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Richmond Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 17 May 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

Richmond Dental Practice is situated in a purpose built building in Malvern, Worcestershire. It provides NHS treatment to patients of all ages. The practice's clinical team comprises of the principal dentist, four dentists, two dental hygienists, four qualified dental nurses and three trainee dental nurses. The clinical team are supported by two receptionists and a practice manager who is also a qualified dental nurse.

The principal dentist is registered with the Care Quality Commission (CQC) as the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The practice has a reception area, a waiting room, five dental treatment rooms and a decontamination room for the cleaning, sterilising and packing of dental instruments. The building is single storey and has level access for patients who use wheelchairs and pushchairs.

On the day of inspection we collected five CQC comment cards filled in by patients and spoke with one other patient. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, two dentists, a dental nurse, a receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8.30am – 5pm

Our key findings were:

- The practice was visibly clean and an employed cleaner was responsible for the day to day cleaning.
- The practice had well organised systems to assess and manage infection prevention and control.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- Staff we spoke with felt well supported by the principal dentist and practice manager and were committed to providing a quality service to their patients.
- The practice dealt with patients' complaints positively and efficiently.

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

- Review the managment of prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's protocols for recording the reason for taking the X-ray and quality of the X-ray ensuring compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.
- Develop a recruitment policy in line with current procedures to ensure accurate, complete and detailed records are maintained for all staff including requesting two references.
- Develop a incident reporting policy in line with current procedures.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve. Although the process and supporting documentation such as incident forms and logs were in place, the practice did not have an incident reporting policy.

The practice held NHS prescriptions, documented in the patients clinical care records the prescription number when issued and stored them securely. However we found that prescriptions were not recorded and logged prior to being issued which prevented the practice from being able to track all prescriptions and audit them.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. The practice had detailed contact information for local safeguarding professionals and relevant policies and procedures were in place.

Staff were qualified for their roles and the practice completed essential recruitment checks however, the practice did not have a recruitment policy and had not requested references for newly recruited staff members.

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.

However, the practice did not meet current radiation regulations. We saw evidence that all X-rays taken were recorded and graded in the patients' clinical care records however; the practice had not carried out a recent X-ray audit in line with current guidance and legislation.

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as unrushed, kind and gentle. 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 and had systems to help them monitor this.

Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who might lack capacity to make decisions.

Summary of findings

Are services caring?

No action

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

We collected five completed Care Quality Commission patient comment cards and obtained the view of a further patient on the day of our visit. These provided a positive view of the service the practice provided. Without exception patients were positive about the quality of the service provided by the practice. They told us staff were friendly, caring and respectful. They said that the dentists were honest, reassuring and said gentle. Patients commented that the dentists made them feel at ease, especially when they were anxious about their appointment.

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

Are services responsive to people's needs?

No action

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

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

Staff considered patients' different needs. The practice had access to translation services and had arrangements to help patients with sight or hearing loss. The practice was single storey and accessible for patients with disabilities.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. Information was available at the practice through a patient information leaflet, a patient information booklet and a screen in the waiting room; these included details of how to make a complaint.

Are services well-led?

No action

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. 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 typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

The practice had extensive policies that were well written however, the practice did not have policies to support processes in place for the following: incident reporting, duty of candour and recruitment.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures and supporting documents in place such as incident forms, an accident book and an incident log to report, investigate, respond and learn from accidents, incidents and significant events. However the practice did not have a policy in place to support these procedures.

The practice 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. We saw evidence that 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 the practice manager reviewed annually. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used the rubber dam system in line with guidance from the British Endodontic Society when providing root canal treatment.

We spoke to the practice manager about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharps' guidelines, thus helping to protect staff from blood borne diseases. The practice used a system whereby needles were not manually resheathed following administration of a local anaesthetic to a patient. Dentists were also responsible for the disposal of used sharps and needles. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

The practice manager was able to describe how the practice would deal events which could disrupt the normal running of the practice and had a business continuity plan at home and in 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. In addition to this the practice simulated medical emergencies and practiced using emergency equipment at alternate monthly staff meetings to ensure all staff were competent and comfortable responding to different medical emergencies.

The practice had all of the emergency medicines set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines.

One of the dental nurses had responsibility for checking the emergency medicines and equipment to monitor they were available and in date. We saw records to show the emergency medicines were checked weekly.

Staff recruitment

The practice had a staff recruitment process which was used alongside an induction training plan for new starters to help them employ suitable staff. However, they did not have a supporting recruitment policy and did not request references for newly recruited staff. We looked at four staff recruitment files and found that they followed their recruitment process but needed to update this alongside developing a recruitment policy to include requesting references. With the exception of the references the practice had completed appropriate checks for the staff files we viewed. For example, proof of their identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover and immunisation status.

We saw evidence of Disclosure and Barring Service (DBS) checks for all staff. The DBS carries out checks to identify

Are services safe?

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.

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

The practice had detailed information about the control of substances hazardous to health. These were well organised and easy for staff to access when needed.

The practice had a business continuity plan covering a range of situations and emergencies that might affect the daily operation of the practice.

A dental nurse worked with the dentists and dental hygienists 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 every year.

