

Mr. Robert Chapman

Kingston Park Dental Practice

Inspection Report

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Date of inspection visit: 30 September 2015
Date of publication: 19/11/2015

Overall summary

We carried out an announced comprehensive inspection on 30 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.

Background

The practice provides primary care dental services to private patients and children under the NHS.

The practice is open: Monday from 9am to 7.30pm.

Tuesday to Thursday 9am to 5.30pm.

Friday 8.30am to 2pm.

Saturday 9am to 12 noon.

There are four dentists, three dental nurses, two trainee dental nurses, four dental hygienists, a dental hygienist/therapist and a practice manager.

The owner of the practice is the registered provider for the practice. 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.

We received feedback from patients about the service via 16 CQC comment cards. Many of the patients had been with the practice for a number of years. All the comments were positive about the staff and the services provided. Comments included: all staff are friendly and helpful, the treatment is always of an excellent standard and there were high levels of hygiene.

Our key findings were:

- There was an effective complaints system.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.

Summary of findings

- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- Patients could access routine treatment and urgent care when required.
- The practice was well-led and staff felt involved and supported and worked well as a team.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services they 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 effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, management of medical emergencies and dental radiography.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and how to report them. Staff had also received training in infection control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by new staff.

We reviewed the legionella risk assessment which was dated September 2015, and no concerns were identified.

Are services effective?

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

Consultations were carried out in line with good practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval, for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors noted.

On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was used to plan patient care and treatment. Patients were offered options of treatments available and were advised of the associated risks and benefits. Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved.

Patients were referred to other specialist services where appropriate in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD) activities.

Are services caring?

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

Comments on the 16 completed CQC comment cards we received included many statements saying the staff were caring, friendly, helpful and professional.

The practice manager told us that for some of the most anxious patients the practice slowly implemented the treatment process over a number of appointments to build the patient's confidence and familiarise them with the surgery to help reduce levels of anxiety.

We observed that staff at the practice treated patients with dignity and respect and maintained their privacy.

Are services responsive to people's needs?

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

Summary of findings

The practice manager explained that they arranged, if appropriate, to recall children for their follow-up appointments to take place in the school holidays to limit disruption to their education.

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing a dental emergency which enabled them to receive treatment quickly.

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

Are services well-led?

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

Staff were supported through training and offered opportunities for development.

Staff reported that the management and registered provider were approachable and they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection control, X-rays, clinical examinations and patients' records.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

Kingston Park Dental Practice

Detailed findings

Background to this inspection

The inspection was carried out on 30 September 2015 and was led by a CQC inspector. The team also included a dentist specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff, observations and review of documents.

During the inspection we spoke with three dentists, three dental nurses, a trainee dental nurse and the practice

manager. We also spoke with two patients. We reviewed policies, procedures, and other records relating to the management of the service. We reviewed 16 CQC comment cards that had been completed.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered provider. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice had a RIDDOR policy. The practice manager told us that any accidents or incidents would be automatically recorded and reported to the principal dentist. They would also be discussed at team meetings. The practice also maintained an accident book.

The practice had a policy and processes to deal with complaints. The policy set out how complaints and concerns would be investigated and responded to.

The practice manager told us that they received alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, action taken and the alert was stored for future reference.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for child protection and safeguarding vulnerable adults using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. There was a lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice. We saw that all staff had received safeguarding training in vulnerable adults and children. Staff could easily access the safeguarding policy. Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The practice manager told us that a dentist at the practice had a special interest in root canal treatment and undertook root canal treatments for the practice. They

routinely used a rubber dam when providing root canal treatment to patients. This is in accordance with guidance issued by the British Endodontic Society. A rubber dam is a small rectangular sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient.

We saw that the practice had undertaken an audit of their record keeping in May 2015 and produced an action plan to reduce the likelihood of incomplete records. The practice manager told us that they held a practice meeting to discuss their findings. We reviewed four patients' records. They were clear, accurate and complete. The practice recorded medical histories which had been updated prior to treatment; soft tissue examinations, diagnosis and consent in addition to other information such as alerts generated by the dentist to remind them that a patient had a condition which required additional care and advice.

The practice had a whistleblowing policy which staff were aware of. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept. We saw that the practice kept weekly logs which indicated that the emergency equipment, medication, emergency oxygen and AED were checked. This helped ensure that the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found that they were of the recommended type and were in date. All staff undertook medical emergency training in June 2015.

Staff recruitment

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their

Are services safe?

skills and qualifications, registration with relevant professional bodies and taking up references. We saw that the recruitment policy had been reviewed in January 2015. We reviewed two personnel files which confirmed that the processes had been followed.

We saw that all but one member of the clinical team had been checked by the Disclosure and Barring Service (DBS). The DBS checks 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. In addition, the practice had obtained a DBS check for the practice manager. The practice was in the process of obtaining a DBS check for a new dental nurse at the time of the inspection.

