Station Road Dental Practice

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Inspection Report

34 Station Road
Hinckley
Leicestershire
LE10 1AP
Tel:01455 637141
Website: N/A

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Overall summary

We carried out this announced inspection on 22 September 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.

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

Station Road Dental Practice is in Hinckley, a market town in southwest Leicestershire and provides NHS and private treatment to patients of all ages. There are currently over 51,000 patients registered.

The practice is well established within the town and has been providing dental care for patients for approximately 100 years. The provider told us that the partnership was in the process of purchasing the building as it is currently leased.

There are steps at the front of the practice to gain entry into the premises. The practice has a bell and portable

Summary of findings

ramp which ensures ease of access for those who use wheelchairs and pushchairs. There are some limited car parking spaces at the front of the premises. Public car parking is also available near to the practice.

The dental team includes eight dentists (four of these are partners), 13 dental nurses, three dental nurse apprentices, five dental hygienists/therapists and four receptionists. The practice has 11 treatment rooms; three of these are on the ground floor.

The practice is owned by a partnership 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 Station Road Dental Practice is one of the partners.

On the day of inspection we collected 28 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, three dental nurses, 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 to Thursday from 8.30am to 6.30pm and Friday from 8.30am to 5.30pm.

Our key findings were:

- The practice ethos was to deliver a high standard of dental treatment in a caring, safe and thoughtful environment. The practice objectives included raising awareness of prevention and positive health choices to its patients.
- Effective leadership was evident in most areas of the practice. We noted areas where management arrangements could be strengthened.
- Staff had been trained to deal with emergencies and equipment and appropriate medicines were 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.
- Staff demonstrated awareness of their responsibilities for safeguarding adults and children living in vulnerable circumstances. We identified that some staff training records were dated in 2012 and not all staff could evidence they had received training.
- The practice had adopted processes for the reporting of significant events. We found that systems required strengthening to ensure that all incidents were reported, investigated and that staff learning from incidents were recorded.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice demonstrated awareness of the needs of the local population and took these into account when delivering the service.
- Patients had access to routine treatment and urgent care when required.
- Staff received most training appropriate to their roles and were supported in their continued professional development (CPD) by the practice. The practice had not adopted a monitoring system to ensure all staff training was up to date.
- The practice dealt with complaints positively and efficiently.
- Staff we spoke with felt committed to providing a quality service to their patients.

There were areas where the provider could make improvements. They should:

- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.
- Review the use of risk assessments to monitor and mitigate the various risks arising from undertaking of the regulated activities.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had a number of systems and processes to provide safe care and treatment but we found areas which required strengthening. The practice had not recorded any untoward incidents within the past two years and the policy for incident reporting required review. Recording systems also required strengthening, to include discussions held with staff when learning from individual complaints was identified.

Whilst a number of staff had completed recent safeguarding training, records also showed that some staff had last completed training in 2012. We could not find records for safeguarding training in four files we looked at on the day.

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.

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, effective and good. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

All staff received an induction and comprehensive staff handbook. Whilst we saw evidence of some training and continuing professional development in a sample of the files we looked at, the practice had not implemented a system to monitor staff progression.

We identified that refresher training was required for all staff to demonstrate a comprehensive understanding of the principles of the Mental Capacity Act 2005.

Are services caring?

No action

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

We received feedback about the practice from 28 people. Patients were positive about all aspects of the service the practice provided. They told us staff were considerate, courteous and professional. They said that they were given helpful and informative explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

Summary of findings

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

Are services responsive to people's needs?

No action 

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

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

Staff considered most patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and some staff spoke different languages. The practice did not have a hearing loop installed.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. Whilst we were told that discussions took place with staff regarding shared learning from complaints, we did not find documented evidence to support this.

Are services well-led?

No action 

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

The practice had arrangements to support the smooth running of the service. However, we noted there were areas of improvement required in relation to the governance arrangements. These included ensuring that all risks were identified, addressed promptly and remedial action put in place.

There was a clearly defined management structure and staff felt supported and appreciated by practice management.

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures to report, investigate and respond when accidents occurred. Staff knew about these and understood their role in the process. The practice had implemented a policy for incident reporting. The policy was limited in scope as it referred to the reporting of major, significant events; but did not include the reporting of other untoward incidents which may occur. The practice manager searched for another policy for incident reporting and found one which was dated in 2011.

