

P H Williams Limited

# St Mary's Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 18 August 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide us with any information to take into account.

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**

St Mary's Dental Practice is in Stamford, a town in the South Kesteven district of Lincolnshire. It provides mainly private treatment to patients of all ages. The practice has a small contract to deliver NHS services.

The practice building does not permit level access for people who use wheelchairs and pushchairs. Car parking is not available on site, but public parking is available within short walking distance of the practice. This includes spaces for disabled patients who are blue badge holders.

# Summary of findings

The dental team includes two dentists, three dental nurses, three receptionists and a cleaner. The practice also employs a practice manager. There are two treatment rooms; one is located on the first floor and one on the second floor.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at St Mary's Dental Practice is Paul Williams.

On the day of inspection we collected 25 CQC comment cards filled in by patients. This information gave us a positive view of the practice. We did not receive any negative feedback about the practice.

During the inspection we spoke with two dentists, one dental nurse, a receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday and Tuesday 9am to 5.30pm, Wednesday 8am to 3.30pm, Thursday 9am to 6.30pm, Friday 9am to 5pm and alternate Saturdays from 9am to 12.30pm.

## Our key findings were:

- The practice ethos included the provision of dental care of consistently good quality for its patients and ensuring their needs and wishes were met.
- Effective leadership from the provider and practice manager was evident.
- Staff had been trained to deal with emergencies and appropriate medicines and lifesaving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting of untoward incidents and shared learning when any incidents or complaints occurred.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice were aware of the needs of the local population and took these into account when it was reasonably practicable to do so.
- Patients had access to routine treatment and urgent care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- The practice asked staff and patients for feedback 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 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.

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

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

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients consistently described the treatment they received as excellent and professional. The dentists told us they discussed treatment with patients so they could give informed consent.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



### Are services caring?

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

We received feedback about the practice from 25 people. Patients were positive about all aspects of the service the practice provided. They told us staff were accommodating of patients' needs and were welcoming when they attended the practice. They said that they were given helpful and detailed explanations about dental treatment. Patients said their dentist listened to them. They also commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



### Are services responsive to people's needs?

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

No action



# Summary of findings

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 and made adjustments where it was reasonably practicable. The practice was based in premises where modifications were restricted. The practice had access to telephone/face to face interpreter services and staff told us they would help any patients who required assistance.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

## Are services well-led?

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

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

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice manager told us they received national patient safety and medicines alerts directly from the Medicines and Healthcare Products Regulatory Authority (MHRA). The practice had not maintained a log of relevant alerts received to record any actions taken by the practice in response. The practice manager told us after the inspection that they had implemented a log for future reporting and had checked all alerts issued within the past twelve months.

### Reliable safety systems and processes (including safeguarding)

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

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

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. The practice had adopted a process for the review of COSHH data annually to ensure their records were up to date.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments

which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan (updated January 2017) describing how the practice would deal events which could disrupt the normal running of the practice.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Training last took place in July 2017.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept weekly records of their checks to make sure these were available, within their expiry date and in working order.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files for more recently employed staff. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists when they treated patients.

### Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05:

# Are services safe?

Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

We looked at a small sample of dental instruments used and found that some of these items showed signs of wear and required replacement. We discussed the issue with the provider and were informed that an audit would take place on stock and instruments held to identify items requiring disposal and replacement. Following our inspection, we were advised that the audit had taken place and any items containing signs of wear had been disposed of.

We identified metal 3-in-1 syringes were used rather than disposable alternatives which presented an increased risk of patient cross contamination. When we discussed this with the provider, they informed us they would take action and obtain alternative equipment. After our inspection, the practice manager told us that they were in the process of switching to disposable alternatives.

The practice carried out an infection prevention and control audits twice a year. The latest audit in August 2017 showed the practice had scored 97% and was meeting the required standards. The latest audit had also reflected an improvement in results in comparison to the previous audit undertaken.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed in September 2015.

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

## **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

## **Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice mostly kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. A small sample of dental care records we looked at showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the soft tissues lining the mouth and condition of the gums using the basic periodontal examination scores. We did not see records relating to more detailed periodontal charting. We also noted that treatment plan discussions were not always recorded in some of the records we looked at. After our inspection, the provider informed us that systems had strengthened and they were ensuring that full periodontal charting was being carried out and treatment plan discussions were also being recorded.

