Church Lane Dental Practice Limited

Church Lane Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 19 March 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Church Lane Dental is in Hungerford and provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. The practice is not accessible to motor vehicles. Parking is available on the main road at the end of the walkway.

The dental team includes three dentists, four dental nurses, two dental hygienists and a receptionist. The practice has two treatment rooms.

Summary of findings

The principal dentist is registered with the Care Quality Commission (CQC) as an individual and is legally responsible for making sure that the practice meets the requirements relating to safety and quality of care, as specified in the regulations associated with the Health and Social Care Act 2008.

On the day of our inspection we collected 19 CQC comment cards filled in by patients and obtained the views of six other patients.

During the inspection we spoke with two dentists, two dental nurses and one receptionist.

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

The practice is open:

- Monday 9.00am to 5.00pm
- Tuesday 9.00am to 5.00pm
- Wednesday 8.30am to 4.00pm
- Thursday 9.00am to 5.00pm
- Friday 8.30am to 4.00pm

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control decontamination procedures which reflected published guidance but improvements were needed.
- Staff knew how to deal with medical emergencies
- Improvements were needed to ensure appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff 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 but improvement was needed to completion of patient records.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice monitored staff training.
- Improvements were needed to fire and electrical safety management.
- was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- 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.
- The practice had suitable information governance arrangements.
- All the shortfalls we identified on our visit have since been addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

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

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Improvements were needed to ensure electrical and fire safety management at Church Lane Dental Practice was effective. We have since been provided with evidence to confirm this shortfall is being addressed.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Improvements were needed to the management of decontamination procedures and to ensure emergency medicine and equipment was available and within its use by date. We have since been provided with evidence to confirm this shortfall is being addressed.

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as thorough and clearly explained.

The dentists discussed treatment with patients so they could give informed consent. We noted informed consent was not routinely recorded in patient records. Improvements were needed to ensure dental care records contained relevant information which included, justification for radiographs and antibiotics, medical history updates and discussion of treatment options. We have since been provided with evidence to confirm these shortfalls are being addressed.

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.

Are services caring?

No action

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

We received feedback about the practice from 25 people. Patients were positive about all aspects of the service the practice provided. They told us staff were dedicated and professional.

They said that they were given a friendly welcome, treated with care 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.

Summary of findings

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

Are services responsive to people's needs?

No action 

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone 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.

Are services well-led?

No action 

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept patient dental care records which were, clearly typed and stored securely. Improvements were needed to ensure patient treatment options, consent and medical histories were updated and recorded in records. We have since been provided with evidence to confirm this shortfall is being addressed.

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.

Are services safe?

Our findings

Safety systems and processes including staff recruitment, Equipment & premises and Radiography (X-rays)

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that all staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced female genital mutilation.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Improvements were needed to the management of electrical and fire safety. A five yearly electrical installation test certificate was not available. Fire alarm checks were monthly when these should be weekly. We have since been provided with evidence to confirm this shortfall is being addressed.

We saw evidence that all the people working at Church Lane Dental Practice had received fire safety training in the previous 12 months.

The practice had arrangements to ensure the safety of the X-ray equipment however, they did not have the required information in their radiation protection file. Local rules did not reflect current radiation protection adviser arrangements. We have since received evidence to confirm this shortfall had been addressed.

We reviewed a sample of dental care records and noted that the dentists did not routinely justify, grade and report on the radiographs they took. We have since been provided with evidence to confirm this shortfall has been addressed.

The practice carried out radiography audits every year following current guidance and legislation. Improvements were needed to ensure that action plans reflected the results of radiograph audits and audits identified the dentist so that shortfalls could be addressed with the relevant clinician. We have since been provided with evidence to confirm this shortfall has been addressed.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff chose to not follow relevant safety regulation when using needles and other sharp dental items. We have since received a sharps risk assessment to reflect this decision.

Are services safe?

We inspected the drawers in two surgeries and found four materials used in treatment that were out of date. We recommended that all surgery drawers were inspected.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment availability fell short of the requirements of recognised guidance.

The oxygen cylinder available was not the recommended capacity of 460 litres. Several pieces of emergency equipment were either out of date or missing from the emergency bag. We have since been provided with evidence to confirm these shortfalls have been addressed.

