Mrs. Louise Lunness-Barnes

Louise Lunness-Barnes Dental Clinic

Inspection Report

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Date of inspection visit: 20 January 2015
Date of publication: 04/09/2015

Overall summary

We carried out a comprehensive inspection at Louise Lunness-Barnes dental Clinic on 20 January 2015. A previous inspection carried out on 11 September 2014 had identified that the practice did not have a system to assess and monitor the quality of the services it provides or systems to assess and manage risks to the health, safety and welfare of patients and others. We checked to see what arrangements had been made to address these areas.

The practice first opened in 1990 and provides private dental treatment to adult patients and NHS treatment to children. The practice delivers general dental services and specialist treatments such as treatments for temporomandibular joint problems and associated jaw misalignment (TMD), snoring cessation and cosmetic treatments. The practice team consists of the principal dentist, who is the provider, two associate dentists and two part time dental therapists. The clinical team are supported by four dental nurses, four receptionists, an infection prevention technician and a practice manager.

The practice consists of two treatment rooms, an X-ray room with a reception and large waiting area. All patient areas are on the ground floor with access suitable for all patients. There is a ramp available which provides flat access to the building.

During our inspection we spoke with seven patients and reviewed 43 comments cards, which patients had completed in the two weeks before our visit. The practice had been pro-active in informing patients of our pending visit by email and social media. Patients contacted were given a link in the email to the CQC website and a “share your experience form” so that patients that were not currently under a course of treatment could have their say and tell us of their experience of being patients at the practice should they wish. We received 8 responses from patients through our website. All patients commented positively about the care and treatment they had received and the friendly, efficient and professional staff. A number of patients commented on the sympathetic, understanding dentists who had helped them overcome their fears and allow them to receive their treatment in a relaxed state.

Our key findings were:

Summary of findings

- The practice provided a clean well equipped environment
- Staff had been recruited safely and all relevant checks had been made prior to them starting work
- All staff were kind and caring in the way they dealt with patients
- There was a regular schedule of staff meetings which included staff training.
- Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- There was clear leadership of the practice and staff told us they felt well supported and comfortable to raise concerns or make suggestions.

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?

The practice provided safe care, treatment and support as there were systems to ensure the safety of staff and patients.

The infection control practices at the practice followed current guidelines. All of the equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

The practice had the recommended medicines and equipment available to deal with a medical emergency should it occur, staff were trained to deal with such emergencies.

Care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Patients' medical histories were taken and appropriate treatments were provided that ensured that patients with health conditions were given safe and the most suitable treatment for their needs.

All staff employed at the practice were suitably experienced, skilled, qualified and where required were registered with the General Dental Council (GDC). Staff had been recruited safely.

Are services effective?

The practice provided effective care, treatment and support to patients.

The practice ensured that patients were given sufficient information about their proposed treatment options to enable them to give informed consent.

Dental records showed a systematic and structured approach to assessing and planning patient care and treatment. Patient recalls were planned according to National Institute for Health and Care Excellence (NICE) guidelines based on a checklist of risk factors, including oral health history, alcohol and tobacco use.

Health education and advice for patients was provided by the dentist and dental therapists. They provided patients with support to improve and maintain good oral health.

Are services caring?

The practice was caring and sensitive to the needs of their patients. Patients commented positively on how caring and compassionate staff were, describing them as friendly, understanding and sympathetic.

Patients felt listened to by all staff and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each option.

Are services responsive to people's needs?

The practice was responsive to their patients' needs. The practice offered same day appointments for any patient suffering pain or other dental emergency. Patients confirmed that it was easy to obtain an appointment when they needed one.

The practice was responsive the needs of those patients who had high levels of anxiety. A number of patients commented on the way in which staff at the practice had helped them to become more relaxed about attending for treatment and in some cases overcome their fears. This had improved their dental health and encouraged them to have regular oral health checks.

Summary of findings

Are services well-led?

The practice was well led by the principal dentist and practice manager with systems to maintain clinical governance. There was a robust audit plan to monitor and assess the quality of the service the practice provided. Audited aspects of the service had led to learning and improvements for staff and patients.

Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency. Staff at the practice were supported to complete training for the benefit of the practice and for their continuous professional development.

Louise Lunness-Barnes Dental Clinic

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the CQC.

