Rye Dental Surgery

Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 19 October 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

Rye Dental Surgery is a mixed dental practice providing a mix of NHS and private treatment and caters for both adults and children. Private treatment was provided through a mixture of fee per item and a dental insurance plan. The practice is situated on the first floor of a converted listed commercial property and meant that the owners were limited to the extent that they could modify the internal arrangements of the rooms available. The practice had two dental treatment rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments and a reception and waiting area.

The practice has 3 dentists and 2 dental nurses who also carry out reception duties and a dedicated receptionist. All of the dental nurses were qualified and registered with the General Dental Council. The practice's opening hours are 9:00am – 5:30pm on Mondays, Wednesdays and Thursdays and Tuesdays and Fridays 9:00am – 1:00pm

One of the partner dentists is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to

Summary of findings

tell us about their experience of the practice. We collected 28 completed cards and spoke to 4 patients. These provided a positive view of the services the practice provides. All of the patients commented that the quality of care was very good.

We carried out an announced comprehensive inspection on 19 October 2015 as part of our planned inspection of all dental practices. The inspection took place over one day and was carried out by a lead inspector who was also a dental specialist adviser.

Our key findings were:

- Appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice was visibly clean and infection control procedures were robust and the practice followed published guidance.
- Equipment used to take X-rays and decontaminate dental instruments was maintained in accordance with national guidelines.
- A system was in place for the practice to report and analyse incidents, records demonstrated that there were no significant incidents reported since 2013.
- Clinical staff understood their role in relation to the safeguarding of vulnerable patients.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- There was an effective system in place to act on feedback received from patients.
- There were systems in place to assess, monitor and improve the quality of service provided.
- Information from 28 completed CQC comment cards gave us a completely positive picture of a friendly and professional service with patients being treated with dignity and respect.
- The practice received very few complaints, those received since the new owners took over the running of the practice were associated with minor administrative deficiencies only.

There were areas where the provider could make improvements and should:

- After 12 months of the practice being in transition from one owner to another, the new owners should consider overhauling the existing clinical governance systems and processes to reflect the change of ownership. This is because a number of systems and processes put into place by the previous owner will lapse at the end of 2015.

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 care which was safe in accordance with the relevant regulations.

The practice had arrangements in place for essential topics such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained. There were sufficient numbers of suitably qualified staff working at the practice. Clinical staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

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

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. Records showed that staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration

Are services caring?

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

We collected 28 completed comments cards. These provided a completely positive view of the service, we also spoke to 4 patients who also reflected these findings. All of the patients commented that the quality of care was very good. Patients commented that the dentists provided excellent advice and treatment, treated them with dignity and respect at all times. Treatment was always explained clearly and the dentists were caring and put them at ease.

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took those these into account in how the practice was run. Patients could access treatment and urgent care when required. The practice provided patients with written information about the services provided, this was supplemented by detailed information about dental treatment and associated costs on the practice web site.

Are services well-led?

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

The 2 dentists who owned the practice provided effective leadership to the associate dentist who was in training and the dental nurses. The practice was in a transitional period with the new owners having taken over the practice from a long standing dentist about 12 months previously. The present owners had retained the clinical governance and risk management structures put into place by the previous owner. However the new owners needed to overhaul existing policies, protocols and procedures to reflect the change of ownership of the practice.

Dental Surgery

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 19 October 2015. The inspection took place over one day and was carried out by a lead inspector who was also a dental specialist adviser.

We informed NHS England area team that we were inspecting the practice, however there were no immediate concerns from them.

During our inspection visit, we reviewed policy documents and staff records. We spoke with five members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed the dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area. We reviewed comment cards completed by patients and spoke to 4 patients. Patients gave very positive feedback about their experience at the practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a significant events analysis system in place. There had been no accidents or incidents at the practice since 2013. A review of incidents dating back to 2013 revealed only one incident with a moderate impact upon a patient. This involved a patient suffering from minor trauma to the lip during dental treatment. The incident form was completed in full, detailing how the incident could be prevented in future. The other incident related to a denture repair which took place in 2013, this had no negative impact on the patient but it appeared that lessons had been learned by the practice. Patients were told when they were affected by something that went wrong and were given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

We spoke to the associate dentist and a dental nurse about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU Directive with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked how the practice treated the use of instruments which were used during root canal treatment. A dentist we spoke with explained that these instruments were single use only. She explained that root canal treatment was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). Patients can be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

The practice had a nominated individual, the Registered Manager, who acted as the practice safeguarding lead. This individual acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse. Training records showed that staff had received safeguarding training for both vulnerable adults and children within the past 12 months. Information was available that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies should they occur during dental treatment or to people visiting the practice. We observed an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice had in place the emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice also had a full oxygen cylinder and other related items such as manual breathing aids and portable suction, these were in line with the Resuscitation Council UK guidelines.