The practice had not recorded any incidents within the past two years. We were provided with a complaints summary which included learning points for staff. Whilst the practice had not recorded its complaints as untoward incidents, we were informed that learning points were discussed in practice meetings. Our review of practice meeting minutes did not reflect the discussions held as a result of complaints received; although we were assured that discussions took place but were not always documented. There was limited evidence to demonstrate that the practice had discussed all incidents to reduce risk and support future learning.

After our inspection, the practice contacted us and told us they had reviewed their procedures for incident reporting and learning from untoward incidents. They also sent us a copy of their updated policy.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff we spoke with were aware of 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. The practice had not monitored the frequency of staff training and we noted that some staff records showed they had last completed safeguarding training in 2012; for example, one dentist and one of the dental nurses. We were also unable to find evidence of any safeguarding training for two dentists and two receptionists in the sample of files we examined on the day. The practice manager was the lead for safeguarding concerns and they had recently completed updated training to the required level, to manage safeguarding issues.

The practice had a whistleblowing policy. Staff we spoke with 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.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments. We noted that the practice had not implemented the safer sharps system, a requirement from EU Directive. They had however, taken measures to manage the risks of sharps injuries by using a safeguard when handling needles. We noted that nurses handled used needles after they had been resheathed by dentists. We reviewed the sharps risk assessment completed. Whilst the assessment included reference to the Health and safety (Sharps Instruments in Healthcare) Regulations 2013, it did not identify the use of safer sharps as a measure to reduce sharps injuries from occurring. The risk assessment also identified that staff Hepatitis B immunisation records should be held, but we found that the practice did not hold all relevant documentation required.

As a result of our review, it was identified that records of staff immunity levels were missing in relation to four dentists, two hygienists/therapists, eight nurses and one apprentice. One of these nurses had low levels of immunity recorded historically but no up to date record was available to show their current status. We discussed the risks with practice management and we were advised that immediate action would be taken to obtain this information. Following our inspection, the practice manager informed us that they had requested all of these staff obtain this information immediately and they informed us of this progress.

Are services safe?

We noted that the practice used conventional matrix bands. Our review of accidents recorded showed that two sharps injuries had occurred in 2016 as a result of matrix bands. The practice had implemented some measures to reduce the risk of future injuries occurring.

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 describing how the practice would deal events which could disrupt the normal running of the practice. The plan was updated in July 2017. The plan did not include useful contact numbers which may be required in the event of an emergency; however the practice had recorded this information in their staff handbook. After our inspection, the practice told us they had reviewed and updated their plan.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Most emergency equipment and medicines were available as described in recognised guidance. We noted paediatric pads for the defibrillator were not held. The practice manager told us after our inspection that these had been ordered. The practice stored glucagon outside of cold storage. The expiry date had not been altered on the product to reflect the shorter life span. We were informed that this would be changed to reflect this.

Staff kept records of checks of medicines to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure. The practice had not adopted a system for the renewal of staff DBS certificates.

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 in place to help manage potential risk. These covered general workplace and specific dental topics. Whilst most records were in place regarding external safety inspections undertaken, we noted that the practice was unable to locate its gas safety servicing documentation. Following our inspection, the practice booked a new service to be carried out and we were provided with evidence that this had been completed.

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

The practice had suitable arrangements for transporting, cleaning, checking, 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.

The practice carried out infection prevention and control audits twice a year. The latest audit completed in July 2017 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The latest risk assessment was undertaken in October 2015. We noted that all recommendations in the report had been completed.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual. The practice had changed their cleaning company in June 2017 as a result of identifying that the service provided could be improved. The practice told us the new contractor was meeting expected standards.

Equipment and medicines

Are services safe?

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 every year 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 kept detailed 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. 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 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.

Staffing

We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on a structured induction programme and were also provided with a comprehensive staff handbook.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. We reviewed a sample of staff files which showed some evidence of training; however the practice had not implemented a system to monitor staff progression. After our inspection, the practice informed us that they had implemented a monitoring matrix with alerts to flag any overdue training requirements.

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 monitored urgent referrals to make sure they were dealt with promptly.

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 that their dentist listened to them and gave them clear information about their treatment.

The practice held documentation about the Mental Capacity Act 2005 for staff review. Staff we spoke with had completed mental health awareness training and demonstrated some knowledge of the Act. One of the dentists we spoke with did not demonstrate a detailed understanding of the principles and the application of the Act.