We saw that all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice which was due to expire in October 2016.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw that this policy was reviewed in January 2015. The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw that the practice manager reviewed the COSHH file annually which ensured their records were up-to-date. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' areas.

There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination of dental instruments. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed to guide staff. Staff told us that they wore appropriate personal protective equipment when working in the decontamination room and when treating patients and this included disposable heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses spoke knowledgeably about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclave to ensure that it was functioning properly.

All staff were aware of the designated 'clean and 'dirty' areas within the surgeries. The practice manager was aware that it was best practice to clearly define the 'clean' and 'dirty' zones within the surgeries. They advised us that they would discuss zoning with the registered provider.

We saw the results of an infection control audit that the practice had completed in April 2015. The practice achieved 93%. The practice manager produced an action plan to address the areas that were identified as needing attention. All actions had been completed by September 2015.

We saw from staff records that all staff had received annual training in infection control training.

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet. We saw that the sharps bin was being used correctly and located appropriately in the surgery. Clinical waste was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

Are services safe?

The staff files we reviewed and the records we saw showed that all staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We reviewed the legionella risk assessment which was dated September 2015, no concerns were identified. Legionella is a term for particular bacteria which can contaminate water systems in buildings. We saw records which demonstrated that staff undertook monthly temperature checks to ensure that water maintained the required temperatures. Staff told us that they flushed the waterlines at the start of each session and between patients. These and other measures help reduce the risk of legionella contamination.

Equipment and medicines

Portable Appliance Testing (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use). The next PAT test was due to take place in October 2015. The practice displayed fire exit signage and had fire extinguishers. We saw that the fire extinguishers had been checked regularly to ensure that they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Anaesthetics were stored appropriately. The practice kept a weekly log of the temperatures of the refrigerator in which they stored materials. The practice recorded the maximum and minimum reached.

Radiography (X-rays)

The X-ray equipment was located in each of the three surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machines needed to be operated safely. The local rules were also displayed in each surgery. The file also contained the name and contact details of the Radiation Protection Advisor.

The practice manager explained that they undertook informal quality assurance audits of the X-rays taken by each dentist and would discuss their findings and any actions required. The practice manager stated that for the future they would now formalise the process.

We saw that the dentists were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines were regularly serviced. Two new machines were installed in August 2015. The relevant installation and acceptance tests had been undertaken.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information on patients' electronic dental records for future reference. In addition, the dentists told us that they discussed patients' life styles such as smoking and drinking and where appropriate offered them health promotion advice. This was recorded in patients' records. We saw from the four dental records we reviewed that at all subsequent appointments patients were always asked to complete a medical history form. This ensured the dentist was aware of the patient's present medical condition before offering or undertaking any treatment. The records showed that routine dental examinations included checks for gum disease and oral cancer had taken place.

The dentists told us that they always discussed the diagnosis with the patient and, where appropriate, offered the patient any options available for treatment and explained the costs. We saw from the dental records that these discussions took place and the options chosen and fees were also recorded.

Staff told us and the records we reviewed confirmed that patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

Patients requiring specialist treatments that were not available at the practice such as conscious sedation or orthodontics were referred to other dental specialists. Their oral health was then monitored at the practice after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient waiting areas contained a range of information that explained the services offered at the practice. Staff told us that they offered patients information about effective dental hygiene and oral care in the surgeries.

The dental records showed that, where appropriate, dental fluoride treatments were prescribed. This was in

accordance with the Department of Health guidance the 'Delivering Better Oral Health' toolkit. Fluoride treatments are a recognised form of preventative measures to help protect teeth from decay.

Staffing

We saw that all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for all dental professionals.

Staff training was being monitored and recorded by the practice manager. Records we reviewed showed that all staff had received training in basic life support, infection control and safeguarding children and vulnerable adults.

Staff we spoke with told us that they had received annual appraisals which included discussions about training requirements and opportunities.

Staff told us that in addition to working to a rota they covered for each other when colleagues are absent for example, because of sickness or holidays.

Working with other services

The dentists explained that they would refer patients to other dental specialists when necessary. They would refer patients for procedures such as sedation, oral surgery, orthodontic treatment, surgical extraction at hospital when required. The referrals were based on the patient's clinical need and best the treatment option for the patient. In addition, patients were referred when required to the dental hygienists within the practice for a care and treatment.

Consent to care and treatment

All staff had training in the Mental Capacity Act 2005 (MCA). Staff we spoke with demonstrated an awareness of the MCA and its relevance to their role. The MCA provides the legal framework for acting and making decisions on behalf of adults who may lack the capacity to make certain decisions for themselves. The dentists demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA. The practice manager explained that this was a long established family practice as such staff had got to know their patients very well over the years. Staff would be able to recognise any

Are services effective?

