

Queensway Dental Clinic

Queensway Durham Darlington Oral Surgery Service

Inspection Report

Queensway Ferryhill c/o Burgess & Hyder
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Overall summary

We carried out this announced inspection on 22 June 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. 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 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.

Summary of findings

Are services well-led?

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

Background

Queensway Durham Darlington Oral Surgery Service is in Ferryhill and provides NHS oral surgery treatment to adults.

There is step free access for people who use wheelchairs and pushchairs. Car parking spaces including dedicated spaces for patients with disabled badges are available at the practice.

The dental team includes one specialist oral surgeon, two dental nurses and a compliance/HR manager. There is a full team to support the practice located at the main Billingham location.

The practice rents a surgery within a large dental practice. They have access to a dedicated room for taking Orthopantomogram (OPG) X-rays, a decontamination room for sterilising dental instruments, a recovery room, a staff room/kitchen and a general office

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 Queensway Durham Darlington Oral Surgery Service was the compliance/HR manager.

On the day of inspection we collected 16 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with the specialist oral surgeon, two dental nurses, and the compliance/HR manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice holds clinics

Monday & Thursday 9am- 5pm

Our key findings were:

- The practice was clean and well maintained.

- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We identified areas of notable practice as the registered provider demonstrated strong leadership, vision and ethos to support staff and patients. The caring environment, support and well-being awareness was evident to see and the work the staff undertook with local communities was in place and highlighted working in partnership with other organisations.

- We were shown the "tooth troopers" which were used across all sites and supported communities with oral health awareness. They used puppets called Tilly and Toby for children community oral health promotion and Doris and Derek had recently been introduced to support local care homes and dementia care. We were told Dementia friends had worked closely with all of the staff to highlight the importance of communication and support for patients and the Partners were implementing support.
- The Partners provided direct clinical support to refugee camps abroad and they sponsored a nurse to attend if a dentist or specialist provided their services. The service had been well received and they now had waiting lists for patients for when they returned.

Summary of findings

- All of the staff had been involved in achieving an energy saving silver award for their work to preserve the environment through their recycling efforts across all locations.
- The Partners were involved with staff well-being and were in the process of implementing yoga session for staff, a daily walk and they provided fruit for staff weekly from local sources. It had been highlighted that if staff required access to counselling service this could have a waiting time and cost associated with this, so free accessible counselling services had been put in place to ensure staff could access service if required. They had recently received an award in the North East as this had enhanced staff well-being and reduced absences.
- Foundation dentists, local dentists and dental nurses were given the opportunity to shadow the services to gain experience as part of their training and development.
- We were told an education centre was in place for all staff to utilise and they had recently upgraded their IT systems to include online training and access to policies. The centre could train dental nurses in sedation, oral health education and radiography. They also ran courses for dentists who had an interest in services and could offer mentorship and development.

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 specialist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as fantastic, efficient and caring. The staff 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.

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 16 people. Patients were positive about all aspects of the service the practice provided. They told us staff were efficient, caring and relaxed. They said that they were given helpful, honest explanations about dental treatment and said their specialist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the practice.

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 and this was triaged through a central system to ensure people were seen in the right place at the right time.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone or face to face interpreter services and had arrangements to help patients with sight or hearing loss.

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

Are services well-led?

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 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 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. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination. We were told although the service did not provide services for children they were aware of families who brought children to appointments and were confident in raising safeguarding concerns.

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 practice had a business continuity plan describing how the practice would deal with 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.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We found glucagon was stored in the fridge but there was no supporting evidence to show the temperature was monitored. This was highlighted and we were told this would be addressed immediately.

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 all staff recruitment files. 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.

Two dental nurses worked with the specialist oral surgeon 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 every year.

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.

Are services safe?

The practice carried out infection prevention and control audits twice a year. The latest audit 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.

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 specialist justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year for each type of X-ray they took to ensure they looked at all aspects of the different types of radiographs taken following current guidance and legislation.

The practice had an OPG (Orthopantomogram). This is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a 2-dimensional representation of these.