All emergency medicines and oxygen were in date. The expiry dates of medicines and equipment were monitored using a daily and monthly check sheet which enabled the staff to replace out of date drugs and equipment promptly. We saw records that showed that staff had received training over the last 12 months in basic life support techniques if patients suffered a medical emergency during the course of dental treatment.

Staff recruitment

We saw evidence that dentists and dental nurses who worked at the practice had current registration with the General Dental Council, the dental registrant's regulatory body. The practice had a recruitment policy which detailed the checks required to be undertaken before a person started work. We looked at an example where a member of staff had been recruited previously. The records confirmed that the individual had been recruited in accordance with the practice's recruitment policy. For example, proof of identity, a full employment history, evidence of relevant

Are services safe?

qualifications and employment checks including references were present. We saw that all clinical staff had received a criminal records checkthrough the Disclosure and Baring Service (DBS).

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments including a well maintained Control of Substances Hazardous to Health (COSHH) file. Other assessments included radiation, fire safety, health and safety and water quality risk assessments.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The lead dental nurse demonstrated the cleaning process which demonstrated that HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being met. It was observed that a current Infection Prevention Society audit of infection control had been carried out during October 2015, records showed that the practice had carried out regular audits over a period of years.

It was noted that the two dental treatment rooms, waiting area, reception and toilets were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towels in each of the treatment rooms and toilets. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

We asked the lead dental nurse to describe to us the end to end process of infection control procedures at the practice. The dental nurse explained the decontamination of the general treatment room environment following the treatment of a patient. She demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The drawers of a treatment room was inspected in the presence of the associate dentist. These were well stocked, clean, well ordered and free from clutter. All of the instruments were pouched and it was obvious which items were single use and these items were clearly new. Each treatment room had the appropriate routine personal protective equipment available for staff and patient use.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) the method they used was described to us and was in line with current HTM 01 05 guidelines. A Legionella risk assessment had been carried out at the practice by a competent person in 2013. The assessment deemed the building to be of low risk. A dip slide examination to test the quality of the water in the dental water lines was due to be carried out in January 2016.

The practice utilised a separate decontamination room for instrument processing. This room was well organised and was clean, tidy and clutter free. The dental nurse demonstrated to us the decontamination process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used ultrasonic cleaning baths, one for each treatment room, for the initial cleaning process, following inspection they were placed in an autoclave (a machine used to sterilise instruments). When instruments had been sterilized they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines. The nurse also demonstrated that systems were in place to ensure that the autoclave and ultrasonic cleaning baths used in the decontamination process were working effectively. These included the automatic control test for the autoclave. It was observed that an automatic data logger was used to record the essential daily validation checks of the sterilisation cycles. These were then uploaded onto a computer for the storage of the data. A three monthly foil test to check the efficiency of the ultrasonic bath was used and we saw records that confirmed that the frequency of the test was carried out.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. We observed that sharps containers were properly maintained and was

Are services safe?

in accordance with current guidelines. The practice used an appropriate contractor to remove dental waste from the practice and was stored in a separate locked location adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection. Patients' could be assured that they were protected from the risk of infection from contaminated dental waste.

Environmental cleaning was carried out in accordance with the national colour coding scheme and cleaning schedules were available for inspection.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example the autoclave had been serviced and calibrated in November 2014, the next service was due in November 2015. The practices' 2 X-ray machines had been serviced and calibrated during the period September 2013. This was in accordance with national guidelines where it is recommended that X-ray sets are serviced and calibrated within a 3 year time interval. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records when these were administered. These medicines were stored safely for the protection of patients.

Radiography (X-rays)

We were shown a well maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER) which had been set up by the previous owner. This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. We noted that an amended contract for the maintenance of the X-ray machines which included the details of the new owners had been filed in the existing protection file. Included in the file were the critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of 3 years. We also saw that all dentists had undergone regular update training in relation to dental radiography in accordance with IRMER 2000.

A copy of the most recent radiological audit for each dentist was available for inspection this was carried out in February 2015. A sample of dental care records where X-rays had been taken showed that when dental X-rays were taken they were justified, reported on and quality assured. We saw whole series patient X-rays of a high quality and these were meticulously labelled and mounted. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists carried out consultations, assessments and treatment in line with recognised general professional guidelines. We spoke to two dentists who described to us how they carried out their assessment. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. During our visit we noted several patients were given printed copies of their treatment plan at the reception desk. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

As review of a sample of dental care records showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

The waiting room and reception area at the practice contained literature in leaflet form that explained the services offered at the practice. This included information about effective dental hygiene and how to reduce the risk of poor dental health. Patient videos were also used in the waiting room to promote good home care. Oral hygiene products including tooth brushes, inter dental cleaning brushes, dental floss and tape and high concentrated fluoride tooth paste was on sale in the reception area.