The practices consent policy referred to Gillick competence and the dentists we spoke with 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 explained treatment options clearly.

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 considerate, courteous and professional. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. The practice had a waiting area for their patients which was away from the reception desk. 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 reviewed staff meeting minutes from March 2016 where the importance of confidentiality was discussed, when reception staff spoke with patients at the desk.

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

Involvement in decisions about care and treatment

The practice mostly offered NHS dental treatments (71%). The costs for NHS and private dental treatments were displayed in the practice.

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. Individual patient comments included that dentists always listened to their concerns and they were ready to help and advise with any dental problems.

A number of patient comments included that staff were kind and helpful when they were in pain, distress or discomfort.

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

Staff used dental models and examples to help explain treatment options to patients. Patients were also provided with treatment information leaflets.

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. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were provided with specific examples involving patients with particular requirements and were informed how staff were accommodating of these. For example, staff had identified an anxious patient and had shown tolerance when they were impolite. We were told by staff that a particular dentist worked well with children, especially those who had special need requirements. Comments from patients in comment cards supported that some of the dentists were very effective when treating children.

Promoting equality

The practice made mostly reasonable adjustments for patients with disabilities. These included step free access utilising a portable ramp and a bell for patients to use at the front entrance. The bell had been installed as a result of a staff suggestion. A poster was displayed in the reception area to advise patients of this.

There was also an accessible toilet with a handrail, although the facility did not include a call bell. The practice did not have a hearing loop installed. Staff told us that there were some patients registered with hearing impairments.

The practice had access to interpreter/translation services which included British Sign Language. In addition, some of the practice staff spoke Bengali, Romanian and French. One of the dental nurses also used sign language.

Access to the service

The practice displayed its opening hours in the premises and in their information leaflet.

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

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. Patients could also attend and sit and wait to be seen if they required to be seen urgently.

The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. 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 complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns 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. Whilst the information leaflet included a contact number for NHS England if the patient wished to escalate their concerns, we noted it did not include contact details for the Parliamentary and Health Service Ombudsman.

We looked at comments, compliments and complaints the practice received within the past twelve months. The practice had received a large number of positive comments through the NHS Choices website. We looked at two complaints received. These showed the practice responded to concerns appropriately. We were informed that complaints were discussed with staff to share learning and improve the service. We did not see evidence that these discussions had been recorded in practice meeting minutes. A member of the reception team did not recall one of the complaints we had looked at, which involved shared learning for practice staff.

Are services well-led?

Our findings

Governance arrangements

One of the partners was the registered manager and the partnership 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, a number of procedures and risk assessments to help support the management of the service and to protect patients and staff. However, we noted there were areas of improvement required in governance arrangements. These included ensuring that all risks were identified and addressed promptly; with appropriate action taken to manage and reduce any risks from recurring. For example, this included ensuring that all staff had their Hepatitis B immunity levels recorded and appropriate risk assessment completed in response. We also noted that suitable arrangements were not in place to monitor essential staff training.

The practice contacted us after our inspection and told us they had made decisions to drive improvements in the management of the service. This included appointing a member of staff as a practice administrator to support the practice manager in their day to day role. A decision had also been made to appoint a head nurse to take on specific areas of responsibility. Aspects of the practice manager role involved the requirement for them to have access to an area where confidential matters could be addressed. Prior to our inspection, this was not made available. After our inspection, we were told that an identified room had been made available.

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. There was documented evidence that the practice manager discussed general issues and concerns at staff meetings and this supported that the practice worked as a team.

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

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had records of the results of these audits and the resulting action plans and improvements.

The partnership showed a commitment to learning and improvement. 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 the staff folders.

Staff records we examined showed that most mandatory training was completed, including medical emergencies and basic life support, each year. However, we noted inconsistencies in the timely completion of safeguarding training. The General Dental Council requires clinical staff to complete continuous professional development. There was evidence that the practice provided support for staff to complete this.

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

The practice acted on suggestions and verbal comments to improve the service delivered. We saw examples of suggestions from staff the practice had acted on. For example, The reception team suggested the filing and storing of patient forms in a more efficient way. They devised a routine and presented this to management. This was adopted and the practice staff reported that they found the new system much easier to use.

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.