

Rodericks Dental Limited

Yeovil Dental Practice

Inspection Report

10 Sherborne Road
Yeovil
Somerset
BA21 4HA
Tel: 01935 848684
Website: www.yeovil-dental.co.uk

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Overall summary

We carried out this announced inspection on 3 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We previously carried out an inspection in January 2016 and the purpose of this inspection was to also follow up on the two requirement notices served for good governance and staffing. 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 carried out a comprehensive inspection at this service on the 19 January 2016 where we found breaches of our regulations in Regulation 17 good governance and Regulation 18 staffing and requirement notices were served. The main areas of concern highlighted were; infection control, staff support, fire safety and clinical audit.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information.

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

Summary of findings

Yeovil Dental Practice is in Yeovil, Somerset and provides approximately 80% NHS and 20% private treatment to patients of all ages.

The practice is a listed building with uneven levels and narrow staircases. The front entrance is not accessible for wheelchair users and so there is an access lift outside the building and a concrete ramp for disabled access into the back of the building. There are also two accessible spacious surgeries on the ground floor. There is a small car park with limited spaces with one disabled parking bay. There are local public car parks and transport nearby.

The dental team includes five dentists, two trained dental nurses (one of which is the practice manager), seven trainee dental nurses, one dental hygienist and two receptionists. The practice has five treatment rooms.

The practice is owned by a Rodericks Dental Limited 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. At the time of the inspection the practice did not have a registered manager in post.

On the day of inspection we collected six CQC comment cards filled in by patients and spoke with four other patients. This information gave us a positive view of the practice.

During the inspection we spoke with all five dentists, six dental nurses and two receptionists, the practice manager and area manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday, Wednesday and Friday 8:30am to 5pm
- Tuesday and Thursday 8:30am to 7pm
- The first Saturday of each month from 9am to 12pm

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance. However, they still needed to ensure they had adequate ventilation in the decontamination room.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment was available.
- The practice had systems to help them manage risk, such as fire safety, health and safety and legionella.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- 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 and management. Staff felt involved, well 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.
- The practice had adequate staff recruitment procedures. Risk assessments had not always been undertaken when key documentation, such as references had not been received prior to commencement of the staff member's employment.
- Policies and procedures needed improvement to be reflective of localised procedures and current legislation.

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

- Review the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.
- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

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 the majority of recruitment checks; though, this should be improved further by ensuring relevant legislation was followed when recruiting new staff.

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

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

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as comfortable, efficient and very thorough. 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.

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 ten patients. Patients were positive about all aspects of the service the practice provided. They told us staff were lovely, kind and helpful. They said that they were "always have really good care", 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.

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



Summary of findings

Are services responsive to people's needs?

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 patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to a translation telephone line interpreter service 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.

No action



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.

Improvements could be made to ensure policies and procedures were reflective of localised procedures and current legislation.

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 12 out of 17 staff had not received safeguarding children training and there were gaps in safeguarding adults training. The practice manager had sent us confirmation that the outstanding staff had now completed training. Staff we spoke with 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 looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. Not all dentists used rubber dams routinely. The practice manager told us that they would ensure that all dentists would comply with company policy.

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. Five out of 16 members of the team had not completed basic life support training due to being newly recruited. The practice manager had recognised this and bought forward the annual training to take place in June 2017.

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.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. Improvements were required to review and update the policy to reflect current legislation and guidance.

We looked at three staff recruitment files. These showed the practice had not followed their recruitment procedure. For example, although references had been requested for two dental nurses recently employed, they had not been received. Improvements were required to ensure references were obtained for staff before they commenced their employment. Disclosure and Barring service (DBS) checks had been received after they had started employment. The practice manager told us they had completed a risk assessment for this period.

We were told that the provider's human resources department completed the recruitment process and often it was difficult for the practice manager to establish what had been received because this was not shared fully with them.

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.

Are services safe?

One dental nurse was allocated to work with each dentist and the dental hygienist when they treated patients.

At the last inspection in January 2016 we found improvements were required for fire safety.

We found on this inspection significant improvements had been made. A new fire risk assessment had been completed in November 2016. There was an action that had not been completed, which was now being addressed. We saw weekly checks on the fire alarm and emergency lighting were completed and additional emergency lighting had been installed. Two fire drills had been completed in the last year. Fire extinguishers had been serviced in February 2017 and the fire alarm had been serviced in February 2017. All staff had completed fire warden level training in April 2017.

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. However, the decontamination room ventilation was not working and had not been since our last inspection. The practice manager had called for an engineer to visit in the week after this inspection.

Staff completed infection prevention and control training every year. However, nine out of 17 staff employed had not completed training in the last year. The practice manager had sent us confirmation that the outstanding staff had now completed 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 an infection prevention and control audit 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 were in line with a risk assessment completed in November 2016. Staff told us they were noting the high and

low temperature readings, which although verbally explained, there was no evidence recorded of what had happened. The practice manager advised this would be recorded in the future.