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 specialist assessed patients' treatment needs in line with recognised guidance. All referrals were sent to a central location and to improve access to care a specialist reviewed the referrals and assessed the best use of the services. We were told of numerous inappropriate referrals for anxiety management which had been referred to the wrong service and this had caused longer waiting times. A new triage system was in place to prevent this and ensure patients could be seen as soon as possible for treatment.

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

The practice carried out conscious sedation for patients who would benefit during oral surgery. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015 and by the Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD).

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

We were shown a very detailed audit for sedation and this had been published in a dental magazine.

Two dental nurses with appropriate additional training supported the specialist when treating patients under sedation. The dental nurses' names were recorded in patients' dental care records.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients.

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 specialist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. The service would also highlight any treatment or prevention required when they referred the patient back to the general dentist to ensure prevention was in place.

The specialist 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.

We were shown the "tooth troopers" which were used across all sites and supported communities with oral health awareness. They used puppets called Tilly and Toby for children's oral health promotion sessions and Doris and Derek had recently been introduced to support local care homes and dementia care. The staff took the puppets to help discuss the importance of oral health care and also train staff especially in care homes. We were told dementia friends had worked closely with all of the staff to highlight the importance of communication and support for patients and the partners were implementing support.

The partners helped support the refugee camps abroad and they sponsored a nurse to attend if a dentist or specialist provided their services.

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.

Are services effective?

(for example, treatment is effective)

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

The Partners were involved with staff well-being and were in the process of implementing yoga session for staff, a daily walk and they provided fruit for staff weekly from local sources. It had been highlighted that if staff required access to counselling service this could have a waiting time and cost associated with this, so free accessible counselling services had been put in place to ensure staff could access service if required. They had recently received an award in the North East as this had enhanced staff well-being and reduced absences. We felt this was notable practice which should be shared.

Working with other services

The practice received referrals for oral surgery, Upon receiving a referral letter the relevant specialist reviewed the letter and then the patient was contacted by providing a welcome pack specific to the treatment they were referred for. A consultation appointment was made for a full assessment of the patients' needs and further appointments made thereafter.

Once treatment had been completed the patient was sent back to the referring dentist for on-going treatment. A letter would be sent back to the referring dentist with advice about what treatment had been provided and advice about on-going treatment which related to the treatment provided.

The staff confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide including referrals for general anaesthetic if they patient could not be treated

with sedation. These also 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.

We were told of meetings that were organised for referring dentists to attend and ask questions about the services. This allowed interaction and improvement for appropriate referrals and guidance to completing relevant forms to prevent waiting times for patients.

Foundation dentists, local dentists and dental nurses were given the opportunity to shadow the services to gain experience as part of their training and development. We felt this was notable practice and should be shared.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed the staff listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were excellent, relaxed and explained everything. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

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

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

Music was played in the treatment room and there were magazines and a television in the waiting room.

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. The staff 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's website provided patients with information about the range of treatments available at the practice. These included specialist services for complex treatment including sedation.

The treatment room had a screen so the staff could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, and accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter and translation services which included British Sign Language and braille.

Access to the service

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

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

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

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

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

We looked at comments, compliments and complaints the practice received. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The service was part of a “good practice” accreditation scheme.

The staff shared overall responsibility for the management and clinical leadership of the practice. Staff knew the management arrangements and their roles and responsibilities.

All of the staff had been involved in achieving an energy saving silver award for their work to preserve the environment through their recycling efforts across all locations. We felt these were areas of notable practice which should be shared.

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 told us there was an open, no blame culture at the practice. They said the compliance/HR 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 compliance/HR manager was approachable, would listen to their concerns and act appropriately. The compliance/HR manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any 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 clear records of the results of these audits and the resulting action plans and improvements.

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

We were told an education centre was in place for all staff to utilise and they had recently upgraded their IT systems to include online training and access to policies. The centre could train dental nurses in sedation, oral health education and radiography. They also ran courses for dentists who had an interest in services and could offer mentorship and development.

Staff told us they completed highly recommended training, including medical emergencies and basic life support, each year. Those involved with sedation undertook Immediate Life Support training. 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.

All patients were invited to a forum to share feedback and to discuss any improvements that could be made.

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

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients’ views about the service. We saw examples of suggestions from patients and staff the practice had acted on including higher seats in the waiting area for patients who struggled to get up from the lower seats.

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.