

Ter-Man Healthcare Limited

Grange Green Dental Practice

Inspection Report

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Overall summary

This was the second comprehensive inspection that we had carried out at Grange Green Dental Practice

On 28 April 2016, we carried out a comprehensive inspection of Grange Green Dental Practice. We found the practice was not providing safe, effective, and well led services.

As a result of the findings on the day of the inspection the practice was issued with enforcement notices for regulation 12 (safe care and treatment) and regulation 17 (good governance) requirement notices for regulation 19 (fit and proper person).

We carried out an announced comprehensive inspection on 25 July 2016 to see if the practice had improved.

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

Grange Green Dental Practice provides private dental treatment to patients of all ages. The principal dentist employs a trainee dental nurse, and two receptionists. A hygienist provides services to the practice. In addition to an outside cleaner, the nurse and receptionists cover some of the cleaning duties.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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.

The practice is located close to a GP practice and a variety of shops in Grange Road. It is operated from a converted bungalow making it accessible to wheelchair users. The practice has three treatment rooms, a reception and waiting area. There is a decontamination room for cleaning, sterilising, and packing dental instruments, a room for developing X-rays, and a toilet

Summary of findings

suitable for disabled patients. There is an annex situated in the garden, providing facilities for a staff kitchen and rest area with, storage for materials and files. There is a small car park at the front of the building and on street parking is available.

We received feedback from 38 patients during the inspection process. We received 37 positive comments about the cleanliness of the premises, the empathy and responsiveness of staff, and the quality of treatment provided. We received one negative comment about the services provided. Patients told us that staff explained treatment plans to them well. Patients reported that the practice had seen them on the same day for emergency treatment. We did not have the opportunity to speak with patients on the day.

Our key findings were:

- The practice had made significant improvements following our inspection on 28 April 2016.
- The practice had systems in place to help ensure patient safety. These included responding to medical emergencies and maintaining equipment.
- The practice met the standards required to ensure compliance with Health Technical Memorandum 07-01 (HTM 07-01) and Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.
- Patients' care and treatment was planned and delivered in line with evidence-based guidelines, best practice, and current legislation.
- The practice had engaged the services of specialist trainers and the team had worked together to ensure that they knowledge to deliver safe, effective care and treatment.
- Patients received clear explanations about their proposed treatment and were actively involved in making decisions about it.
- Patients reported that they were treated in a way that they liked by staff.
- Appointments were easy to book and emergency slots were available each day for patients requiring urgent treatment.
- The practice recorded and collated feedback from patients to make improvements to the service provided.
- Staff had a limited understanding of the Mental Capacity Act; however, they had training arranged.
- The practice had implemented quality monitoring systems and had undertaken audits to ensure quality and safety for patients.
- The practice undertook appropriate pre-employment checks for all staff.
- Staff received regular support of their training needs and working practices.

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

- Embed all new systems and processes to ensure that patients and staff are kept safe.
- Embed new systems to ensure effective document management ensuring that policies and procedures are reviewed regularly.
- Undertake regular infection control audits to ensure that the practice continues to meet the requirements detailed in The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health
- Undertake a full risk assessment for Legionella disease and follow any recommendations identified.
- Update the web site to reflect that the practice does not undertake sedation services.

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 implemented systems and processes in place to ensure all care and treatment was carried out safely.

Staff had received training in safeguarding vulnerable adults and children, training for the Mental Capacity Act was booked. They could describe the signs of abuse and were aware of the external reporting process.

Staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of them available at all times.

Infection control procedures were in place and staff had received training. Radiation equipment was suitably sited and operated by the principal dentist only.

Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice, serviced, and maintained at regular intervals.

No action



Are services effective?

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

Care and treatment was carried out in line with guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and this included the risks, benefits, and treatment options that were available to them.

Staff were supported through training and opportunities for development. Patients were referred to other services in a timely manner. Through an electronic system the practice tracked the referrals they made to specialist services.

