

The Partnership of Tavern Street Dental Practice

Tavern Street Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection of Tavern St Dental Practice under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

Tavern St Dental Practice is a well-established practice based in Stowmarket that provides both NHS and private treatment to patients of all ages. The dental team includes two dentists, four hygienists, seven dental nurses, and a receptionist who serve about 5,500 patients. The practice has four treatment rooms and is open on Mondays to Thursdays from 9am to 5.30pm and on Fridays from 8.30am to 4.30pm. The practice also opens one Saturday a month from 9am to 1pm.

There is access for people with wheelchairs and a fully enabled toilet facility.

The practice 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. One of the partners of the practice is the registered manager.

Summary of findings

On the day of our inspection, we collected 25 comment cards filled in by patients and spoke with four other patients. This information gave us a very positive view of the practice.

During the inspection we spoke with the principal dentist, two dental nurses, a hygienist and the receptionist. We looked at the practice's policies and procedures, and other records about how the service was managed.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures that reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for protecting 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.
- Staff felt involved and supported, and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the process for reporting, recording and monitoring untoward events.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).

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. Staff received training in safeguarding vulnerable adults and children and knew how to recognise the signs of abuse and how to report concerns. Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. The practice had suitable arrangements for dealing with medical and other emergencies. However staff's understanding and reporting of significant events needed to improve and a system needed to be put in place to ensure that national patient safety alerts were received and actioned by staff.

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 effective and pain-free. 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, although there was no system in place to ensure that patients' referrals were tracked and followed up.

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.

No action



Summary of findings

We received feedback about the practice from 29 people. Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received and of the staff who delivered it. Staff gave us specific examples of where they had gone out their way to support patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

Are services responsive to people's needs?

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

The practice had good facilities and was well equipped to treat patients. Patients could access routine treatment and urgent care when required offered extended hours opening on one Saturday a month. Appointments were easy to book and patients were able to sign up for text and email reminders for their appointments. The practice had made some adjustments to accommodate patients with a disability.

Staff considered patients' different needs. This included providing some facilities for disabled patients, although more could be done to meet the needs of hearing impaired patients and those with limited mobility.

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.

There was a clear leadership structure and staff were supported in their work. The practice had a number of policies and procedures to govern activity and held regular staff meetings. There were systems in place to monitor and improve quality and identify risk.

No action 

Summary of findings

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.

Tavern Street Dental Practice

Detailed findings

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice did not have any policies regarding the reporting of untoward events, or any process in place to ensure learning from them was shared formally. Although staff were aware of the requirement to report under RIDDOR, (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) they had a limited understanding of what might constitute an untoward event.

The practice did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and staff were not aware of recent alerts affecting dental practice.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training and information about local protection agencies was on display in the staff room.

All staff had been checked via the Disclosure and Barring Services to ensure they were suitable to work with vulnerable adults and patients.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments that staff reviewed every year. The practice had minimised risks in relation to used sharps (needles and other sharp objects, which might be contaminated). Staff spoke knowledgeably about action they would take following a sharps' injury and a sharps' risk assessment had been completed for the practice. Guidance about dealing with sharps' injuries was on display near where they were used and sharps boxes were wall mounted and labelled correctly to ensure their safety. Only dentists handled sharps and they used a sharps system that allowed them to dispose of needles without resheathing them.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how it would deal events that could disrupt the normal running of the practice, and this was kept off site so it was available in the event of an incident.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year, and the receptionist had undertaken first aid training. We noted laminated sheets in each treatment room with instructions on how to give basic life support.

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. However, there was no eyewash station, body fluids spillage or mercury spillage kits available for staff.