- This inspection was carried out on 20 January 2015. Our inspection team was led by a CQC Lead Inspector.
- Prior to the inspection we reviewed information that we held about the provider. We also viewed information that we asked the provider to send us in advance of the inspection.
- During the inspection we spoke with the principal dentist, the practice manager, two dental nurses, the infection control technician and two of the practice receptionists.
- We observed staff interaction with patients and looked around the premises and the treatment rooms.
- We spoke with seven patients and reviewed 43 comment cards and 8 "share your experience submissions through the CQC website to obtain their views about the staff and the services provided.
- We reviewed a range of policies and procedures and other documents.
- We reviewed a sample of clinical records to assess their quality and structure.

We informed Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

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

Learning and improvement from incidents

The practice could demonstrate that there was learning and improvement when incidents had occurred. We looked at a significant event where a bookcase had fallen onto a patient in the waiting room. No injuries had occurred and the bookcase was removed and destroyed. The incident prompted staff to think about all free standing furniture in the waiting area and the risk of injury to a person if the item could be moved or tipped. Each item was risk assessed and as a result new sturdy items of furniture were purchased and installed.

Reliable safety systems and processes (including safeguarding)

Staff we spoke with were all able to identify the correct safeguarding procedures should they suspect abuse or if people disclosed information of concern to them. They were aware that a referral to an agency, such as the local Adult or Children's Services Safeguarding Team should be made, anonymously if necessary, in line with the practice policy. Staff told us there was an open and honest culture in the practice and they felt able to share any concerns they may have in confidence.

We looked at the practice safeguarding policy which contained information about the contact details of external agencies who would investigate concerns raised. In addition, the practice had devised a flow chart which staff could use to help them decide on the right course of action to take.

Staff training records showed that training in child and adult safeguarding had been undertaken by staff at the practice.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. All patient records that we examined had an up to date medical history that documented their current health status, any medicines they were taking and allergies and that this had been carried out each time treatment was provided. For example, we saw that medical conditions that could impact on dental treatment had been highlighted such as certain medicines and an allergy to latex. Staff told us that medical histories were updated and discussed before any treatment commenced. The patients we spoke with confirmed this. The practice could demonstrate that patients with health conditions were given the most suitable treatment for their needs.

Infection control

Patients were protected from the risk of infection because appropriate guidance had been followed. There were effective systems to reduce the risk and spread of infection. We saw that there were policies and procedures that indicated how good infection control practices were to be implemented. Staff demonstrated good knowledge of the policies and procedures and we observed them in practice on the day of our inspection.

Records showed that audits had been completed regularly to help ensure and maintain good standards of hygiene. These audits considered things such as hand hygiene, instrument decontamination and sterilisation, general infection control, and the correct use of personal protective equipment (PPE) such as gloves and masks. There was a plentiful supply of PPE available in each surgery and the decontamination room.

There was a central decontamination and sterilisation room to serve the practice. We observed decontamination and sterilisation procedures being carried out during our visit. There was a robust system that ensured reusable items of equipment were only used for one person before being re-processed. There was specialist equipment to undertake decontamination and sterilisation cycles and records showed that these processes had been completed correctly. Sterilised equipment and used items had been kept separate and clean items were stored in hygienic conditions to reduce the risk of them becoming contaminated.

We found that single use items were being used correctly and that every effort had been made to use disposable items where they were available such as brushes used for polishing teeth and instruments used for root canal treatments.

We saw that there was a system for safely handling, storing and disposing of clinical waste. This was carried out in a way to reduce the risk of cross contamination. Clinical waste was stored securely in locked, dedicated containers whilst awaiting collection from a registered waste disposal company.

Are services safe?

We saw that there were procedures to help ensure that water used in the practice complied with purity standards. This included using specially prepared water and particular cleaning practices for clinical procedures. An assessment had been completed to ensure that no further measures were needed to be taken to guard against legionnaires disease.

Equipment and medicines

Patients and staff were protected from unsafe or unsuitable equipment at Louise Lunness-Barnes Dental Clinic. This was because checks and maintenance were carried out on a daily, weekly and yearly basis as recommended by the manufacturer. The purpose of the checks was to identify problems or failures before the item was used and that it was safe. Arrangements could then be made to either have the equipment repaired, replaced or disposed of. We looked at check sheets which documented the performance of the decontamination and sterilisation equipment, X-ray units and dental drills. This ensured that dental equipment was only used when clean, safe and in good working order.

The practice used disposable single use items wherever it was possible and never re-used them; this included small instruments for root canal treatments and instruments used to place fillings, which was in line with the current medical devices directive and professional guidance.

Records confirmed that fixed equipment had been properly maintained, tested and serviced by skilled engineers and had been passed fit for purpose and safe to use. This was documented in service records and on the equipment itself. Portable electrical equipment had been safety checked and validated and equipment service and maintenance records confirmed this. All records we examined were up to date.

