

The Grove House Dental Practice Limited

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Inspection Report

Grove House Dental Practice
Office Suite 1
10-12 the Grove
Ilkley
LS29 9EG
Tel:01943 817778
Website:n/a

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Overall summary

We carried out an announced comprehensive inspection on 27 January 2017 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

The Grove House Dental Practice offers a full range of dental treatments preventative, corrective and cosmetic. The practice is based in the centre of Ilkley which is close to the main shops. The staff consists of a dentist, dental hygienist, dental nurse and receptionist.

The practice is in the centre of Ilkley based in a converted building on the 1st floor. There is one treatment room, a decontamination room, office/ staff area, a waiting and reception room. Public parking is available near the practice. The opening hours are Monday 9am-5:30pm Tuesday 9am-4pm Wednesday, Thursday 8:30am-5:30pm and Friday 8:30am-1pm.

The principal dentist is registered with the Care Quality Commission. 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.

Summary of findings

We left comment cards at the practice but unfortunately none were completed. We did review the practice's own survey and these confirmed that overall patients' were happy with the service. In January 2017 the patient's scores overall were 86% extremely satisfied.

Our key findings were:

- The premises were visibly clean and tidy.
- The practice had procedures in place to record and analyse significant events and incidents.
- Staff had received safeguarding training, and knew the process to follow to raise concerns.
- There were sufficient numbers of suitably qualified, skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available.
- Patients' needs were assessed, and care and treatment was delivered, in accordance with current legislation, standards, and guidance.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Patients were treated with kindness, dignity, and respect.
- The appointment system met the needs of patients, and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients, and reasonable adjustments were made to enable patients to receive their care and treatment.
- The practice gathered the views of patients and took their views into account.
- Staff were supervised, felt involved, and worked as a team.
- Governance arrangements were in place for the smooth running of the practice, and for the delivery of high quality person centred care.

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

- Review the practice's recruitment policy and procedures to ensure character references for new staff are requested and recorded suitably.
- Review the equipment in the emergency kit and ensure they are in date and safe for use.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.

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 effective systems in place to assess and manage risks to patients.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

X-ray equipment was safe and regularly maintained.

The decontamination equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use. However we noted that the a magnifying light was not available to ensure that all debris was removed from instruments and unnecessary equipment was housed in this area.

Staff completed annual training in how to deal with medical emergencies. We confirmed that the emergency equipment was regularly checked but noted that some equipment was out of date.

There were maintenance contracts in place to ensure all equipment had been serviced regularly, including; the autoclaves, fire extinguishers, the air compressor and medical emergency oxygen.

Staff were appropriately skilled and suitably trained. Staff induction processes were in place and had been completed. We noted that the practice did not follow the recruitment policy in that references had not been received for new staff.

There was evidence to demonstrate that staff had attended training in safeguarding patients and understood their responsibilities in relation to identifying and reporting any potential abuse.

No action



Are services effective?

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

The practice followed current guidelines when delivering dental care and treatment to patients.

Patients' medical history was recorded at their initial visit and updated at subsequent visits. Patients received an assessment of their dental health. The dentist obtained consent from patients before treatment was provided; and treatment focused on the patients' individual needs.

Staff provided oral health advice to patients and monitored changes in their oral health. Patients were referred to other services, where necessary, in a timely manner.

Staff were encouraged to complete training relevant to their roles. The clinical staff were up to date with their continuing professional development (CPD).

No action



Summary of findings

Qualified staff were registered with their professional body, the General Dental Council, and were supported in meeting the requirements of their professional regulator. Staff received ongoing training in a variety of subjects to assist them in carrying out their roles.

Are services caring?

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

Staff explained that enough time was allocated in order to ensure treatment was fully explained to patients in a way patients understood. Time was given to patients with complex treatment needs to decide which treatment they preferred.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed staff were understanding and made them feel at ease.

We observed privacy and confidentiality were maintained for patients in reception and over the telephone. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

No action



Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. Patients could request appointments by telephone or in person.

The practice opening hours were displayed at the practice and on the practice website.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns.

No action



Are services well-led?

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

There were a range of policies and procedures in use at the practice which were easily accessible to staff.

Environmental risks were assessed and well managed.

