was a clear leadership structure and staff felt supported and valued by senior managers. Teamwork in the practice was excellent.
- The practice proactively sought feedback from staff and patients, which it acted on to improve its service.
- The practice did not undertake disclosure and barring service checks for the dental nurses to ensure they were suitable to work with vulnerable adults and children.

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

- Review the practice's recruitment procedures to ensure necessary employment checks are in place for relevant 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 well to help them improve. There were suitable arrangements in place for dealing with medical and other emergencies.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. However, dental nurses had not been DBS checked to ensure they were suitable to work with vulnerable adults and children.

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

No action



Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

Patients described the treatment they received as effective and pain-free. The dentists 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.

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 22 people. Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received and of the staff who delivered it. Staff gave us specific examples of where they had gone out their way to support patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action



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, and the practice offered extended hours opening.

No action



Summary of findings

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with hearing loss.

The practice took patients views seriously and responded to concerns and complaints quickly and constructively.

Are services well-led?

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

We found staff had an open approach to their work and shared a commitment to continually improving the service they provided. There were systems in place to monitor and improve quality, and identify risk. The practice undertook regular audits of its record keeping, infection control procedures, hand hygiene procedures, referrals and dental care records to ensure good standards were maintained.

The practice manager and staff were supported in their work, and it was clear the company valued its staff. The practice had updated policies and procedures to govern its activity, and held regular staff meetings.

The practice proactively sought feedback from staff and patients, which it acted on to improve services to its patients.

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. All untoward incidents were recorded on a specific form and emailed to the provider's support centre so they could be monitored centrally. We viewed a detailed report form of an incident that had happened at the practice shortly before our arrival.

Significant events were a standing agenda item on the practice's monthly meetings to ensure that learning from them could be shared across the staff team. We saw that an incident when the practice's telephone panic button had failed to activate had been discussed in June's meeting.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Alerts were also received by the company's support centre and shared for actioning by the practice manager if needed.

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 good information about contact details of protection agencies around the practice, including in patients' toilets.

The practice manager was the named lead for safeguarding concerns and safeguarding scenarios were discussed at staff team meetings so that all present knew how to respond. However, not all staff were disclosure barring service (DBS) checked to ensure that they were suitable to work with children and vulnerable patients.

Staff provided us with specific examples of where they had reported their concerns about the welfare of child patients, demonstrating they had a good understanding of safeguarding issues.

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 dentists 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 it would deal events that 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 basic life support every year. Staff should consider undertaking medical emergency simulations to ensure they are clear about what to do in the event of an incident.

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.

The practice had appointed first aiders in place, and bodily fluid and mercury spillage kits were available.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. Staff files we reviewed showed that appropriate some pre-employment checks had been undertaken for staff including proof of their identity and references. We found that the practice was not following its recruitment policy in relation to DBS checks for staff and had failed to obtain any such checks for its dental nurses or receptionists. Following our inspection we were sent evidence that checks had been applied for.

All new staff received a full induction to their role. For the dental nurses this consisted of a full 12-week, four stage programme. Each new nurse was also appointed a specific mentor in the practice for support.

Staff were issued with the company's employee handbook that provided them with comprehensive information on a range of policies and personnel matters.

Monitoring health & safety and responding to risks

Are services safe?

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed comprehensive practice risk assessments that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff.

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

The practice had a fire risk assessment in place and carried out regular fire drills and checks. Fire detection and firefighting equipment such as extinguishers were regularly tested, and we saw records to demonstrate this. Full evacuations of the premises were rehearsed to ensure that all staff knew what to do in the event of an emergency. The practice had appointed specific staff who had been trained as Fire Marshals.

We noted good signage around the premises indicating the location of first aid equipment, hot radiators, X-rays and fire exits. There were CCTV cameras in some areas of the practice for additional security. A poster was displayed informing patients that they were being filmed.

Infection control

The practice had a range of relevant written policies in place for the management of infection control including those for cleaning, sterilisation, hand hygiene, clinical waste disposal and the use of personal protective equipment. The practice completed infection prevention and control audits and results from the latest audit in August 2017, showed it met essential quality requirements.

We found that all areas of the practice were visibly clean and hygienic, including the waiting areas, treatment rooms and corridors. There were comprehensive cleaning schedules and checklists for all areas of the premises. We checked two of the treatment rooms and found that they were clean and free from clutter. All surfaces including walls, floors, skirting boards and cupboard doors were free from visible dirt.

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.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05, although there was not a separate decontamination facility in the building. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

Clinical waste was stored outside securely in locked bins that were chained to the wall.

Equipment and medicines

Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. Other equipment was tested and serviced regularly and we saw records that confirmed this. Staff told us they had the equipment needed for their job and repairs were actioned swiftly by the company.

Effective control checks were in place to ensure sufficient amounts of stock were available and out of date stock removed.

The practice had suitable systems for prescribing and dispensing medicines and a logging system was in place to account for any issued to patients. There was a dedicated fridge in which to store medicines and its temperature was monitored daily to ensure it was operating effectively.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations. The practice had most of the required information in their radiation protection file, although evidence of HSE notification and some equipment maintenance records were missing. These were sent to us the day following our inspection.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits following current guidance and legislation.

Rectangular collimation was used on X-ray machines to reduce the dosage to patients. 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

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our discussion with the dentists and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. Where relevant, preventative dental information was given in order to improve the outcome for the patient.

The practice regularly audited patients' dental care records to check that the dentists recorded the necessary information.

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. A number of oral health care products were available for sale to patients in reception including dental floss, toothpaste, mouthwash and toothbrushes. A part-time dental hygienist was employed to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease.