Staff recruitment

Staff files we reviewed showed that appropriate pre-employment checks had been undertaken for staff including proof of their identity, DBS checks and references; We were shown an induction plan for the new members of staff to ensure they had the knowledge and skills for their role. A newly recruited trainee dental nurse told us she was enjoying her induction at the practice.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had appropriate professional indemnity cover. The practice had current employer's liability insurance.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed regularly to help manage potential hazards. We viewed comprehensive practice risk assessments that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff. We noted that identified hazards had been addressed. For example, that low ceilings had been clearly marked and a warning sign displayed to protect patients.

A fire risk assessment had been completed for the practice and firefighting equipment such as extinguishers was

Are services safe?

regularly tested and building evacuations were rehearsed regularly. We saw that the practice's fire alarms, smoke detectors and CO2 monitors had been tested each month to ensure their effectiveness.

We noted good signage around the practice indicating the location of emergency equipment, fire exits, oxygen storage and X-rays to protect staff and patients.

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

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits regularly. The latest audit in 2017 showed the practice was meeting essential quality standards.

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

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice's waiting areas, toilets and staff areas were clean and uncluttered. Cleaning equipment used for different areas of the practice was colour coded and stored correctly to reduce the risk of cross infection. We checked the treatment rooms and surfaces including walls, floors and cupboard doors were

free from dust and visible dirt. The rooms had sealed work surfaces so they could be cleaned easily. Detailed cleaning procedures were available for staff to follow in each treatment room.

Equipment and medicines

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. All equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this.

The principal dentist told us that plans were in place to refurbish one of the surgeries in the practice. Staff told us they had the equipment needed for their role and that repairs were actioned in a timely way. Medical consumables we checked in cupboards and drawers were within date for safe use.

The practice had robust systems for prescribing, dispensing and storing medicines. The practice stored and kept records of NHS prescriptions as described in current guidance. We noted that Glucagon was stored in the practice's drugs kit, rather than the fridge, but that its expiry date had not been reduced to allow for this. The hygienist recently started administering local anaesthetics to patients and the principal dentist was aware for the need for Patient Group Directives in relation to this.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had all the required information in their radiation protection file. Clinical staff completed continuous professional development in respect of dental radiography. Dental care records contained evidence that the dentists justified, graded and reported on the X-rays they took.

We noted helpful information available for patients in the waiting room about radiation protection.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with four patients during our inspection and received 25 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment.

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 a range of clinical audits that the practice carried out to help them monitor the effectiveness of the service. These included those for radiography, the quality of dental care records, infection control and the cleanliness of sterilised instruments.

Health promotion & prevention

There was a selection of dental products for sale and free samples of toothpaste available to patients. Four hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. Fluoride applications were available if needed for patients with high caries risk. We noted posters on display around the practice giving information and advice about sugar and children's health, as well as the possible health effects of gum disease in an adult.

Dental nurses told us dentists regularly discussed smoking, alcohol consumption and diet with patients during appointments.

Staffing

There was a well-established staff team at the practice, many of whom had worked at the practice a number of years. Two nurses had recently left but two new trainee nurses had recently been employed to replace them. Although a busy practice, patients told us they did not feel rushed during appointments. Staff told us there were enough of them for the smooth running of the practice. The dentists

were supported by appropriate numbers of dental nurses, hygienists and receptionists to provide care for patients. A dental nurse worked with the dentists and hygienists when they treated patients.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken a wide range of relevant training for their role. Staff told us they discussed their training needs at their annual appraisals and that the principal dentist was supportive of their training requests.

Working with other services

Staff confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure a specialist saw patients quickly. However, the practice did not keep a central log of all referrals so they could be tracked. This meant that the practice was not able to follow up these referrals until the patient themselves raised a concern that they had not heard anything. Patients were not routinely offered a copy of their referral for their information.

Consent to care and treatment

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

The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence and the dentists and dental nurses 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

Patients commented positively that staff were caring and attentive to their needs. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone. We found that the receptionist created a warm and friendly atmosphere, and was very welcoming to patients as they arrived for their appointment. One patient told us they were always greeted with open arms and happy faces by staff. Another, that staff always looked after their child whilst they were in the treatment room. Staff gave us specific examples of where they had supported patients. For example, they sometimes came in early or stayed late to see patients, chased up denture repairs, and in one instance assisted a patient who had fallen outside their home.

