

East Midlands Community Dental Association Limited

East Midlands Community Dental Association – South Normanton

Inspection Report

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South Normanton
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Overall summary

We carried out this announced inspection on 29 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not have any relevant information to share with us regarding this dental practice.

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?

Summary of findings

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

East Midlands Community Dental Association is located in premises in South Normanton and provides mainly NHS dental treatment (95%) to patients.

The practice is situated in purpose built ground floor premises giving level access for patients to the front door which made access easy for people who use wheelchairs and pushchairs.

The dental team includes eight dentists; one hygiene therapist; eight qualified dental nurses including the practice manager; three trainee dental nurses and two receptionists including one trainee. The practice has six treatment rooms, all of which are on the ground floor.

The practice is owned by an organisation 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 the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at East Midlands Community Dental Association is the practice manager.

On the day of inspection we collected 30 CQC comment cards filled in by patients. In addition we spoke with three dental patients in the practice. This information gave us a positive view of the practice.

During the inspection we spoke with four dentists, four dental nurses 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 am to 5 pm and Saturday: 9 am to 3 pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which followed published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risks in the practice, particularly with regard to health and safety.
- The practice had suitable safeguarding processes and staff had been trained and knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took steps to protect their privacy and personal information.
- The appointment system met patients' needs. Patients said they could get an appointment that suited them.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. There was a lead person appointed within the practice for safeguarding matters.

Staff were suitably qualified for their roles on the dental team and the practice completed essential recruitment checks.

The 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 and equipment for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as wonderful, informative and considerate. 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.

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 33 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, caring and sensitive to patients' needs, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



Summary of findings

Are services responsive to people's needs?

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

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

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

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. 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 written 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.

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. The practice had an accident book to record any accidents. There had been three accidents recorded in the year up to this inspection. We saw that accidents had been analysed, and the most recent; a minor injury to a member of staff had been discussed in a staff meeting on 3 May 2017.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice investigated every significant event and recorded the outcome. There had been five significant events in the year up to this inspection, the last of which was recorded in June 2017. There was clear analysis and action and learning points were recorded.

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. Records showed the practice received regular alerts and they were reviewed by the practice manager and shared with staff if relevant.

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. The safeguarding policies had been reviewed on 26 June 2017. A dentist was the identified lead for safeguarding in the practice with the practice manager as their deputy. They had both completed training in child protection to level two together with safeguarding vulnerable adults training. We saw evidence that all staff had completed training in child protection to level two and safeguarding vulnerable adults training during June 2016. Certificates in the safeguarding file identified safeguarding training had been updated on an annual basis.

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. A copy of the whistleblowing policy was on display in the staff room which gave all staff ready access if they had any concerns.

Guidance was available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. All COSHH information including copies of manufacturers' product data sheets were stored on the computer system, and were accessible to all staff. In addition the contract cleaner had hard copies of data sheets for cleaning products; these were kept in a file in the cleaning cupboard.

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. This included single use matrix bands and safety systems for using injection needles. In addition it was practice policy that only dentists handled needles. The practice had a risk assessment for the use of sharps in the practice which had been reviewed in February 2017. The dentists used rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment. We saw the practice had the necessary equipment to use rubber dam available for dentists.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. A copy was also available off site. The policy had last been updated in October 2016.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year, with the last training completed in February 2017.

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. Equipment included an automated external defibrillator (AED), medical oxygen and portable suction. The practice had oxygen masks for both adults and children. We saw that all medical emergency equipment was in date.

Are services safe?

The practice had a first aid box which was located centrally. Three members of staff had completed first aid at work training during 2016 and we saw their training certificates were valid following annual updates.

Staff recruitment

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

We saw that every member of staff had received a Disclosure and Barring Service (DBS) check.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice manager had a system to monitor that relevant staff were up to date with their registration and indemnity insurance cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed annually to help manage potential risk. These covered general workplace and specific dental topics. The practice manager was the lead person with overall responsibility for health and safety at the practice. The practice had current employer's liability insurance which was due for renewal on 26 October 2017. The certificate was on display in the waiting room for patients' reference. The practice manager checked twice a year that the clinicians' professional indemnity insurance was up to date.

