Grand Avenue Dental Practice

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 9 September 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Grand Avenue Dental Practice is a general dental practice in Worthing, West Sussex offering NHS and private dental treatment to adults and children.

The premises consist of nine treatment rooms over three floors; a reception area on the ground floor and a waiting area on each floor.

The staff at the practice consist of two principal dentists, six associate dentists, five dental hygienists, nine dental nurses, four receptionists (one of whom is also an oral health educator), an office manager and a practice manager (who is the registered manager).

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

Our key findings were:

- There were effective systems in place to reduce the risk and spread of infection. We found the treatment rooms and equipment were visibly clean.
- There were systems in place to check equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.

Summary of findings

- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- The practice kept up to date with current guidelines when considering the care and treatment needs of patients.
- Staff demonstrated knowledge of the practice whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.
- At our visit we observed staff were kind, caring and put patients at their ease.
- We reviewed nine Care Quality Commission (CQC) comment cards that had been completed by patients. Common themes were patients felt they received excellent service from a helpful and caring practice team in a clean environment.
- The practice offered a regular oral health education clinic where patients could be referred in order to motivate and encourage them to improve their oral health. This service was available to both NHS and private patients who clinically required it.
- There was an effective system in place to act on feedback received from patients and staff.
- There were systems in place to assess, monitor and improve the quality of service provided.

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 in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found most of the equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were safe for the provision of care and treatment.

Are services effective?

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

The practice provided evidence based dental care which was focussed on the needs of the patients. We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) training and were meeting the requirements of their professional registration.

Are services caring?

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

Patients told us (through CQC comment cards) they had very positive experiences of dental care provided at the practice. Patients felt they were listened to, treated with respect and were involved with the discussion of their treatment options which included risks, benefits and costs. We observed the staff to be caring, friendly and professional. Staff spoke with enthusiasm about their work and were proud of what they did.

Are services responsive to people's needs?

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

The practice provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. The practice offered dedicated emergency appointments each day enabling effective and efficient treatment of patients with dental pain.

Are services well-led?

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

The dental practice had effective clinical governance and risk management structures in place. Staff told us the practice management team were always approachable and the culture within the practice was open and transparent. All staff were aware of the practice ethos and philosophy and told us they felt well supported and could raise any concerns with the provider. Staff told us they enjoyed working at the practice and would recommend it to a family member or friends.

Grand Avenue Dental Practice

Detailed findings

Background to this inspection

The inspection was carried out on 9 September 2015 by a CQC inspector and a dental specialist advisor. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, clinical patient records and other records relating to the management of the service. We spoke with the two principal dentists, an associate dentist, the practice manager, the office administrator, two dental nurses with responsibilities for dental nurse training, two other dental nurses and two receptionists (one of whom is the head receptionist). We reviewed nine CQC comment cards completed by patients.

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?

This informed our view of the care provided and the management of the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was a system in place to learn from and make improvements following any accidents, incidents or significant event.

Staff understood the process for accident and incident reporting including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence.

Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. Staff had completed safeguarding training and demonstrated to us their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. This included identified practice safeguarding leads.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). Only dentists were permitted to re-sheath needles where necessary and needle guards had been introduced in order to minimise the risk of inoculation injuries to staff.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. Oxygen and medicines for use in an emergency were available. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.

Records showed staff had recently completed training in emergency resuscitation and basic life support including the use of the automatic external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell. They told us they regularly practiced different medical emergency scenarios at monthly practice meetings which enabled them to feel confident and prepared for potential emergency situations.

Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for four staff members. Each file contained evidence that satisfied the requirements of relevant legislation. This included application forms, employment history, evidence of qualifications and photographic evidence of the employee's identification and eligibility to work in the United Kingdom where required. The qualification, skills and experience of each employee had been fully considered as part of the interview process.

Appropriate checks had been made before staff commenced employment including evidence of professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out. The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We found there were procedures in place to monitor and review when staff were not well enough to work.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire. Fire marshals had been appointed, fire safety signs were clearly displayed, fire extinguishers had been recently serviced and staff demonstrated to us how to respond in the event of a fire. However, we had concerns the fire evacuation procedure was not fully understood by all staff as there were some inconsistencies in the actions staff told us they would take. In addition, the practice had not carried out regular fire evacuation drills in line with recommendations from the risk assessment undertaken in

Are services safe?

January 2014. We discussed this with the practice manager who told us they had identified these issues and showed us evidence that fire safety training had been booked for the following week. The practice manager planned to undertake an 'unannounced' fire drill prior to the training in order to assess staff response.

The practice had a health and safety risk management process in place which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice. There was a disaster planning process and business continuity plan in place which had been discussed at a recent staff meeting.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste. Each dental nurse had been given an individual copy of the infection control procedures which could be referred to when required.

The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. We found that decontamination procedures were undertaken in each treatment room. The practice had considered HTM 01-05 guidance which indicates decontamination of dental instruments should ideally be carried out in a separate area away from clinical treatment areas and was in the process of installing a separate central decontamination area. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated and rinsed prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches after sterilisation and dated to indicated when they should be reprocessed if left unused. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

We looked at the treatment rooms where patients were examined and treated. The rooms and equipment appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella had been carried out by an external company in May 2012 and was booked to be repeated shortly after our inspection. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was a good supply of environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spread.

Are services safe?

Equipment and medicines

There were some systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the annual servicing certificates. However, we found eight of the ten ultrasonic cleaning baths (used for decontamination of instruments prior to sterilisation) had not been recently serviced. In addition they had not been regularly monitored (either by protein residue or foil testing) to ensure they were working efficiently. We discussed this with the practice manager who immediately resolved to address this.