(for example, treatment is effective)

changes in behaviour which may indicate that a patient was experiencing difficulties to consenting to treatment. Staff would then consider what actions they needed to take to support the patient in their decision making process.

Staff ensured patients gave their consent before treatment began. The dentists informed us that verbal consent was always given prior to any treatment. Staff were aware that

consent could be removed at any time. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. The patients we spoke with and comments made on the CQC comment cards reflected this.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception and main waiting area were combined. A television was on all day to reduce the likelihood of conversations at the reception area being overheard by other patients. Staff told us that if a patient needed to speak to them confidentially they would speak to them in the surgery or in a private room.

Staff we spoke with understood the need to maintain patients' confidentiality. The registered provider was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient records, both paper and electronic were held securely.

The practice manager explained that they were a very caring practice and gave the example of how they

considered patients who were anxious; the practice slowly implemented the treatment process over a number of appointments if necessary. The first appointment may not include any treatment at all. The clinicians built the patients' confidence and familiarise them with the surgery to reduce the levels of anxiety for subsequent appointments.

Comments on the 16 completed CQC comment cards we received included many statements saying the staff were caring, friendly, helpful and professional.

Involvement in decisions about care and treatment

Comments made by patients who completed the CQC comment cards confirmed that patients were involved in their care and treatment.

Information about treatments available and fees and oral health advice was displayed in the waiting areas.

Staff told us that they used a variety of methods to help in discussions with patients about their oral health, care and treatment including information leaflets.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the main waiting area described the range of services offered to patients and opening times. Information was also displayed explaining the practice's complaints procedure.

The practice was open Monday 9am to 7.30pm

Tuesday to Thursday 9am to 5.30pm

Friday 8.30am to 2pm

Saturday 9am to 12 noon

Saturday morning appointments were available for patients who could not attend during week days.

The practice manager explained that they arranged, if appropriate, to recall children for their follow-up appointments to take place in the school holidays to limit disruption to their education.

For patients in need of urgent dental care during normal working hours the practice offered same day appointments, for example, those patients in dental pain.

Tackling inequity and promoting equality

The practice had three surgeries with one located on the ground floor of the building with access for patients with mobility issues. The practice manager told us that patients

were offered treatment on the basis of clinical need and did not discriminate when offering their services. The practice had access to translation services to assist with patients whose second language is English.

Access to the service

Patients could access the service in a timely way by making their appointment either in person, over the telephone or by email. When treatment was urgent, patients would be seen on the same day. Patients in need of urgent care out of the practice's normal working hours were directed by answerphone message to a dentist from the practice. The practice triaged them and decided how best to provide the necessary treatment which maybe through the NHS 111 service. The NHS 111 service would direct the patient to an out of hours dental service for treatment.

Concerns & complaints

The practice had a complaints policy. The practice displayed information about how to complain in the waiting area. However, the process was not in accordance with the current guidance. We discussed this with the practice manager. They assured us that they would review the policy and align it with the current guidelines for future reference. The staff we spoke with were aware of the complaints process and told us that they would refer all complaints to the practice manager to deal with. The practice manager told us that there had been no complaints in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, safety policy and an infection control policy. Staff we spoke with were aware of their roles and responsibilities within the practice.

The practice undertook various audits to monitor its performance and help improve the services offered. We saw that the practice had undertaken a medical history audit in July 2015. This audit was a follow-up audit which demonstrated that the action plan the practice implemented following the previous audit had shown improvements. The results of the audits were discussed with the individuals concerned and all staff if appropriate.

Leadership, openness and transparency

There was an open culture at the practice which encouraged candour and honesty. Staff told us that it was a good practice and they felt able to raise any concerns with each other and the management. They were confident that any issues would be appropriately addressed.

The practice manager was aware of their responsibility to comply with the duty of candour and told us if the circumstances arose they would advise the patient of what had gone wrong, apologise, explain what actions they would take to address the matter and offer support to the patient to resolve the issue.

Learning and improvement

The practice maintained records of staff training which showed that all staff were up to date with their training. Staff we spoke also stated they were given sufficient training to undertake their roles and given the opportunity for additional training.

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

The practice sought feedback from patients and staff. The practice manager explained that they undertook patient surveys every six months. No major concerns or issues had been raised.

The patients we spoke with were very complimentary about the services they received from the practice.

The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. We saw the results of the FFT for July 2015. There were 23 responses from which 20 stated they were extremely likely to recommend the practice to friends or family and three were likely to do so. All 16 CQC comment cards were complimentary about the services.

We saw that the practice held regular staff meetings which were minuted and gave everybody an opportunity to openly discuss and share any concerns or issues which had not already been addressed during their daily interactions.