We saw that regular health and safety audits were completed, reviewed and where necessary updated.

The practice had an automatic fire alarm system which was serviced regularly; this included automatic fire detection and emergency lighting. Staff at the practice had been trained in fire safety with training certificates held within the practice. The fire risk assessment had been reviewed in August 2016. All staff had completed fire awareness training in June 2017, with certificates held within the practice.

A dental nurse worked with the dentists, dental hygienists and dental therapists 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 an annual update in infection prevention and control. The most recent training having been completed on 28 March 2017.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice policy identified infection prevention and control audits should be completed twice a year. The latest audit was completed in June 2017. Records showed the practice was meeting the required standards with regular audits twice a year.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been updated in 27 February 2016 by an external contractor. The practice had not been completing quarterly dip slides as this was not a requirement from the risk assessment. However, the practice manager said this would be started following this inspection as an additional safety feature.

The practice was using an ultrasonic cleaner. However, the regular tests completed on the machine raised questions as to whether it was working properly. The practice manager said the machine would be checked by a service engineer to answer those concerns.

There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required.

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. Staff carried out checks in line with the manufacturers' recommendations. This included testing of the electrical equipment (June 2017), servicing of the fire extinguishers (September 2016) and servicing of the compressor (June

Are services safe?

2016). This was in accordance with the Pressure Systems Safety Regulations (2000). A Landlord's gas safety certificate issued on 8 May 2017 identified the gas services at the practice had been checked. Autoclaves at the practice had been serviced and validated in January 2017.

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

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

Records showed the X-ray equipment had last been inspected in June 2017. This was within the time frame required by the regulations. The provider had informed the Health and Safety Executive (HSE) that X-rays were being carried out at the premises.

The practice had six intraoral X-ray machines. All six machines were fitted with rectangular collimation. If a patient required an orthopantomogram X-ray they were referred elsewhere usually either to a practice in Belper or to the local hospital.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation. The last X-ray audit was dated June 2017. X-ray audits were routinely completed every six months.

Clinical staff completed continuous professional development in respect of dental radiography as required by the General Dental Council (GDC).

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 practice used electronic dental care records. The dentists assessed patients' treatment needs in line with recognised guidance. The dental care records identified the discussions and advice given to patients in relation to their dental health by the various dental care professionals at the practice.

The dentists assessed patients' treatment needs in line with recognised guidance, using the basic periodontal examination screening tool.

We saw that the practice 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 accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' We saw evidence this was being used in the practice with the hygienist taking the lead. The presence of a hygiene therapist within the practice enhanced the health promotion stance of the practice with practical support and advice around good oral hygiene.

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 based on risk.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. We saw evidence of this in dental care records. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Free samples of toothpaste were also available at the reception desk.

Staffing

The practice had eight dentists; one hygiene therapist; eight qualified dental nurses including the practice manager; three trainee dental nurses and two receptionists

including one trainee. We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. The practice manager monitored staff CPD training and reviewing other training annually at staff appraisals.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals for staff.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence (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 practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere either to a dental practice who provided sedation or to the Maxillofacial department at the local hospital. Children or patients with special needs who required more specialist dental care were referred to the community dental service. The practice also made referrals for NHS orthodontic treatment to a local orthodontic practice.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. Following this inspection the consent policy was updated and a copy sent to the Care Quality Commission. The updated version made reference to the Mental Capacity Act (2005), best interest decisions and Gillick competence. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make

Are services effective?

(for example, treatment is effective)

informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. We saw some examples where dentists had recorded this information in dental care records.

The practice recorded written consent using the standard NHS treatment plan and consent form the FP17DC form. This form was completed electronically with patients providing an electronic signature which were placed directly into the patient dental care records.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were caring, considerate and sensitive. We saw that staff treated patients with respect, were polite, friendly and helpful at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

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.

Staff password protected patients' electronic care records and backed these up to secure storage. Each staff member had their own unique password for the computer system.