Staff were encouraged to share ideas and feedback during practice meetings. All staff were supported and encouraged to improve their skills through learning and development.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits.

No action



The Grove House Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on the 27 January 2017 and was led by a CQC with a dental specialist adviser.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included details of complaints they had received in the last 12 months, their latest statement of purpose, and staff details, including their qualifications and professional body registration number where appropriate. We also reviewed information we held about the practice.

During the inspection we spoke to the dentist, dental nurse and treatment coordinator. We toured the practice and reviewed emergency medicines and equipment.

We reviewed policies, protocols and other documents and observed procedures

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

Staff understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. The practice manager was aware of the notifications which should be reported to the CQC.

The staff told us they received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). These were shared with the team via email and meetings where appropriate.

Reliable safety systems and processes (including safeguarding)

The practice had up to date safeguarding policies and guidance for staff to refer to including the contact details for the relevant safeguarding professionals. Staff were aware of their responsibility and had completed training to safeguard patients from abuse.

The clinicians were assisted at all times by a dental nurse.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safe sharps system had been implemented within the practice and we saw a sharps policy and risk assessment in place.

The practice had a whistleblowing policy and all staff had completed relevant training. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

Medical emergencies

The practice had clear guidance about how to respond to medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained emergency resuscitation equipment, medical emergency oxygen and emergency medicines to support patients. We confirmed that the emergency equipment was regularly checked but noted that some equipment was out of date. The principal dentist confirmed that these items would be updated.

We saw staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months.

Staff had received first aid training and the first aid boxes were easily accessible in the practice.

The practice had a defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device which analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

Staff recruitment

The practice had a comprehensive policy and set of procedures in place for the safe recruitment of staff. They included seeking references, immunisation status and checking qualifications and professional registration. The practice's policy was to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Records confirmed these checks were in place.

We looked at the recruitment files of the newest members of staff and found they contained appropriate documentation with the exception of references. We discussed this with the principal dentist who confirmed that these would be put in place.

We saw the clinicians were covered by personal indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, infection prevention and control and sharps disposal.

The principal dentist had a control of substances hazardous (COSHH) to health risk assessment and associated procedures in place. Staff maintained records of products used at the practice and retained manufacturer's product safety details to inform staff what action to take in the event of, for example, spillage, accidental swallowing,

Are services safe?

or contact with the skin. Measures were identified to reduce risks associated with these products, for example, the use of personal protective equipment for staff and patients, the secure storage of chemicals, and the display of safety signs.

Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

We saw a fire risk assessment had been carried out. Arrangements were in place to mitigate the risks associated with fire, for example, safety signage was displayed, fire-fighting equipment was available and fire drills were carried out.

Infection control

We saw systems were in place for cleaning, sterilising and storing dental instruments. The decontamination equipment was regularly serviced, validated and checked to ensure it was safe to use.

An infection control policy and set of procedures was in place. These included hand hygiene, manual cleaning, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

We also saw the six monthly infection prevention control audit was completed in 2016, which had risk assessed the dental practice and highlighted action to be taken if required.

We looked around the premises during the inspection and found the treatment room and the decontamination room was visibly clean and hygienic. They were free from clutter and had sealed floors and work surfaces could be cleaned with ease to promote good standards of infection prevention and control. We noted that there was a computer monitor and key board placed in the 'dirty area' in the decontamination room and that a magnifying light was not in place. We discussed this with the principal dentist who told us that these areas would be addressed.

Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

The practice had completed a Legionella risk assessment. The practice met the Legionella safety guidelines and completed monthly water temperature checks. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

The segregation and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. The practice had arrangements for all types of dental waste to be removed from the premises by a contractor. We observed clinical waste awaiting collection was stored securely.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of servicing certificates for equipment such as the autoclave (a device for sterilising dental and medical instruments), compressor and X-ray equipment. We also saw certificates of electrical safety.

The practice offered 'conscious sedation' for the comfort of their patients - (these are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation). The practice was meeting the standards set out in the appropriate guidelines.

We saw evidence a fire risk assessment was completed and the fire safety equipment was checked annually. Fire alarms and emergency lighting were tested regularly and a recent staff fire drill had taken place.