No action



Are services caring?

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. We saw that treatment was clearly explained and patients were provided with treatment plans.

Patients with urgent dental needs or pain were responded to in a timely manner, usually on the same day. Practice staff personalised their approach for patients with complex needs which ensured easy access to dental care.

No action



Are services responsive to people's needs?

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

No action



Summary of findings

Comments from patients reflected that appointments were easy to book. The practice offered appointment slots each day enabling responsive and efficient treatment of patients with urgent dental needs.

The practice was accessible to all patients including wheelchair users.

There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area.

Are services well-led?

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

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

The principle dentist held one to one meetings with the practice team. The practice team had discussed the previous report and had formulated a plan to drive the improvements needed. They were an integral part of the management and development of the practice.

The practice had reviewed and acted on feedback from patients.

No action



Grange Green 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008

The inspection took place on 25 July 2016 and was conducted by a CQC inspector and a specialist dental advisor.

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.

We also reviewed the information we held about the practice, including the action plan that they has submitted to ensure that they were compliant with the regulations.

During the inspection we spoke with the principal dentist, trainee dental nurse and one receptionist. We reviewed policies, procedures and other documents. We received feedback from 38 patients who used the service.

Are services safe?

Our findings

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints. Staff were aware of the reporting procedures and were encouraged to bring safety issues to the attention of the dentist. The practice had not received any complaints since our previous inspection.

The practice had a system to report significant events; the practice had not recorded any significant events, although they told us that they had used the negative report as a learning opportunity.

The practice had implemented a system to record that they had received national and local alerts relating to patient safety and the safety of medicines and that action had been taken if needed.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 (RIDDOR).

Reliable safety systems and processes (including safeguarding)

The practice had satisfactory child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting, and dealing with suspected abuse or neglect. Staff had completed the required training in child and adult protection and described the actions they would take if they were concerned.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. 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. The practice did not always use rubber dam kits when carrying out endodontic (root canal) treatment. They told us that complex cases were referred to a specialist dental service.

We noted that there was good signage throughout the premises clearly indicating fire exits, the location of first aid kits, medical emergency equipment, and X-ray warning signs to ensure that patients and staff were protected.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All staff had received basic life support training. Practice staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest.

An automated external defibrillator was available. This portable electronic device analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

We checked emergency medicines, equipment and oxygen, and found that they were readily available, had been regularly checked and were in date.

Staff recruitment

The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of identity, checking skills, and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service (DBS) check was necessary. DBS 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.

The practice was in the process of employing a new member of staff, we saw that the practice was following the policy. The practice had undertaken DBS checks on all staff.

Although they had not had any new staff members since our last inspection, the practice had a formal induction process for new staff, this included ensuring practice policies had been read.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. Staff told us a system was in place to ensure that where absences occurred, they could cover for their colleagues.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified risks to staff and patients who attended the practice.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, and fire evacuation procedures.

Are services safe?

The practice were not able to show us a full Legionella risk assessment, detailing any recommendations, they had a certificate dated April 2016 to show that the legionella was not present in the water system. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place. The practice regularly recorded the temperature of the water to manage the prevention of legionella's diseases.

The practice staff had received annual fire safety training. Regular checks of the alarm system had been carried out. The practice team planned to undertake regular fire drills.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. This was held in the practice, and at the practice manager home.

Infection control

The practice was visibly clean, tidy, and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the treatment rooms and the general areas of the practice.

The principal dentist was responsible for infection prevention and control. The trainee dental nurse was responsible for the decontamination processes and was responsible for the cleaning of the clinical areas. Decontamination is the process of cleaning equipment. The employed cleaners undertook deep cleaning of rooms, floors, and toilets.

The practice had systems for testing and auditing the infection control procedures. An infection control audit had been undertaken in July 2016. We noted that this could be further improved; the information and findings in the audit lacked some detail.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the essential processes and practices to prevent the transmission of infections. Decontamination of dental instruments took place in dedicated areas in the practice. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

We found that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices.