An effective system was in place for the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice such as local anaesthetics. The batch numbers and expiry dates for local anaesthetics were recorded. These medicines were stored safely for the protection of patients.

Radiography (X-rays)

We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for people using best practice

The dentists told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. We asked the dentists to show us some dental care records which reflected this. The records showed an examination of a patient's soft tissues (including lips, tongue and palate) had been carried out. The dentists recorded details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). They also recorded details of treatment options offered to or discussed with patients as well as the justification, findings and quality assurance of X-ray images taken.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

The dentists held regular monthly meetings (or more often if needed) to discuss ways in which they could improve the care and treatment offered to patients. They had recently highlighted the importance of assessing, monitoring and treating the causes of tooth wear. As well as recording details in clinical patient records, information was displayed in each waiting room on the cause and prevention of tooth wear.

Health promotion & prevention

The practice promoted the maintenance or good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients. The practice offered a regular oral health education clinic where patients could be referred in order to motivate and encourage them to improve their oral health. This service was available to both NHS and private patients who clinically required it.

Information available at the practice promoted good oral and general health. This included information on gum disease, caring for children's' teeth, tooth decay and diabetes.

The dentist and dental nurse told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice.

Staffing

There was an induction programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council (GDC). This included areas such as responding to medical emergencies and infection control and prevention.

There was an appraisal system in place which was used to identify training and development needs. Staff told us they had found this to be a useful and worthwhile process which helped them to create individual personal development plans.

Working with other services

The practice had a system in place for referring and recording patients for dental treatment and specialist procedures such as orthodontics, oral surgery and sedation. However, the practice did not regularly review the log to ensure patients received care and treatment needed in a timely manner. We discussed this with the practice manager who told us they had identified this and recently discussed this with the practice partners who had plans in place to address this.

Consent to care and treatment

The practice ensured valid consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan. Patients were given time to consider and make informed decisions about which option they wanted.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff

Are services effective?

(for example, treatment is effective)

demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The provider and staff explained how they ensured information about people using the service was kept confidential. Patients' dental care records were stored electronically; password protected and regularly backed up to secure storage. Archived paper records were kept securely in locked cabinets. Staff members demonstrated their knowledge of data protection and how to maintain confidentiality. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms.

Patients told us through CQC comment cards they were always treated with respect by friendly and caring staff. Comments gathered from a recent patient satisfaction survey also reflected this.

On the day of our inspection, we observed staff being polite, friendly and welcoming to patients.

Involvement in decisions about care and treatment

The dentists told us they used a number of different methods including tooth models, display charts and pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following examination of and discussion with each patient.

Staff told us the dentists took time to explain care and treatment to individual patients clearly and was always happy to answer any questions. Patients confirmed this through CQC comment cards. They told us they felt listened to by staff who were attentive to their care and treatment needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff reported (and we saw from the appointment book) the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

The practice had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. This included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate or if not they would contact a translator.

The practice was accessible to people using wheelchairs. A disabled parking space had been introduced next to the practice entrance; the access ramp had been newly replaced and new handrails installed to facilitate access for those with limited mobility. The practice had recognised the toilet facilities were not fully accessible and had considered the possibility of renovation work in the future in order to address this.

Access to the service

We asked the receptionists how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. We saw the website also included this information. Each day the practice was open, emergency treatment slots were made available for people with urgent dental needs. Staff told us patients requiring emergency care during practice opening hours were always seen the same day.

Two patients told us through CQC comment cards the practice had been very caring, reassuring and responsive when dealing with their anxiety relating to the anticipation of dental treatment. The practice manager told us they had identified difficulty in scheduling some patients for their dental hygienist appointments which had resulted in delay in receiving treatment. In response to this, the practice had increased the sessions worked by dental hygienists. They also kept a cancellation book which meant patients who requested it could be offered appointments sooner if they became available.

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal and informal complaints from patients.

Information for patients about how to make a complaint was available in the practice waiting room. However, this did not include contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. We discussed this with the practice manager who immediately resolved to address this.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice team discussed any complaints received in order to learn and improve the quality of service provided.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements of the practice were developed through a process of continual learning. The practice manager had responsibility for the day to day running of the practice and was fully supported by the practice team. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns.

The practice is a member of the British Dental Association (BDA) Good Practice scheme. This is a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities.

Leadership, openness and transparency

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the practice management team without fear of discrimination. All staff told us the practice was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice. Staff felt well supported by the practice management team.

Management lead through learning and improvement

The practice carried out regular audits every six months on infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. The most recent audit undertaken in June 2015 indicated the facilities and management of decontamination and infection control were managed well.

X-ray audits were carried out every month. The audits demonstrated a comprehensive process where the dentists had collectively analysed the results to discuss and identify where improvement actions may be needed. This demonstrated a high degree of candour, transparency and a strong desire to improve.

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

There was a system in place to act upon suggestions received from people using the service. For example, the practice had introduced a dedicated parking space for bicycles and motorcycles after some patients had requested this. They had also introduced text message reminders for all appointments after feedback from patients that had found the reminders for their dental hygiene appointments very useful.

The practice conducted regular scheduled staff meetings as well as daily unscheduled discussions. Staff members told us they found these were a useful opportunity to share ideas and experiences which were listened to and acted upon.

The practice had recently introduced the NHS required Friends and Family Test (FFT). This provided patients with an opportunity to give feedback on the care and treatment received. The practice team had decided to amend the FFT comment cards to include a different additional question each month to assess whether improvement actions may be needed. For example, patients who were asked if their treatment options had been fully explained and whether they had been delayed beyond their scheduled appointment time had shown a very high degree of satisfaction. In July 2015, 97 per cent of the 86 patients who responded said they were either likely or very likely to recommend the practice.