The practice held medicines to use in the event of a medical emergency, local anaesthetics and therapeutic treatments to relieve dental pain. All medicines were checked regularly to ensure they were in date and held securely.

Monitoring health & safety and responding to risks

The practice had a robust health and safety policy with a number of risk assessments carried out to ensure the safety of patients and others who attended the premises. This included risk assessments for radiation protection, the building, fire prevention and the safe use of pressure vessels, such as the autoclaves and compressor.

We saw risk assessments for patients who had been prescribed different options; such as crowns verses taking a tooth out and providing a denture. The risks and benefits of such treatments were explained and recorded in the person's records.

Medical emergencies

The practice had arrangements to manage medical emergencies. Emergency equipment was available including access to medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person’s heart in an emergency). All staff we spoke with knew the location of this equipment and records we saw confirmed these had been checked regularly. We saw records showing all staff had received training in basic life support and the use of the defibrillator.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included medicines for the treatment of cardiac arrest, anaphylaxis, epileptic fits, asthma and hypoglycaemia which were in line with the Resuscitation Councils guidance. Processes were also in place to check that the emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

Staff recruitment

The practice had an effective recruitment and selection policy that ensured patients were cared for and supported by suitably qualified, skilled and experienced staff.

We looked at records of staff employed at the practice. Records showed that staff only started work at the service after they had completed all relevant checks. This included an application form, attended an interview, satisfactory references and a police records check from the Disclosure and Barring Service (DBS). Where applicable; registration with the General Dental Council was verified. All these checks helped to make sure that only people who were deemed suitable were employed. Staff that we spoke with indicated that they had received a comprehensive job description and were clear about the roles and responsibilities expected of them.

Are services safe?

Staff received yearly appraisals which would review their knowledge and skills and identify any further training they may need. This ensured that staff were kept up to date and were able to respond to the changing needs of their patients.

Radiography (X-rays)

Radiography was carried out at the practice safely and followed current legislation. The principal dentist was the Radiation Protection Supervisor (RPS) and monitored the safe use of radiography in the practice. The X-ray equipment had been regularly checked by service engineers and more frequently by staff. There were clear lines of responsibility and accountability recorded in the local rules for each X-ray unit. (The local rules set out who is responsible for the oversight and safety of radiography in the practice and what to do in the event of an equipment failure). We looked at a number of recent images which were of high quality and all had been quality assessed, recorded and audited.

The practice held a comprehensive radiation protection file, where information was stored to show how the practice complied with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R 2000). The file contained records of critical examinations of each X-ray unit, a radiological risk assessment, guidance for staff to refer to and details of who was and how to contact the Radiation Protection Advisor (RPA).

Records demonstrated the automated developing processes had been checked daily and the chemicals replaced regularly. All staff involved in radiography had received training on a regular basis in line with their continuing professional development requirements.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

Before people received any care or treatment they were asked for their consent. Patients told us that they were encouraged to make independent decisions about their dental needs; and were offered a choice of treatment options. Patients said that everything had been explained to them and they felt under no pressure to have any particular treatment.

Patients were able to express their views and were involved in making decisions about their care. Staff told us that they always explained the different options available and encouraged people to make their own decisions in their own time. This was confirmed in patient's records.

The practice operated an appointment system that made special arrangements in the event of a dental emergency with people being seen the same day if they were in pain. Consultations were carried out in advance of any treatment taking place to ensure that patient's needs were assessed and they were given time to consider the options available.

Dental assessments and a full medical history were taken to ensure an appropriate treatment plan was generated. Patients were aware that they could withdraw their consent at any time. Staff were trained and understood how consent was gained and documented, this included where a patient may lack the capacity to make a decision for themselves.

The dentist we spoke to was aware of the Mental Capacity Act and they explained how they would manage a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patients' family along with social workers and other professionals involved in the care of the patient to ensure that the best interests of the patient were met. This meant where patients' did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients' were treated with dignity and respect.

Monitoring and improving outcomes for people using best practice

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual dental care needs. We looked at a sample of treatment records. The records contained details of their dental history, hygiene status, condition of the gums and soft tissues plus any prescribed treatments. These assessments had been carried out at each dental health check-up. The records showed that discussions had taken place and the patient was made aware of any changes in their oral condition and documented advice such as good oral hygiene. The dentists used NICE guidelines to risk assess the frequency of a patient's dental check-up due to their oral health. Patients were then informed of when they needed to return for their next check-up based on their needs. We examined patient records where this had been recorded and this demonstrated that patients' care and treatment reflected relevant research and guidance.

