

Allestree Dental Practice

Allestree Dental Practice

Inspection Report

Park Farm Drive
Allestree
Derby
Derbyshire
DE22 2RP
Tel: 01332 559124
Website: None

Date of inspection visit: 22 June 2017
Date of publication: 02/08/2017

Overall summary

We carried out this announced inspection on 22 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?

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

Allestree Dental Practice is located in premises in the north of the city of Derby and provides both NHS and private dental treatment (50/50) to patients of all ages.

Summary of findings

The practice is located on the first floor with a flight of steps to access the practice. However, alternative access arrangements are available. There is time limited car parking available in the local area. This includes parking for blue badge holders.

The dental team includes four dentists; two hygienists; five qualified dental nurses; one trainee dental nurse; one receptionist and one practice manager. The practice has three treatment rooms; none of these are located on the ground floor.

The practice is owned by a partnership 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 Allestree Dental Practice is the principal dentist.

On the day of inspection we collected 38 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, one hygienist and four dental nurses including the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday: 8:45 am to 7 pm; Tuesday: 8:45 am to 5 pm; Wednesday: 8:45 am to 7pm; Thursday: 8:45 am to 5 pm and Friday: 8:45 am to 5 pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which followed published guidance.
- Patients provided positive feedback about the service and the staff.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Dentists said they did not always use rubber dam when completing root canal treatment. This was not in-line with the guidance issued by the British Endodontic Society
- 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. 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 measures 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.

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

- Review the practice's waste handling protocols to ensure waste is stored and disposed of in accordance with relevant regulations taking into account guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.
- Review the practice's protocols for medicines management and ensure that all medicines that have a use by date accurately reflect the identified date.
- Review the risk assessments relating to the use of equipment within the premises, and consider whether moving some equipment would reduce those risks.
- Review the use of rectangular collimation on X-ray machines to reduce the risk factors to as low as reasonably practicable.

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 prompt, safe and hygienic. 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 40 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, efficient and welcoming 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. Every accident had been investigated and the action taken as a result was recorded. There had been three accidents at the practice in the year up to this inspection. The last recorded accident was in May 2017 and had been analysed and learning points were identified.

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 eight significant events in the year up to this inspection. The last incident was recorded in June 2017. All complaints and accidents were recorded as significant events. There was clear analysis and action points 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. We saw evidence the practice had responded to the most recent alert received and taken appropriate action.

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. Those safeguarding policies had been reviewed on 3 April 2017. A dental nurse was the identified lead for safeguarding in the practice. They had received training in child protection to level three in December 2016. We saw evidence that all staff had completed training in child protection to level two and also safeguarding vulnerable adults 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.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. The data relating to COSHH had last been reviewed in June 2017.

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 they used a recognised system for handling injection needles. In addition it was practice policy that only dentists handled needles. The practice had risk assessed the use of sharps and the risk assessment had been reviewed in June 2017. Discussions with dentists showed they did not always use rubber dam when providing root canal treatment. This was not in line with guidance from the British Endodontic Society. We saw that the use of rubber dam was not always recorded in the dental care records; this supported what the dentists had told us. 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.

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 7 April 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.

Are services safe?

The practice had a first aid box which was located centrally. One member of staff had completed first aid at work training during June 2014 and we saw their training certificates.

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 five 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. We saw that staff DBS checks had been renewed within the last five years.

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 3 March 2018. 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. The fire risk assessment had been reviewed in July 2016.

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 had completed an annual update in infection prevention and control.

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 March 2017 and we saw evidence that audits had been completed on a six monthly basis

We saw that some clinical waste was stored in the office rather than the yellow bins provided for the purpose. We discussed this with both the principal dentist and the practice manager who said they would review the clinical waste storage arrangements.

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 on 21 June 2017 by an external contractor. The practice was also completing quarterly dip slides as identified in the risk assessment to check the level of bacterial growth in the water.

We saw that the autoclaves were located one above the other with staff using a step to access the higher machine. This posed a number of risks to staff members, including the risk of falling and scalding with steam from the lower machine. We discussed this with the practice manager and principal dentist and they said they would consider alternative arrangements for locating the autoclaves.

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

Are services safe?

equipment (March 2017), servicing of the fire extinguishers (April 2017) and servicing of the compressor (April 2017). This was in accordance with the Pressure Systems Safety Regulations (2000). Autoclaves at the practice had been serviced and validated in April 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 March 2016. 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 on the premises.

The practice had one intraoral X-ray machine (intraoral X-rays concentrate on one tooth or area of the mouth). We noted that rectangular collimation was not fitted to this machine.

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.

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 had 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 (BPE) screening tool. We saw that some BPE probes were worn and ready to be replaced. We discussed this with the principal dentist who said new probes would be purchased.

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 hygienists taking the lead. The services of two hygienists within the practice enhanced the health promotion activities. We saw that the hygienists offered 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.

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.

Staffing

The practice staff included: four dentists; two hygienists; five qualified dental nurses; one trainee dental nurse; one receptionist and one practice manager. Before the inspection 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. Staff brought their training certificates and details of training to be reviewed by the practice manager at their annual appraisal.

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 to a dental practice that provided sedation. 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 if they were unable to complete in-house.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. There was a detailed consent policy which had been reviewed in May 2017. 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

Are services effective?

(for example, treatment is effective)

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 used a specific consent form which detailed the proposed treatment and the costs. A copy of this form was added to the patients' dental care records.

The practice's consent policy included information about the Mental Capacity Act 2005 (MCA). The team understood

their responsibilities under the act when treating adults who may not be able to make informed decisions. Discussions with dentists in the practice showed they understood the concept of best interest decisions for adults who lacked capacity to consent for themselves. The policy also referred to Gillick competence and some dentists and dental nurses were aware of the need to consider this when treating young people under 16. We noted not all were aware of the MCA or Gillick, and some staff acknowledged they required refresher training.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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 prompt, courteous and professional. We saw that staff treated patients with respect, were friendly, efficient 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. Paper dental care records were stored securely.

A television was available in the waiting rooms which showed information relating to positive dental health and treatments.

Information posters and leaflets were available for patients to read.

Involvement in decisions about care and treatment

The practice offered a both NHS and private dental treatments (50/50) The costs for both NHS and private dental treatment 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.

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: reception staff were always helpful and the appointment system meant there were few delays in being seen, particularly if it was urgent. 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.

Promoting equality

The practice did not have an induction hearing loop for patients who used a hearing aid. The practice was located on the first floor of premises with access only available through a flight of stairs. However, the practice was aware of these challenges and patients who were unable to physically access the premises were referred to another local practice which had level access.

Staff said they could provide information in different formats and languages to meet individual patients' needs on request. They had access to a specialist company who provided interpreter and translation services which included British Sign Language.

Access to the service

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

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 June 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. Information from Healthwatch regarding making complaints was available in the practice.

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 six complaints in the year up to this inspection. Documentation showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the clinical leadership of the practice. They worked with the practice manager who had responsibility for the management 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 year up to this inspection.

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 August 2016. 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 principal dentist and 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 principal dentist and practice manager were 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 bi-monthly 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. The minutes showed that policies were discussed with staff and any changes highlighted.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. 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. 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 one trainee dental nurse who attended a local training college. The trainee was 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' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

Are services well-led?

There were seven patient reviews for this practice recorded on the NHS Choices website. One review was posted in the 12 months prior to this inspection. All seven patient reviews provided positive feedback. The practice had acknowledged and responded to each patient review.