The equipment used for cleaning and sterilising was checked, maintained, and serviced in line with the manufacturer's instructions. Daily, weekly, and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained. On the day of the inspection, an engineer had not validated the ultra-sonic cleaning bath annually – as recommended by HTM 01-05; this was immediately taken out of commission until this had been rectified. We noted that the dentist had contacted a specialist to undertake this work.

We were concerned that a sharps bin was available in the decontamination room but not in the consulting room. We discussed this with the practice who took immediate action and put one in the surgery. The bins were signed, dated, and not overfilled.

The practice had a robust sharps management policy which was clearly displayed and understood by all staff. Dental syringes that allowed a plastic tube to be drawn up over the needle and locked into place after use were being used. The whole needle section could be disposed of without risk of injury. Where practicable, disposable equipment was being used. The dentists were responsible for safely disposing of the sharps that they generated which also reduced the risk of injury to staff.

In our previous report, we identified that the practice had stored spent chemicals in the garden; appropriate contractors had collected these. A disposal contract was in place and waste matter was securely stored within a designated, locked area at the rear of the property prior to collection.

To ensure that staff were kept safe, the practice had a record of staff immunisation status in respect of Hepatitis B, and there were clear instructions for staff about what they should do if they injured themselves with a needle or other sharp dental instrument.

Equipment and medicines

Are services safe?

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with the manufacturer's guidelines. Portable appliance testing took place on all electrical equipment in May 2015.

Medicines in use at the practice were in date, stored and disposed of in line with published guidance. We saw detailed logs of checks carried out.

There were sufficient stocks of equipment available for use and these were rotated regularly to ensure equipment remained in date for use.

Radiography (X-rays)

The practice was registered with the health and safety executive as required under Ionising Radiations Regulations 1999 (IRR99).

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were displayed in areas where X-rays were carried out.

A radiation protection advisor and a radiation protection supervisor had been appointed as required by the Ionising Regulations for Medical Exposure Regulations (IR(ME)R 2000), to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation; this demonstrated the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The dentist we spoke with told us that they monitored the quality of the X-ray images on a regular basis and dental care records we were shown, we saw that the dentist had recorded the justification for taking an X-ray.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. Dental care records were shown contained all the relevant detail including medical history and followed the guidance provided by the Faculty of General Dental Practice. Radiographs were taken at appropriate intervals and in accordance with the patient's risk of oral disease.

The dentist told us that each patient's diagnosis was discussed with them and treatment options were explained.

We received feedback from 38 patients comment cards, comments received reflected that patients were very satisfied with the staff, dental assessments, explanations, the quality of the dentistry and treatment outcomes.

The practice web site stated that they offered sedation services for nervous adult patients. We discussed this with the dentist, who told us that they had not treated anyone under sedation for more than 18 months, and were no longer able to continue providing this treatment - hence would remove this from the website.

Health promotion & prevention

The reception area contained literature that explained the services offered at the practice. Staff told us that they advised patients on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health. Patients confirmed that they had received health promotion advice.

Fluoride varnish and higher concentration fluoride toothpaste were prescribed for patients at high risk of decay. Where relevant, preventative dental information was given in order to improve the outcome for the patient. Smoking cessation advice was given.

Staffing

Dental staff were appropriately trained and registered with their professional body. Staff reported and their training records confirmed that they were encouraged and supported to maintain their continuing professional

development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development.

Practice staff told us that they met to discuss training, and their needs. We viewed the minutes taken during the one to one meetings that the dentist held with staff members and found that these identified training and development needs. The staff we spoke with said they felt supported and involved in discussions about their personal development. They told us that the dentist was supportive, approachable, and always available for advice and guidance.