Information posters and leaflets were available for patients to read together with a patient information folder in the waiting rooms.

Involvement in decisions about care and treatment

The practice offered mostly NHS dental treatments (95%) The costs for both NHS and private dental treatments were displayed in the waiting room.

The practice gave patients clear information to help them make informed choices about their treatment options. Patients confirmed that staff listened to them, did not feel rushed and were able to ask questions.

We saw examples in patients' dental care records that demonstrated patients had been involved in discussions about their dental care. Dentists had recorded the treatment options and noted these had been discussed with patients.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments including dental implants, cosmetic dentistry and dentures provided by this practice.

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. Several patients commented on the ease of getting an appointment that suited their needs. Particular comments we received were that the practice provided a quick service with on time appointments, reception staff very friendly and helpful. 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. Each dentist made emergency appointment slots available each day or patients could come and sit and wait to be seen.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. This included making ground floor treatment rooms available.

Staff told us that they texted patients who had signed up for the service 48 hours before an appointment was due.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included providing ground floor treatment rooms and an induction hearing loop for patients who used a hearing aid. The premises had level access into the treatment rooms and had adapted toilet facilities which were compliant with the Equality Act 2010. The practice had completed an access audit in line with the Equality Act 2010. This had been reviewed in July 2016 and identified the steps taken to make the practice fully accessible.

Staff said they could provide information in different formats such as large print to meet individual patients' needs on request. The practice manager said there were arrangements for accessing an interpreter or translation service if and when required.

Access to the service

The practice displayed its opening hours in the premises, and in their information leaflet and outside the practice. This included access to emergency treatment outside of opening hours.

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

The practice was committed to seeing patients experiencing pain on the same day and kept appointments slots free for same day appointments. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open this included access to the NHS 111 service. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The policy had been reviewed in January 2017. The practice information leaflet explained how to make a complaint. A detailed procedure was on display in the waiting room which identified other agencies patients could contact should they remain dissatisfied. The practice manager was responsible for dealing with complaints in the practice. 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.

Staff told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at comments, compliments and complaints the practice received in the year up to this inspection. The practice had received three complaints in the year up to this inspection. We saw that all three complaints had been dealt with in line with the practice complaints policy.

Are services well-led?

Our findings

Governance arrangements

The practice manager had overall responsibility for the management and leadership of the practice. This included 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. We saw that policies and risk assessments had been reviewed at various times in the previous year. The practice manager had a tracker to identify when particular policies were due for review throughout the year.

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. There was a duty of candour policy which had been reviewed in July 2016. The policy was available for patients in the information folders in the waiting rooms. Staff said there were no examples of where this had been put in to practice.

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. If staff had any concerns these were discussed at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Meetings were minuted and those minutes were available to all staff. 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, X-rays, infection prevention and control and patient satisfaction, which had all been completed on a regular basis. We discussed X-ray audits with the practice manager as these were self-assessments which brought into question their objectivity. The practice manager said dentists would audit each other's X-rays going forward. They had clear records of the results of these audits and the resulting action plans and improvements. The practice was completing a range of audits to assess the quality of the service provided and to identify areas for improvement.

Staff showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The provider monitored staff training through their annual appraisal. Training needs were discussed at this time and this gave staff the opportunity to access to a range of training opportunities and courses.

Staff told us they completed mandatory training, including 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.

We saw evidence that staff were completing a range of training courses, and this was supported by the practice to ensure the development of staff skills.

The practice had three trainee dental nurses who attended a local training college. The trainees were supported and mentored by experienced qualified dental nurses at the practice.

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

The practice used a range of means including patient surveys and verbal comments to obtain staff and patients'

Are services well-led?

views about the service. We saw examples of suggestions from patients the practice had acted on, for example the practice improved its system for telling patients if there was a delay in appointment times.

The practice had an NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The latest information showed 23 patients had responded and 96% said they would recommend the practice to their family and friends.

We saw there had been one patient review in the year up to this inspection and seven overall on the NHS Choices website. All seven reviews had been positive. We noted the practice had not responded to any of the patient comments on the NHS Choices website.