

Mazdak Eyrumlu and Azad Eyrumlu

Lowestoft 2 Dental

Inspection Report

7 Regent St, Lowestoft, Suffolk
NR32 1PA
Tel: 01502572467
Website:

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Overall summary

We carried out this announced inspection of Lowestoft 2 Dental 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. A CQC inspector, who was supported by a specialist dental adviser, led the inspection.

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 well-led care in accordance with the relevant regulations.

Background

Lowestoft 2 Dental is a well-established practice that provides mostly NHS treatment to patients of all ages. The dental team includes three dentists, five qualified dental nurses, a hygienist, one receptionist and a practice manager. A specialist visits about every three weeks to provide implants to patients.

The practice has three treatment rooms and is open on Mondays to Fridays from 8.30am to 5.30pm. In addition to this, it opens on alternate Saturday mornings from 9am to 1pm. There is ramp entry access for people who use wheelchairs and a downstairs treatment room and toilet.

The practice is owned by Southern Dental 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

Summary of findings

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 Lowestoft 2 is the practice manager.

During the inspection, we spoke with two dentists, one dental nurse, a receptionist and the practice manager. We looked at the practice's policies and procedures, and other records about how the service was managed. We collected 29 comment cards filled in by patients; we also spoke with another two during our inspection.

Our key findings were:

- Patients were very happy with the quality of their treatment and the staff who delivered it.
- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Risk assessment was robust and action was taken to protect staff and patients.
- Patients received their care and treatment from well supported staff, who enjoyed their work.
- Opening times were good and the practice offered extended hours on alternate Saturdays.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance. Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- There was a clear leadership structure and staff felt supported and valued by the practice manager. The practice proactively sought feedback from staff and patients, which it acted on.

There were areas where the practice could make improvements.

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society

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 robust arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays). Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults. Risk assessment was comprehensive and effective action was taken to protect staff and patients. Equipment used in the dental practice was well maintained.

There were sufficient numbers of suitably qualified staff working at the practice to support patients.

No action



Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs.

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

No action



Are services caring?

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

Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received and of the staff who delivered it. Staff gave us specific examples of where they had gone out their way to support patients. We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action



Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required and the practice opened on alternate Saturday mornings. Appointments were easy to book and patients were able to sign up for text and email reminders for their appointments.

The practice had made good adjustments to accommodate patients with a disability.

There was a clear complaints' system and the practice responded professionally and empathetically to issues raised by patients.

No action



Summary of findings

Are services well-led?

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

We found staff had an open approach to their work and shared a commitment to continually improving the service they provided. Staff were well supported in their work, and it was clear the practice manager valued them and supported them in their professional development.

The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were systems in place to monitor and improve quality, and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on to improve services to its patients.

No action



Lowestoft 2 Dental

Detailed findings

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 manager told us that all significant events were reported to the company's head office for central monitoring and events were often discussed with the provider's area managers so that learning could be shared across practices. We found that untoward events were recorded and managed effectively to prevent their reoccurrence. For example, the practice had boxed off a mantelpiece, following a patient who had hit their head on it. After a patient had tripped on a chair leg, the layout of the waiting room had been changed to make it safer. The practice also kept a book by reception to record minor incidents such as missing records cards or lab work that had not been checked out.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, at the practice meetings, evidence of which we viewed. Staff we spoke with were aware of recent alerts affecting dental practice

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. There was good information around the practice about reporting procedures and staff had received relevant training for their role. We noted that child protection procedures had been discussed with staff at their meeting in July 2017 to keep their knowledge updated. All staff had DBS checks in place to ensure they were suitable to work with vulnerable adults and children.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments that staff reviewed every year. The practice followed relevant

safety laws when using needles and other sharp dental items. Not all the dentists we spoke with 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 it would deal with events that could disrupt the normal running of the practice.

Medical emergencies

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, although emergency airways' equipment needed to be stored more securely to ensure its continued sterility as provided by the manufacturer. Glucagon was stored in the practice's fridge, which was monitored to ensure it operated correctly.

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Staff recruitment

Files we reviewed showed that most pre-employment checks had been undertaken for staff including proof of their identity, references and DBS checks. All new staff received an induction to ensure they had the skills and knowledge for their new role.

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

Monitoring health & safety and responding to risks

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed comprehensive risk assessments that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff.

Firefighting equipment such as extinguishers was regularly tested and building evacuations were rehearsed and timed by staff.

Are services safe?

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for all materials used within the practice.

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

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice had comprehensive infection control policies in place to provide guidance for staff on essential areas such as hand hygiene, the use of personal protective equipment and decontamination procedures. The practice conducted infection prevention and control audits and results from the latest audit undertaken in June 2017 indicated that it met all essential quality requirements.

There were cleaning schedules in place, and we noted that all areas of the practice were visibly clean and hygienic, including the waiting area, toilet, corridors and stairways. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Staff's uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. Records showed that all dental staff had been immunised against Hepatitis B.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally in a locked area.

Equipment and medicines

Staff told us they had the equipment needed for their roles and that repairs and replacements were actioned in a timely way. The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. Other equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this.

Stock control was good and medical consumables we checked in cupboards and in drawers were within date for safe use.