Working with other services

The practice had a system in place for referring, recording, and monitoring patients for dental treatment and specialist procedures for example root canal treatment, impacted wisdom teeth and orthodontics. The practice showed us that they regularly reviewed these on line to ensure patients received care and treatment needed in a timely manner.

Consent to care and treatment

We discussed the practice's policy on patient consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient.

Staff were aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. Training for the Mental Capacity Act 2005 (MCA) was booked. All practice staff we spoke with were able to describe the actions they would take to safeguard patients. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

All staff were aware of Gillick competency and how it applied to the practice, there was a practice policy for obtaining consent from young patients. These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. The practice staff we spoke with were able to describe the help and support that they gave to a patient and their family. This supported enabled a young person to receive the dental care they needed.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity, respect, and maintained their privacy. The reception area was well laid out and conversations were managed to maintain patient confidentiality.

A data protection and confidentiality policy was in place. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that dental care records were held securely.

Patients reported that they felt that practice staff were friendly, helpful, and caring and that they were treated with dignity and respect. We observed staff treating patients professionally, confidentially and with courtesy.

Involvement in decisions about care and treatment

Feedback from patients included comments about how professional the staff were and treatments were always explained in a way they could understand. Patients also commented that staff were very sensitive to their anxieties and needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided a range of services to meet patients' needs. It offered private treatment to children and adults.

There was clear information about costs on display in the waiting room.

Tackling inequity and promoting equality

The practice had three treatment rooms on the ground level, making good access for those in wheelchairs or with push chairs.

The practice had a small population of patients whose first language was not English and had access to translation services if required.

The practice did not have a hearing loop, practice staff described how they communicated effectively with patients with hearing difficulties.

Access to the service

The practice was open Monday to Thursday 8.30am to 5.30pm and to 1pm on Friday.

Appointments could be booked by phone or in person. Staff told us patients were seen as soon as possible for emergency care and this was normally on the same day. Patients reported that the practice had responded quickly when they had a need for urgent treatment and that they were happy with the opening hours provided.

The practice's answer phone message and notice on the door detailed how to access out of hours emergency care if needed.

Concerns & complaints

There was information available for patients giving them details of how to complain. The practice had not received any complaints since our last inspection.

Patients reported they felt confident that staff would respond appropriately to any concerns they had. The staff were aware of how to deal with a complaint should they need to.

Are services well-led?

Our findings

There was a range of policies and procedures in use at the practice. These included health and safety, infection prevention control, needle stick injury, safeguarding vulnerable adults and child protection. These policies and procedures had been updated; we noted that the filing system used by the dentist needed to be improved to ensure that documents would be reviewed regularly and that it was clear to staff the most up to date version. All the policies and procedures were available to staff.

The practice had an information governance policy, which staff were aware of, to ensure compliance with the laws regarding how patient information is handled.

The dentist had worked with the practice team to identify the failings in the previous report. They had developed a plan to ensure that they made the improvements needed to meet the regulations. The practice staff told us that they had found many benefits from this approach and had all shared the learning even if it was not within their usual role. For example, the receptionist had been included in the improvements made to the decontamination process; they told us that they had greater understanding of the restricted access as a result.

The dentist and staff had received an appraisal of their performance, these appraisals were covered staff's

performance including their communication, complaints handling and patient information management. Staff reported that their appraisal was useful, and helped to identify any training needs.

Leadership, openness and transparency

The dentist held responsibility for the management of the practice and worked closely with the staff. Practice staff told us they felt able to raise concerns at any time and did not wait for a regular meeting. Staff felt involved with the management of the practice and had been consulted on the changes needed to meet the regulations. Although they had not needed to use it, staff we spoke with were aware of the whistle blowing policy and understood when it was appropriate to use it.

Learning and improvement

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

The practice's audit protocols for various aspects of the service, such as radiography and dental care records were completed at regular intervals to help improve the quality of service.

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

The practice reviewed comments and feedback from patients; this was collected at each visit. They had also recorded and reviewed those comments given verbally.