Radiography (X-rays)

The practice had a Radiation Protection Adviser (RPA) and Radiation Protection Supervisor (RPS). The practice's radiation protection files were maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). It was

Are services safe?

detailed and up to date with an inventory of all X-ray equipment and maintenance records. We found there were suitable arrangements in place to ensure the safety of the equipment.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care

records to evidence the potential benefit and/or risks of the exposure had been considered. The patients dental records indicated each radiograph was quality assured and the findings reported on as per FGDP guidance. X-rays were stored within the patient's dental care record.

All staff were up to date with their continuing professional development training in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past dental history. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patients' gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are. We saw patient record audits were undertaken by the practice and any necessary actions dealt with.

Health promotion & prevention

Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable. The medical history form patients completed included questions about smoking and alcohol consumption.

The patient reception and waiting area contained a range of information that explained the services offered at the practice.

The practice had a varied selection of oral health leaflets available and a selection of dental products were on sale in the reception area to assist patients with their oral health.

Staffing

Staff confirmed they had completed a period of induction and training which covered areas such as cardiopulmonary resuscitation (CPR) and infection prevention and control.

We saw staff were encouraged to maintain the continuous professional development (CPD) which was a requirement

of their registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC and registration certificates were available in the practice.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

Consent to care and treatment

Staff confirmed they ensured patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

The practice had a consent policy in place and staff were aware of their responsibilities under the Mental Capacity Act (2005) (MCA). Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

The dentists demonstrated an understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Staff told us they were aware of the importance of providing patients with privacy and how to maintain confidentiality.

Staff were confident in data protection and confidentiality principles and had completed information governance training.

The treatment room was situated away from the main waiting area and we saw doors were closed when patients were in consultation. We also noted that music was playing in the waiting area to further protect privacy.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about their dental care and treatment. The practice's website was out of action during our visit but the staff confirmed that the site provided patients with information about the range of treatments which were available at the practice.

The patient treatment coordinator described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered.

We looked at the recorded appointments and found capacity for urgent or emergency appointments. We confirmed the practice scheduled longer appointments where required if a patient needed more support

We observed the clinic ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had an equality, diversity and human rights policy in place to support staff understanding and meeting the needs of patients. The staff told us they did not have any patients whose first language was not English, however if required, an interpreter service would be sought.

The practice made provision for patients to arrange appointments by telephone or in person, and patients received appointment reminders by email, letter or telephone call. The practice provided extended and flexible appointment time to patients who were vulnerable and in need or extra care and support.

Access to the service

The practice was not accessible to people with disabilities and impaired mobility, however the practice did have an alternative dental practice available with full disabled access.

We saw patients could access treatment and care in a timely way. The practice opening hours, and the 'out of hours' appointment information, were displayed. Emergency appointments were available daily for patients.

Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with.

Staff told us they raised any patient comments or concerns with the principal dentist immediately to ensure responses were made in a timely manner.

The practice had not received any complaints in the last twelve months. Systems were in place to effectively manage concerns and complaints and share with the staff team to enable learning.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place including various policies and procedures for monitoring and improving the services provided for patients. Staff were aware of their roles and responsibilities within the practice. The principal dentist was in charge of the day to day running of the service.

There was an effective management structure in place to ensure responsibilities of staff were clear. Staff told us they felt supported and were clear about their roles and responsibilities.

Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to exposure to hazardous substances and medical emergencies.

Leadership, openness and transparency

The overall leadership was provided by the principal dentist. The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible.

The principal dentist operated an open door policy. Staff said they could speak freely if they had any concerns.

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

Learning and improvement

The practice had supported staff to access some learning and improvement opportunities. Staff confirmed they were supported with further development and training to ensure continuous professional development (CPD) as required by the General Dental Council (GDC).

Staff confirmed that learning from incidents, audits, and feedback was discussed at staff meetings to share learning to inform and improve future practice.

The practice had introduced clinical and non-clinical audits. These included infection prevention and control, X-ray quality and record keeping. Feedback was given to staff identifying where improvement actions may be needed.

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

Staff told us information was shared and they could raise any concerns about the practice if they needed to.

Patients' surveys were conducted by the practice in the last 12 months. The surveys comments had been reviewed and responded to. In response to a patient's comments the practice had introduced a water cooler to the waiting area and a air freshner to mask the clinical scent for patients.