Computers were password protected and screens displaying patients' information were not overlooked. All consultations were carried out in the privacy of the treatment rooms and we noted that doors were closed during procedures to protect patients' privacy. The patient waiting area was sited away from the reception desk and a TV was on to distract patients.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

One patient told us that they had attended the practice for many years and that they had always been listened to and their wishes had come first.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was easily accessible and had plenty parking nearby. The waiting area provided good facilities for patients including children's toys, a TV screen, interesting magazines and leaflets about various oral health conditions and treatments.

In addition to general dentistry, a maxillofacial specialist visited once a month to undertake implants for patients.

Patients described high levels of satisfaction with the responsive service provided by the practice. They told us getting an appointment was easy, even in an emergency, and the practice held four emergency slots aside each day for patients in dental pain. Patients could sign up for a text and email appointment reminder service. The practice opened one Saturday a month to accommodate patients' needs.

Promoting Equality

The practice made reasonable adjustments for patients with disabilities. There was a call bell at the front door for patients who required assistance to enter the premises, two downstairs treatment rooms and a fully enabled toilet for wheelchair users. The practice had produced medical history forms in large print to assist patients with visual impairments. However, there was no information available about interpreting services that patients could access in the waiting area. There was no wide seating or chairs of different height in the waiting room to accommodate those with mobility problems.

Concerns & complaints

The practice had a policy and a procedure that set out how complaints would be addressed, and staff spoke knowledgeably about how they would handle a patient's concerns. Information about the procedure was available in the patient waiting area and included details of the timescales by which they would be responded to and other organisations that could be contacted.

We looked at recent complaints received by the practice and found they had been dealt with openly, appropriately and in a timely way.

Are services well-led?

Our findings

Governance arrangements

The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These were wide ranging and included arrangements to monitor the quality of the service and make improvements.

Communication across the practice was structured around regular practice meetings that all staff attended. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them. Dentists also met separately to discuss various clinical matters such as the latest guidance around periodontic treatment pathways.

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and stored securely. The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Staff had received training on information governance.

Leadership, openness and transparency

Although staff had experienced recent change in management and ownership of the practice, which some had found unsettling, they told us they enjoyed their work and described their morale as good. Staff told us there was an open, no blame culture at the practice and they felt able to raise concerns with the principal dentist.

The practice had recently introduced a duty of candour policy, although not all staff were aware of their obligations under the policy.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays, infection control and audits of the decontamination of reusable instruments after sterilisation. There were clear records of the results of these audits and of the resulting action plans and improvements.

All staff received an annual appraisal of their performance and training needs and we saw evidence of completed appraisals and personal development plans in the staff folders. Staff told us they had found their appraisal useful and had received feedback about their performance as part of it.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. 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. One hygienist told us she had been encouraged to undertake a course in administering local anaesthetics, and a nurse told us plans were in place for her to undertake an implantology course. The practice also held regular lunch and learn sessions for staff.

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

The practice comment slips and verbal comments to obtain patients' views about the service, and we noted a suggestion box in the waiting room where patients could leave feedback.

Patients could also 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. The results were monitored closely and displayed in the waiting room for patients to see. Recent results from February and March 2017 showed that 100% of respondents would recommend the practice.

We saw examples of suggestions from patients that the practice had acted on. For example, a hand rail had been installed by the front door to assist patients getting over the step; appointment email reminders had been implemented and medical history forms had been enlarged so that patients could read them more easily.

The practice also listened to its staff and implemented their suggestions. For example, the receptionist's suggestion to have more emergency appointment slots had been implemented, staff's request for new scrub uniforms had been actioned, and table and chairs for the patio area had been purchased.