All of the dentists attached great importance to the prevention of dental disease. Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to them in a way they understood and dietary, smoking and alcohol advice was also given to them. The associate dentist we spoke with explained that children at high risk of tooth decay were identified and were offered fluoride varnish applications to keep their teeth in a healthy condition. She also placed special plastic coatings on the biting surfaces of adult back teeth in children who were particularly vulnerable to dental decay. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. The sample of dental care records we observed all demonstrated that dentists had given oral health advice to patients.

Staffing

There were enough staff to support the dentists during patient treatment. All of the dental nurses supporting the dentists were qualified dental nurses. Staff spoke with confidence and clarity demonstrating to us the effectiveness of the training they had received. Staff had undertaken further training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council (GDC). This included areas such as responding to medical emergencies, infection control, radiography and safeguarding.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. Referrals when required were made to other dental specialists. The practice maintained a list of specialists whom patients could be referred, this included specialists in oral surgery, orthodontics (straightening or misaligned teeth) and special care dentistry.

Consent to care and treatment

We spoke to two dentists on the day of our visit about consent, they all had a clear understanding of consent

Are services effective?

(for example, treatment is effective)

issues. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. The associate dentist we spoke to felt that patients should be given time to think about the treatment options presented to them. She explained that unless the patient needed treatment to relieve pain she would not provide treatment at the assessment appointment. This enabled a 'cooling off' period to exist before treatment commenced and demonstrated that a patient could withdraw consent at any time.

The dentists we spoke with explained how they would obtain consent from a patient who suffered with any mental impairment which may mean that they might be unable to fully understand the implications of their treatment. The dentists explained if there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They explained that they would involve relatives and carers to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the rooms which protected patient's privacy. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable wooden filing cabinets. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. On the day of our visit we witnessed patients being treated with dignity and respect by the reception staff when making appointments or dealing with other administrative enquiries.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients which detailed possible management options and indicative costs. A poster detailing NHS and private treatment costs was displayed in the waiting area. The practice website also gave details of the cost of treatment and entitlements under NHS regulations. The dentists we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. This information was recorded on the standard NHS treatment planning forms for dentistry where applicable and computerised print out forms for private treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including the opening hours, emergency 'out of hours' contact details and arrangements. This was also explained in the patient information leaflet which was available at the reception counter. We looked at the appointment schedules for patients and found that patients were given adequate time slots for appointments of varying complexity of treatment. The associate dentist we spoke to said that she had the clinical freedom to determine the most appropriate length of appointment.

Tackling inequity and promoting equality

Due to the listed nature of the building, access to the surgery was not possible for disabled and wheel chair user patients. The practice leaflet indicated that arrangements would be made for patients who were disabled or who were unable to visit the surgery. This was facilitated by an arrangement with the local community dental service.

Access to the service

We asked the receptionist how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. Each day the practice was open, emergency treatment slots were made available for people with urgent dental needs. Staff told us patients requiring emergency care during practice opening hours were always seen the same day.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, this was set up by the previous owner. Information for patients about how to make a complaint was seen in the waiting area of the practice. We also saw a complaints log which listed four complaints received in the previous 12 months during our inspection. These were mainly issues relating to administrative issues rather than the quality of clinical care. We were told that all of these complaints had either been resolved to a satisfactory outcome or were currently being addressed.

Are services well-led?

Our findings

Governance arrangements

The practice has been in a transitional period over the last 12 months due to the change of ownership of the practice. The governance arrangements for this location were set up and put into place by the previous owner. We found a system of policies, protocols and procedures in place covering the clinical governance criteria expected in a dental practice. The systems and processes had been maintained and updated over a period of time. Although many of these systems were considered to be current, many of them required overhauling as they were due to lapse within the next few months. Consequently the new owners needed to now take ownership of the clinical governance systems and processes and personalise them to reflect the new ownership.

Leadership, openness and transparency

It was apparent through our discussions with the two new partner dentists at the practice that they wanted to introduce new ways of working in relation to patient treatment services. This included the provision of conscious sedation and advanced restorative care. During our discussions it was also apparent that the patient was at the heart of the practice with the dentists adopting a holistic approach to patient care. We found staff to be hard working, caring and committed to the work they did. The dentists spoke with passion about their work and were proud of the care that they provided. This was supported when reading the comments made by patients who had completed the comment cards. We felt that this ethos was transmitted to their small team of supporting staff.

Learning and improvement

We found that there were a number of clinical audits taking place at the practice. These included an infection control, dental radiography and clinical record keeping. These were all carried out during 2015.

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

The practice had gathered feedback from patients through a number of sources including the NHS Friends and Family test, NHS Choices and an in house patient satisfaction survey capturing feedback about all three dentists working at the practice. A sample of 17 satisfaction forms on reception revealed a high degree of satisfaction in the level of service provided. The NHS Friends and Family test involving 6 patients' surveyed showed 5 patients extremely likely and 1 likely to recommend the practice to family and friends. Four of the patients had made additional comments on the cards expressing a high degree of satisfaction with the care received.