The practice held regular 'kids days' during school holidays where they offered face painting and gave tooth brush packs to children who attended the practice. Children had the opportunity to win a trip to Disney Land Paris. Staff told us they had delivered oral health sessions to children at a local school.

The dentists 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 all children based on an assessment of the risk of tooth decay for each child.

Staffing

Files we viewed demonstrated that staff were appropriately qualified, trained and had current professional validation and professional indemnity insurance. Training records showed that all staff had undertaken recent essential training. The practice had appropriate Employer's Liability insurance in place.

We found that the dentists were supported by appropriate numbers of dental nurses, receptionists and other administrative staff to provide care for patients. A nurse always worked the dentist and hygienist. Staff told us it was a busy practice but that there were enough of them for its smooth running.

There was an effective appraisal system in place that was used to identify staff's training and development needs.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves and there were clear referral pathways in place. A log of the referrals made was kept so they could be tracked.

Consent to care and treatment

Staff understood the importance of obtaining and recording patients' consent to treatment. They had received recent specific training in the Mental Capacity Act and were aware of its implications when treating patients who could not make decision for themselves.

The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Dental records we reviewed demonstrated that treatment options had been explained to patients.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We received positive comments from patients about the quality of their treatment they received and of the staff who provided it. Patients told us they were treated in a way that they liked by staff and many comment cards described staff as caring and empathetic to their needs. A number of patients commented that the dentists were particularly good with their young children

Staff gave us specific examples of where they had provided additional support to patients such as giving up their own time to provide and fit over 200 mouth guards to children's rugby clubs. One staff member told us she had stayed on after hours to assist one patient who felt shaky after their tooth extraction.

We noted that staff were friendly and welcoming towards patients at the reception desk and over the telephone. Staff were aware of the importance of privacy and

confidentiality. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it. All consultations were carried out in the privacy of the treatment rooms and we noted that doors were closed during procedures to protect patients' privacy.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. In addition to this, the practice's website provided patients with information about the range of treatments on offer. There were leaflets in the waiting area on a range of dental health issues including extractions, dental care for mothers and babies, and medical conditions.

We saw examples in patients' dental care records that demonstrated patients had been involved in discussions about their dental care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The building was easily accessible and had free parking close by. The practice had its own website which provided good information about the treatments on offer and the staff. There was also a social media site that patients could access.

The practice offered extended opening hours early in the morning, in the evening and on Saturday mornings. Patients could book appointments on-line and sign up for a text reminder service. Each dentist had at least three slots a day in which to see patients requiring an urgent appointment.

Promoting equality

There was level entry access, three downstairs treatment rooms and a toilet for patients with limited mobility. Staff

were aware of translation services and one staff member spoke Urdu, a language also spoken by a number of patients. A portable hearing loop was available for patients with hearing aids.

Concerns & complaints

The practice had an appropriate complaints procedure in place that included the timescales within which they would be dealt and other agencies that patients could contact. Information about how to raise a complaint was available for patients in the waiting areas and reception staff spoke knowledgeably about how they would deal with complaints.

The practice manager was the named lead for dealing with complaints and a monthly log was kept of both written and verbal complaints received. The company's area manager told us she reviewed complaints at her monthly visits to ensure all were being managed effectively. Information we reviewed in relation to recent complaints demonstrated they had been responded to in a timely and empathetic way.

Are services well-led?

Our findings

Governance arrangements

The practice manager took responsibility for the overall leadership in the practice, supported by area and compliance managers who visited regularly to assist in the running of the service. In addition to this, the practice manager attended area meetings with other practice managers to discuss a range of issues including compliance. There was a clear staffing structure within the practice, with staff in lead roles with additional responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Policies were regularly discussed at practice meetings, evidence of which we viewed. The company sent out a weekly bulletin with updates for staff on any policy or compliance issues they needed to be aware of.

Communication across the practice was structured around key scheduled meetings which staff told us they found useful. There were standing agenda items such as health and safety, infection control, patient feedback and significant events. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them. In addition to these, separate meetings were held with nurses and reception staff so that issues specific to their roles could be discussed.

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate.

Leadership, openness and transparency

It was clear that the management approach of the practice created an open, positive and inclusive atmosphere for both staff and patients. Staff reported that they felt valued and clearly enjoyed their work. One trainee nurse spoke of the particularly good support she had received from the practice's head dental nurse.

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. Information about duty of candour was also on display in the staff room.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits on a range of topics including dental care records, hand washing procedures, uniforms and referrals. The quality of these audits was good and there were clear records of their results and action plans.

Appraisals for all staff were carried out by the practice manager who assessed their performance in a range of areas. In addition to this, each staff member met with the practice manager for a one to one meeting to discuss any relevant matters. The company employed an external consultant to help them audit the quality of the dentist's clinical work. Staff also received direct observations of their daily practices to ensure they met the required standards.

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

The practice had introduced the NHS Friends and Family test as a way for patients to let them know how well they were doing, recent results showed that all respondents would recommend the practice. Feedback left by patients on the NHS Choices web site was monitored by the company's support centre, who responded to any comments left. We noted that practice had scored five out of five stars, based on twenty reviews. Patient feedback was a standing agenda item on the monthly staff meetings so that it could be shared across the team.

In response to patient feedback, staff told us that the practice's opening hours had been extended, and that appointment times had been reviewed to reduce waiting times for treatment. Patients had complained that the price list for dental sundries was too small, so it was enlarged accordingly.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. We found good evidence that the practice listened to its staff and implemented their suggestions. For example, one staff member told us that staff's working hours had been reviewed, and one nurse's request for additional responsibility within the practice had been agreed.