There was a dedicated decontamination room which served all five treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination room with signage to reinforce this. These arrangements met the HTM01- 05.

The practice carried out infection prevention and control audits twice a year. The latest audit undertaken in March 2017 showed the practice was meeting the required standards. A hand hygiene audit was last completed in February 2017.

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

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

Equipment and medicines

We saw servicing documentation for the equipment used, this included sterilisers, a washer disinfector and X-ray machines. Staff carried out checks in line with the manufacturers' recommendations.

The practice held NHS prescriptions, and documented in the patients' clinical care records the prescription number when issued and stored them securely. However, we found that prescriptions were not recorded and logged prior to being issued which prevented the practice from being able to track all prescriptions and audit them.

We observed that the practice had equipment to deal with minor first aid such as minor eye problems and body fluid and blood spillage.

Radiography (X-rays)

The practice had arrangements in place to ensure the safety of the X-ray equipment. They had the required information in their radiation protection file with the exception of the Health and Safety Executive (HSE) notification. We were informed that this was in place and the practice would contact the HSE to request another copy.

The practice did not meet current radiation regulations. We saw evidence that all X-rays taken were recorded and graded in the patients' clinical care records however; the practice had not carried out a recent X-ray audit in line with current guidance and legislation. The practice had records showing they audited the technical quality grading of the X-rays each dentist took however, this had not been completed since 2013. Dental records showed X-rays were justified, graded and reported upon to help inform decisions about treatment.

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 dentists assessed patients' treatment needs in line with recognised guidance.

Dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the condition of the gums using the basic periodontal examination scores and soft tissues lining the mouth. These were carried out where appropriate during a dental health assessment. All of the dental care records we saw were detailed, accurate and fit for purpose.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information; the last audit undertaken was in March 2017.

Health promotion & prevention

The practice was very focussed on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim the practice had appointed two dental hygienists to work alongside the dentists in delivering preventative dental care. The principal dentist was aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. Dental care records we observed demonstrated that dentists had given oral health advice to patients.

Children at high risk of tooth decay were identified and were offered fluoride varnish applications or the prescription of high concentrated fluoride tooth paste to keep their teeth in a healthy condition. Fissure sealants (special plastic coatings on the biting surfaces of permanent back teeth in children) were also used on patients who were particularly vulnerable to dental decay.

The dentists 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. In addition to this the practice used the screen in the waiting room to deliver oral health information.

Staffing

The practice had five dentists working over the course of a week and they were supported by four qualified dental nurses, three trainee dental nurses, two dental hygienists, two receptionists and a practice manager who was also a qualified dental nurse.

Staff new to the practice had a period of induction based on a structured induction programme which included opportunities for new staff to shadow their more experienced colleagues. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals including personal development plans for all staff members.

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. This 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.

The dentists referred patients where clinically necessary, to the dental hygienists within the practice.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. Staff were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand

Are services effective?

(for example, treatment is effective)

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

Nervous patients said staff were compassionate, gentle and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. 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.

Treatment rooms were situated away from the main waiting area and we observed doors were closed at all times when patients were with clinicians. Conversations between patients and clinicians could not be heard from outside the treatment rooms which protected patients' privacy.

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

Music was played in the waiting room and magazines, books and an information screen were available for patients to use.

Patient survey results were collated and analysed and were displayed in the staff room.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. Posters detailing NHS costs and private treatment fees were displayed in the waiting area. Patient information leaflets and patient information booklets in the waiting room also detailed the costs of both NHS and private treatment.

The dentists we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on the standard NHS treatment planning forms for dentistry where applicable.

All of the patients we received information from confirmed their dentist listened to them and made sure they understood the care and treatment they needed.

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, a disabled toilet and lowered part of the reception desk had been added to support wheelchair users.

Promoting equality

The practice had an equality and diversity policy which was signed by all staff to confirm they had read and understood what was expected of them.

Staff told us they had some patients who were Polish and had recruited a Polish dentist to enhance communication for these patients. The practice made reasonable adjustments for patients with disabilities. These included a hearing loop and a wheelchair accessible toilet.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to 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 where there were no slots available patients were invited to sit and wait. 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.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and where the complaint was of a clinical nature they would refer to the relevant dentist to respond. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice had received two complaints in the past 12 months, which had all been dealt with in a timely manner and managed in accordance with the practice's policy.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. However, although there were processes and supporting documents in place, we found that the practice did not have policies for recruitment, incident reporting and duty of candour.

The practice had designated lead professionals for safeguarding, infection control, radiation protection, information governance and complaints handling. Practice staff were aware of who the practice lead professionals were should they need to refer to them.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong, although there was no policy in place to support this.

Staff told us there was an open, no blame culture at the practice. They said the practice manager 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 practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. However we found that the practice had not undertaken any X-ray audits since 2013.

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 and dental hygienists had annual appraisals. They discussed their learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals and personal development plans in the staff folders.

Staff told us they completed mandatory training, including fire safety, infection control, medical emergencies and basic life support, each year. The General Dental Council 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, verbal comments and complaints to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on, for example, as a result of patient feedback the practice had purchased a patient information screen and additional seating for the waiting room.