We noted the Glucagon (an emergency medicine used to treat low blood glucose levels) was stored in a fridge that had a temperature reading of zero degrees Celsius. We have since received evidence to confirm this shortfall had been addressed.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with GDC Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health but safety data sheets were not available. Safety data sheets provide information on chemical products that help users of those chemicals to make a risk assessment. They describe the hazards the chemical presents, and give information on handling, storage and emergency measures in case of accident. We have since been provided with evidence to confirm this shortfall has been addressed.

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

Dental equipment scrubbing, inspection and drying did not follow national HTM01-05 infection control guidance. Protein tests were not carried out on the ultrasonic baths. We have since been provided with evidence to confirm this shortfall has been addressed.

An annual infection control statement was not available. We have since been provided with evidence to confirm this shortfall has been addressed.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

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

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits every year. The latest audit showed the practice was meeting the required standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines.

Are services safe?

Antimicrobial prescribing audits were not carried out which meant the practice could not demonstrate the dentists were following current guidelines. We have since been provided with evidence to confirm this shortfall has been addressed.

Track record on safety

The practice had a good safety record.

There were risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. However, the mercury spillage kit, eyewash kit and body fluid spillage kits were out of date. We have since been provided with evidence to confirm this shortfall has been addressed.

We noted the practice used a hard cover note book to record accidents which did not comply with General Data Protection Regulation requirements. We have since been provided with evidence to confirm this shortfall has been addressed.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Dental implants

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in this speciality.

The practice referred patients to another practice to have radiographs carried out before treatment began.

We noted implant failure rate audits were not carried out. Audits are not a requirement but it is considered good practice to audit patient outcomes in implantology

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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 patients based on an assessment of the risk of tooth decay.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentists described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice team understood the importance of obtaining patients' consent to treatment but improvements were needed to ensure verbal consent was recorded in patient dental care records. We have since been provided with evidence to confirm this shortfall has been addressed.

The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

The practice kept dental care records but improvements were needed to ensure a consistent standard across all the dentists working at the practice. We have since been provided with evidence to confirm the shortfalls are being addressed.

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

We looked at a sample of dental care records and found that justification for X-rays and antibiotics, consent and medical histories were not routinely included in patients notes. We have since been provided with evidence to confirm the shortfalls are being addressed.

Are services effective?

(for example, treatment is effective)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured induction programme.

The practice supported staff to complete training, as highly recommended by the GDC.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff but noted dentists and the hygienist were not appraised. We have since been provided with evidence to confirm the shortfalls are being addressed.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two-week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

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

Patients commented positively that staff were dedicated and professional. We saw that staff treated appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff gave them a friendly welcome and were caring and they told us they could choose whether they saw a male or female dentist.

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

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another area in the practice. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act

Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, X-ray images and an intra-oral camera images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had made reasonable adjustments for patients with disabilities. This included step free access and arrangements to support patients with hearing and sight loss.

A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their practice information booklet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with the another dental practice locally when the provider was unavailable.

The practice website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The provider was responsible for dealing with these. Staff told us they would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response.

The provider 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. Information for patients showed that a complaint would be acknowledged within three days and resolved within six months.

These 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

Leadership capacity and capability

The provider had the capacity and skills to deliver high-quality, sustainable care and had the experience, capacity and skills to deliver the practice strategy and address risks to it.

Improvements were needed to ensure the practice managed fire safety, COSHH, emergency medical equipment, patient record keeping and decontamination processes effectively. We have since been provided with evidence to confirm these shortfalls have been addressed.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

The provider was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

There was a clear vision and set of values.

The practice had a realistic strategy and supporting business plans to achieve priorities.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

The provider had systems available to act on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The provider had overall responsibility for the management and clinical and day to day leadership of the practice. Staff knew this arrangement and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We were told patients had not made any suggestions to improve the practice.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. A change as a result of staff feedback included the introduction of new uniforms.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control.

Are services well-led?

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The nursing and administration team 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 dentists and hygienist did not receive appraisals. We have since been provided with evidence to confirm this shortfall is being addressed.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.