The practice has also supported two dental therapists who were providing hygienist services to patients. The principal dentist explained how the practice was planning to use their skills more regularly to provide treatments within their scope of practice. The use of the dental therapists showed the effectiveness of skill mix in the practice which enabled the dentists' to concentrate on providing care on patients' whose needs are more complex whilst more routine care and advice could be provided by the dental therapists. This was an example of a forward thinking approach by the practice and demonstrated that patients' are receiving high quality care using a team approach.

Working with other services

The practice referred patients for specific treatments that they did not provide, such as implants and sedation to other practices in the locality and to secondary care (Hospital) for more complex surgical treatments with the maxillofacial consultants. We looked at three recent referrals which contained detailed information about the patients proposed treatment and medical history. There was information contained in two of the referrals that demonstrated close working between the practice and the referral clinic so that patients received good aftercare.

The practice also had a fast track route to refer patients when they presented with certain lesions, persistent ulcerations or lumps so that treatment could be provided if required in a short time span.

The practice also received referrals from the local hospital for the management of snoring and other dental practices

Are services effective?

(for example, treatment is effective)

for the treatment of Temporomandibular Joint dysfunction (TMJ) which presents a number of symptoms involving the muscles, surrounding tissues and joints of the jaw resulting in headaches and pain.

Health promotion & prevention

The dentists and dental therapists were pro-active in promoting and advising patients on how to maintain good oral health. Patients told us and records confirmed that oral hygiene instruction and advice regarding a healthy diet and smoking cessation were given regularly.

The principal dentist gave advice and provided treatments to help patients who were suffering with pain associated with jaw alignment and snoring cessation. Patient testimonials stated that some of these treatments had changed their lives and had improved their health and wellbeing.

We saw different leaflets and magazines in the waiting area that included information and advice about dental care like gum health and how to brush your teeth correctly. Information about the all of the services the practice provided was available in leaflets and on the practice website.

Staffing

There was enough suitably skilled, experienced and qualified staff to meet the needs of the patients and keep them safe. All clinical staff were qualified and registered with the General Dental Council (GDC) and could demonstrate they were up to date with their core knowledge requirements in infection control, radiography and medical emergencies. We examined training records and spoke with staff members. The records showed staff possessed the requisite skills and experience to care for patients safely.

There were enough staff to cover holidays and other absence, such as illness so that patients received continuity of care and the smooth running of the practice was not disrupted.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The patients we spoke with told us that their dignity was maintained and their privacy was always protected. They told us that dental treatments and consultations were completed in the privacy of the surgeries. The reception staff were polite, courteous and knowledgeable and listened to the preferences and needs of the patients. We observed the reception and waiting area. We listened to the receptionists who gave patients choices and reaffirmed the treatment options prescribed by the dentists so they could make informed decisions. Staff told us that it was important to make sure patients had their treatment options adjusted to suit them. Patients we spoke with and comment cards received confirmed this. A recurring theme was that staff were professional, straightforward and helpful."

Patients', their relatives and carer's were all positive about the care and treatment they had received from the dental team at Louise Lunness-Barnes Dental Clinic. Patients' told us "the staff are very good at dealing with dentistry phobia" Staff were clear on the importance of emotional support needed when delivering care when treating patients' who were very nervous or phobic of dental treatment. The principal dentist was awarded, through patient testimonial a dental phobia certification, for specific methods and techniques to help patients overcome their dental phobias. Patient records we examined documented how a patient's phobia was assessed and managed so that they could receive their required treatments. We observed positive interactions between staff and patients' in situations where staff knew the patients very well and had built up a good rapport. We saw staff providing reassurance and comfort.

Involvement in decisions about care and treatment

Patients told us they had understood the care and treatment options available to them and felt involved in the planning of their prescribed treatments. Patient records had entries where X-ray findings had been discussed and treatment options with each patient. Staff told us how they used a number of different methods including tooth models, display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. This was confirmed by patients we spoke with.

We saw risk assessments for people who had been prescribed different options; such as crowns versus taking a tooth out and providing a denture. The risks and benefits of such treatments were explained and recorded in the person's notes. This demonstrated that patients experienced care, treatment and support that involved them, gave them choice and fulfilled their dental needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Care and treatment was planned and delivered by trained, registered and qualified staff; this ensured people's safety and welfare. A detailed medical history was taken for each person; were saw evidence that this was updated at each consultation. Staff told us and we saw that there was a system that flagged up any health risks when the person's file was accessed. This meant that people with health conditions were given the most suitable treatment for their needs.