The practice had suitable systems for prescribing and dispensing medicines and a logging system was in place to account for any issued to patients. Prescriptions were regularly audited to ensure they were being issued in accordance with national guidelines. Dentists we spoke with were aware of the British National Formulary's website for reporting adverse drug reactions.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file. Rectangular collimation was used to reduce the dosage to patients.

Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We received 29 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment.

Dentists we spoke with understood national guidelines that applied to dentistry and kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The practice regularly audited dentist's dental care records to check that the necessary information was recorded and we found records were of a high standard.

Health promotion & prevention

The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. A part-time dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. General information about oral health care for patients was available in the waiting area including information about local smoking cessation services.

Staffing

There was a well-established and stable staff group at the practice and the dentists were supported by appropriate numbers of dental nurses and administrative staff. Staff told us there were enough of them for the smooth running

of the practice and that a nurse always worked with the dentists and hygienists. At the time of our inspection, the practice was planning to recruit an additional part-time dentist and nurse to better meet patient demand.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. Staff told us they discussed their training needs at their annual appraisals.

Working with other services

Staff 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. Each dentist kept a log of their patients' referrals so they could be tracked, and referrals were actively audited by the practice manager to ensure they were managed effectively.

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

Staff had an adequate knowledge of the Mental Capacity Act and how it affected their management of patients who could not make decisions for themselves, although not all clinicians had a thorough understanding of Gillick guidelines when treating children and young people.

Dental records we reviewed demonstrated that treatment options had been explained to patients.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We received positive comments from patients about the quality of their treatment and of the staff who provided it. They described staff as caring, helpful and calming and told us that staff listened to them empathetically. Staff gave us specific examples of where they had supported patients. For example, by staying open late for patients and by personally delivering dentures to the lab for repair.

The main reception area itself was not particularly private and those waiting could easily overhear conversations between reception staff and patients, although the receptionist assured us that they were careful not to give out patients' personal details when speaking on the phone.

Computers were password protected and screens displaying patient information were not overlooked. All consultations were carried out in the privacy of the treatment room and we noted that the door was closed during procedures to protect patients' privacy.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. In addition to this, the practice's website provided patients with information about the range of treatments at the practice and information leaflets were available to help patients understand their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The waiting area provided good facilities for patients including interesting magazines and leaflets about various oral health conditions and treatments. Toys and books were available for children. In addition to this, the practice had its own website that provided general information about its services.

Patients told us they were satisfied with the appointments system that getting through on the phone was easy. The practice opened on alternate Saturday morning to meet patients' needs. The practice also offered text and email appointment reminders that patients told us they found useful. Daily emergency appointment slots were available for patients in dental pain.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included ramp access, a downstairs treatment room and toilet, and a lowered reception desk to

allow better communication with wheelchair users. Patients had access to translation services and the practice's patient leaflet was available in large print for people with visual impairments. However, the practice did not have a portable hearing loop to assist patients who wore a hearing aid.

Concerns & complaints

The practice had a complaints' policy that clearly outlined the process for handling their complaints, the timescale within which they would be responded to, and details of external agencies they could contact if unhappy with the practice's response. Details of how to complain were available in the waiting area for patients and in the practice's information leaflet

Reception staff we spoke with showed a good knowledge of the complaints procedure.

We viewed the paperwork in relation to two recent complaints and found they had been thoroughly investigated and responded to in a professional, empathetic and timely way.

Are services well-led?

Our findings

Governance arrangements

The practice manager was in day-to-day control of the service. She was supported by the provider's operations staff that assisted her in the running of the service. She also met regularly with the practice managers of the provider's other services to discuss any issues and share best practice.

The practice had comprehensive 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. We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate.

The practice had robust information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice conducted a yearly self-assessment to ensure it was managing patients' information in line with legislation.

Leadership, openness and transparency

The practice manager told us she received good support from senior staff within the company including its regional managers and clinical leads. Staff told us that leadership within the practice was good and spoke highly of the practice manager. One told us that the practice manager had created a 'health and happy work place'.

Communication across the practice was structured around regular practice meetings that all staff attended. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them. One staff member told us that the manager went round each person at the meeting, asking them for any issues or concerns. Minutes we viewed were detailed and demonstrated that essential topics were discussed such as unusual events, national patient safety alerts, company policies and staff training.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits on a range of topics including the quality of dental care records, patients waiting times, prescriptions infection prevention and control. The quality of these audits was good and there were clear records of their results and action plans. For example, following the patient waiting time audit, more emergency appointments were introduced on a Monday and the practice now telephoned all new patients and those who had failed to attend in the past, to remind them of their forthcoming appointment. Results of audits were discussed at the regular practice meetings, evidence of which we viewed.

All staff received an annual appraisal of their performance and training needs and we saw evidence of completed appraisals in the staff folders. Staff also had personal development plans in place. However, we noted that the practice manager had never received an appraisal so it was not clear how her performance was being monitored and assessed.

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

The practice used surveys, comment cards and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on such as enlarging the waiting area. The practice had introduced the NHS Friends and Family test as another way for patients to let them know how well they were doing. Results of these were shared with staff at the practice meetings evidence of which we viewed. The provider also monitored patient feedback on the NHS Choices website and always responded to both positive and negative feedback.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us that senior staff listened to them and was supportive of their suggestions. For example, staff's suggestion for a specific reception uniform and name badges had been implemented. Their request for more team nights out had also been actioned.