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

At the last inspection in January 2016 we found improvements were required in the management of infection control.

We found on this inspection improvements had been made. There was now a lead in infection control, decontamination room was uncluttered, soap for handwashing was now wall mounted.

Hand wash audit results were regularly 100% for staff audited and if not we were told they were trained and re-audited again.

Improvements had been made to the treatment room which had required seamless flooring and the cupboard had been fixed. Staff were monitored regularly to ensure they were wearing appropriate PPE. Although, we noted that one member of staff wore their PPE outside when we arrived at the practice. The practice had not reviewed its ventilation within the decontamination room since our last inspection. However, whilst on inspection they had organised for an engineer to visit within a week of the inspection.

Equipment and medicines

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

At the last inspection in January 2016 we found improvements were required to ensure the safe management of sharps within the practice. On this inspection we found the dentists were now using a safer method when handling sharps which met with the safer sharps regulations.

The practice had suitable systems for prescribing, dispensing and storing medicines. We did note the fridge temperature was not monitored and was above the ideal temperature. The practice manager informed us they would be checking with the manufacturer what temperature they should be recording for this.

Are services safe?

The practice stored NHS prescriptions as described in current guidance. However, current guidance was not followed to ensure there was an audit trail of prescriptions from when they arrive into the practice until they are used or destroyed. Prescription pads were accounted for when allocating to individual dentists. However, there was no other audit trail. The area manager informed us that the company was planning on incorporating this process in the near future.

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.

We saw that the practice audited patients' dental care records every four months to check that the dentists recorded the necessary information. Dentists were audited in addition to this if they were not meeting the provider's standard and provided with additional support.

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 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

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

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals. The practice manager also met with staff regularly to discuss any concerns.

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

The consent policy was last reviewed in 2013 and was due for renewal. The team understood they had a responsibility under the Mental Capacity Act (2005) when treating adults who may not be able to make informed decisions. We were told the dentists had now completed the training. The area manager confirmed that the assessment of capacity form was not understood by staff and training would be provided.

The dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were 'patient', 'happy' and 'helpful'. We saw that staff treated patients 'understanding', 'kind' and 'lovely' and were friendly towards patients at the reception desk and over the telephone.

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. 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. Improvements were required to ensure computer screens were not left unlocked while not in use. We were informed by the area manager that they had arranged for their IT support to timelock all the computers after they had been idle for a short period of time and staff were reminded of the protocol.

Information folders, patient survey results and thank you cards were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as root canal treatments.

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 or within 24 hours. 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 had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, there were two ground floor rooms and if a patient's mobility had changed and they wanted to stay with the same dentist then they would move the dentists around so the patient could be seen on the ground floor by the same dentist.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included an accessible ramp leading to the back of the building, a hearing loop and an 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/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 practice was committed to seeing patients experiencing pain on the same day and kept one appointment free for same day appointments for each dentist. Dentists would also be able to fit urgent appointments into their diary depending on patient need. 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 practice manager was responsible for dealing with the complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. We found this information was needed updating and we saw this was updated immediately.

We looked at comments, compliments and complaints the practice received in the last year. 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 provider had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. The provider updated policies nationally and we were informed that they were currently reviewing all of their policies. Policies reviewed did not always show current guidelines and legislation. For example, the recruitment policy did not reflect our legislation requirements.

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 practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

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

On this inspection we found significant improvements had been made to staff wellbeing. The new practice manager had worked to improve morale within the practice and staff clearly could raise concerns with them.

Trainee dental nurses now had an area dental nurse trainer who supported them through their qualification, including

carrying out assessments. Staff's main concern was how long it took for requests for equipment to be approved and delivered. The practice manager assured us that this had now improved.

All staff had received an annual appraisal in the last year.

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 provider and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had an 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 told us they completed mandatory training, including medical emergencies and basic life support, each year. Some areas of staff training needed updating and the practice manager ensured us this would be completed by 22 May 2017. 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.

We found on this inspection that process of undertaking audits had improved and there was now a clinical audit plan and regular audits were undertaken. We saw audits were followed through and actions were addressed. The practice manager strived to improve the standards within the practice.

We saw dental care records, X-ray quality, infection control and hand washing audits were regularly completed.

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

The practice used patient surveys and comment cards to obtain staff and patients' views about the service. We saw examples of suggestions from patients/staff the practice

Are services well-led?

had acted on. For example in response to patients' comments that there were no facilities to entertain children, so they installed children's colouring tables in the waiting rooms.

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. Comments provided in April 2017 showed that all five patient comments said they would recommend the practice and in March 2017 five out of six said they would recommend the practice.