Tackling inequity and promoting equality

The Practice was aware of its responsibilities under the Disability Discrimination Act. There was wheelchair access to two ground floor treatment rooms and accessible facilities.

In addition for those patients who experienced difficulty in understanding the proposed treatment they used models and diagrams to assist their explanations. This meant that patient's diversity and human rights were respected.

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. We saw the practice held contact details for a local interpreter service.

Access to the service

The practice operated opening hours which offered varied times to suit their patient population. For example, Mondays the practice was open from 9am to 8.30pm so that patients had the option to attend after work. For the rest of the week the practice was open Tuesdays 9am to 7pm, Wednesdays and Thursdays 9am to 6pm and a half day on Fridays 9am to 1pm. There was also the option to attend on Saturday mornings 9am to 1pm by appointment only. This information was readily available outside and within the practice, plus on the practice leaflet and website.

Patients we spoke with were all informed about how to obtain an emergency appointment and who to contact when the surgery was closed. We saw information visible outside and inside of the practice of the local dental emergency out of hour's service. Staff told us and patients confirmed that anyone who was in pain was seen on the same day.

Concerns & complaints

The practice had a complaints procedure in place. The practice had not received any complaints for the last two years. we saw that historical complaints had been investigated fully and a written response provided to the person making the complaint. Patients we spoke with told us that they felt confident in raising any issues or concerns with the practice. However none of the patients we spoke to had actually made a complaint as they were happy with the quality of care they had received. They told us they had never had to make a complaint about their experience at the practice or the staff.

Are services well-led?

Our findings

Leadership, openness and transparency

We found that the practice had a strong and effective clinical leadership at the heart of the practice which was facilitated by the principal dentist having affiliation with a number of professional organizations which included membership of the British Dental Association (BDA) which publishes detailed advice, guidance and template documents which provide up to date information on all aspects of dental practice, services to patients', employment and contractual obligations.

Another feature of the well run practice was the presence in this practice of an appropriately qualified, experienced and empowered practice manager who demonstrated a detailed understanding of the principles of clinical governance along with a firm understanding of UK and European legislation which effects the business of dentistry in the UK.

Governance arrangements

The practice had an effective system to assess and monitor the quality of the service that patients received. The practice had adopted a recognised monitoring scheme to ensure that the service was delivered in a consistent way this was the British Dental Association, Good Practice Scheme. The programme checked all aspects of the service including infection control, X ray equipment, the quality of X -rays, patient's records, patient satisfaction and dental waste.

We saw evidence of audits. This covered areas such as radiation protection, fire safety, safeguarding, health and safety issues and infection control. We noted that an auditing system was in place to ensure that all emergency drugs had not expired and that equipment, such as oxygen cylinders were effective and in good working order.

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

The practice carried out regular team meetings each month. We looked at the minutes of the four most recent meetings. These meetings gave all members of the team a voice and the opportunity to put forward ideas that may make improvements to the running of the practice and the service. One suggestion was that a risk assessment would need to be conducted regarding the dental chairs and the manufacturer's maximum weight baring limit. We looked at records that showed this was in progress.

The practice also carried out a patient feedback survey every year. We looked at the most recent survey results. The overall consensus was that patients were satisfied with the dental care they had received. Patients had indicated that they would prefer their examinations and hygiene appointments at the same time. As a result an appointment with the dentist and concurrent hygienist appointment are booked routinely for patients who have been identified as requiring regular hygiene appointments.

Management lead through learning and improvement

We looked at learning and development records for all staff members. We found there was an effective appraisal system in place which was used to identify any training needs.

We spoke staff who told us their appraisals had been a supportive process where they felt able to discuss learning opportunities and any issues. Staff told us they felt confident to raise any issues and they were always listened to. They had been encouraged to learn and that this gave them confidence and made them feel valued.

We asked staff if they had been given any induction training. They confirmed they had been given detailed training when they had started work which ensured they were familiar with all the practice policies and procedures. We saw induction records had been completed for each staff member demonstrating they had received training in areas including infection control, confidentiality, data protection and health and safety procedures.

Staff received appropriate professional development. Staff told us that the practice ethos was that all staff should receive appropriate training and development. This was demonstrated by the practice commitment of making the time available for professional development. The practice used a variety of ways to ensure staff were up to date and fully informed of current practice As well as the traditional attendance to external courses, in house events where a trainer attends the practice and conferences and the use of on-line educational materials. To ensure that patients receive high quality care there is a rolling programme of

Are services well-led?

professional development for all practice staff. This includes training in information governance, medical emergencies, infection control, child protection and adult safeguarding.