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

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in 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 all children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Leaflets also included specific information about caring for children's teeth.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included 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 had not implemented a monitoring system to check that urgent referrals had been dealt with promptly. We discussed this with the provider and they told us they would review their existing procedure. They told us after the inspection that they had changed their policy and introduced a review of urgent referrals at ten days and a review of other referrals on a monthly basis.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. 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 in CQC comment cards completed that their dentist listened to them and gave them clear information about their treatment.

The practice had implemented a policy 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 practice's consent policy referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. One of the dentists told us that they always engaged directly with a child, rather than their parent, to encourage them to participate in decision making.



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

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

Patients commented positively that staff were efficient, considerate and accommodating to patient needs. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone. A comment in a CQC comment card stated that the dental team went above and beyond to provide an excellent service.

Further comments in CQC comment cards included that nervous patients were treated with compassion and understanding. Patients could choose whether they registered with a male or female dentist.

We were provided with a number of examples whereby staff had considered they had provided care which was above patient expectations. Examples included providing services out of usual working hours and treating people who were not registered at the practice but required immediate care.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited 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 room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it. We noted that the reception desk was

high which meant some patients would have to reach to speak with the receptionist or complete forms. The practice manager told us that they were looking to refurbish the reception area next year and would consider alteration or change of the existing reception counter.

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

Information folders and other patient information literature was available for patients to read. Magazines and a toy box for children were available for patient use in the reception area.

### **Involvement in decisions about care and treatment**

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.

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

The practice provided patients with information about the range of treatments available at the practice. These included general dentistry, treatments for gum disease and cosmetic procedures.

Dentists were able to show patients images and X-rays as a monitor was placed next to one of the dental chairs. This helped in explaining treatment options and patients' dental health.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patient comments in CQC comment cards showed that 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.

Patients were offered a text reminder or telephone call to inform them when their next appointment was due.

Staff told us that they currently had a small number of patients for whom they needed to make adjustments to enable them to receive treatment. For example, the receptionist told us that they assisted a patient with sight impairments to climb the stairs to access the practice. We were also given examples where staff had helped patients with limited mobility and those who had pushchairs to enter and leave the premises. The receptionist told us that a patient with dyslexia was also offered assistance with form completion.

### Promoting equality

The provider told us they were limited in making modifications to the premises because it was a listed building and privately leased. We were informed that people with limited mobility who contacted the practice to enquire about registering were advised of other practices which could accommodate their needs. One of the dentists offered home visits for patients who were infirm or very elderly.

The practice provided toilet facilities for patients on the first floor, these did not include a handrail or call bell. The practice manager told us that they were seeking to incorporate these safety features when they refurbished these facilities in the near future. The practice had a hearing loop installed at the reception area.

The practice had access to interpreter/translation services which included British Sign Language.

### Access to the service

The practice displayed its opening hours in the premises and in their information leaflet. Opening times were also shown on the NHS Choices website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept two appointments free for same day appointments. The practice information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Private patients were provided with an emergency call out telephone number during out of hours. NHS patients were directed to the NHS 111 service.

Patients confirmed they could make routine and emergency appointments easily and were not often kept waiting for their appointment.

### Concerns & complaints

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

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at a number of comments, compliments and complaints the practice had received since January 2017. Three complaints we reviewed in detail showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. For example, a misunderstanding about patient exemption resulted in the practice changing one of its procedures. A further outcome also resulted in improved patient confidentiality.

# Are services well-led?

## Our findings

### Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff we spoke with told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly practice meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. The practice also held fortnightly management meetings.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. We noted some of these had been more recently implemented, such as peer review. Audits included dental care records, X-rays and infection prevention and control. They had records of the results of these audits and plans for improvements.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in a sample of the staff folders we looked at.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and verbal feedback to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff that the practice had acted on. For example, staff suggestions which had been implemented included a new uniform for the team, a telephone headset for receptionists and a reception handover book.

The practice had undertaken its own patient survey and collated the results in August 2017. A total of 190 responses had been received. Questions were asked of patients about timeliness and convenience of appointments, cleanliness and hygiene, staff understanding patient needs and value for money. Results showed that the practice scored over 90% in all categories with one exception relating to value for money. Comments left by patients included that the 'service was five stars all round', staff were 'always understanding', 'welcoming' and 'convenient appointments' were available. The practice had produced a 'Thoughts analysis overview' following the survey.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Results collated during 2017 showed that a total of 42 patients had responded. Of these, all 42 patients were either likely or extremely likely to recommend the practice.