The Toothplace Dental Surgery Ipswich Limited

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 24 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 Toothplace is a well-established dental practice that provides mostly NHS treatment to adults and children. The team consists of two dentists, two dental nurses, a receptionist and practice manager who serve about 3800 patients. The practice is open on Mondays to Fridays from 8.30am to 5pm but the owner occasionally works at the practice on a Saturday morning by request.

The practice is situated in a converted residential property and has two treatment rooms, a decontamination room for sterilising dental instruments and a large waiting and reception area. Additional rooms are available to the rear of the property.

The practice manager is registered with the Care Quality Commission (CQC) as the registered manager. 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.

Our key findings were:

- Information from 21 completed Care Quality Commission comment cards gave us a positive picture of a caring, professional and high quality service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and for reporting and recording significant events.
- Risk assessment was robust and action was taken to protect staff and patients.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- There were sufficient numbers of suitably qualified and competent staff. Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- Audits were wide ranging and actively used to improve the service and standards of treatment given to patients.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted upon.

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

- Review the use of CCTV cameras to ensure it meets guidance as set out in the Information Commissioner's' Office: 'In the picture: A data protection code of practice for surveillance cameras and personal information'.
- Review responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice's recruitment policy and procedures to ensure written references for new staff as well as proof of identification are requested and recorded suitably
- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.

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 robust arrangements for essential areas such as infection control, clinical waste, and dental radiography (X-rays). Staff had received safeguarding training and were aware of their responsibilities regarding the protection children and vulnerable adults. Risk assessment was good and action was taken to protect staff and patients. Equipment used in the dental practice was well maintained.

There were sufficient numbers of suitably qualified staff working at the practice to support patients.

No action ✓

Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs.

No action ✓

Are services caring?

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

We collected 21 completed patient comment cards and obtained the views of a further three patients on the day of our visit. These provided a very positive view of the service the practice provided. Patients commented on friendliness and helpfulness of the staff and told us dentists were good at explaining the treatment that was proposed. They told us they were involved in decisions about their treatment, and did not feel rushed in their appointments.

Staff gave us specific examples where they had gone beyond the call of duty to support patients.

No action ✓

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required and the practice opened on a Saturday morning when needed. Appointments were easy to book and patients were able to sign up for text reminders for them. The practice had made good adjustments to accommodate patients with a disability. Patients had access to translation services and staff spoke a range of languages between them.

There was a clear complaints' system and the practice responded appropriately to issues raised by patients.

No action ✓

Summary of findings

Are services well-led?

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

The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were systems in place to monitor and improve quality, and identify risk. The practice proactively sought feedback from staff and patients, which it acted on to improve services to its patients.

No action 

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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 was carried out on 24 January 2017 by a CQC inspector who was supported by a specialist dental adviser. During the inspection, we spoke with the owner, the practice manager, two dentists, a dental nurse and the receptionist. We reviewed policies, procedures and other documents relating to the management of the service. We received feedback from 24 patients about the quality of the service, which included comment cards and patients we spoke with during our inspection.

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 we spoke with had a good understanding of their reporting requirements under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) and we noted that RIDDOR guidance was available. The practice also had policies regarding the reporting of significant events, and a specific form on which to record them. In addition to this, the practice kept both an incident and accident book. We viewed the accident book, which detailed in full two sharps' injuries and the action taken in their response. It was clear that staff knew the importance of reporting unusual events. For example, one nurse told us she had reported that a window had been left open accidently overnight. The indecent had then been discussed at the following staff meeting so that all were aware.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse, which reflected relevant legislation and local requirements. The practice had a safeguarding policy in place with details of local protection agencies. Records showed that all staff had received safeguarding training for both vulnerable adults and children, and safeguarding was regularly discussed at staff meetings. A safeguarding lead for the practice had been appointed to deal with any concerns. Staff we spoke with demonstrated their awareness of the different types of abuse, and understood the importance of safeguarding issues. The practice manager told us of action she had taken in response to concerns about a child's poor dental health.

The practice had undertaken disclosure and barring checks for all staff to ensure they were suitable to work with vulnerable adults and children

The practice had minimised risks in relation to used sharps (needles and other sharp objects, which may be contaminated) by using a sharps safety system, which allowed staff to discard needles without the need to re-sheath them. 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. However, we found that sharps' bins were stored low down in cupboards and should be wall mounted to ensure their safety. The owner told us he would review this.

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. Dentists told us they regularly used rubber dams and we noted rubber dam kits available in the practice. These had been stored correctly with the clamps individually pouched and dated.

CCTV was used in the waiting rooms and around the premises for the added safety of both staff and patients, and a sign informing patients of its use was put in the waiting area during our inspection. However the practice did not have any polices in relation to its use or information available for patients detailing who had access to the images, how long they would be retained for and how to request access to them in line with guidance from the Information Commissioner's' Office, 'In the picture: A data protection code of practice for surveillance cameras and personal information'.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. An automated external defibrillator (AED) was available and staff had received training in how to use it in August 2016. However, staff did not regularly rehearse emergency medical simulations so that they could keep their skills up to date. Staff had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. A number of items were missing including some airways equipment, a spacer device and automated blood glucose measurement device, although these were ordered during our inspection.

The practice held emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice, although the practice did not have the form of midazolam

that could be administered easily to patients. This was ordered during our inspection. The emergency medicines we checked were all in date and stored in a central location known to all staff.

Staff recruitment

We checked recruitment records for two members of staff which contained proof of their identity, references, their GDC registration (where needed), an employment contract, and a disclosure and barring check (DBS). The Disclosure and Barring Service carries out checks to 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 might be vulnerable. However, the practice did not obtain any written references for staff and did not record the outcome of any verbal references sought. A record of staff's employment interview was kept to demonstrate it had been conducted fairly.

Monitoring health & safety and responding to risks

The practice had a range of policies and risk assessments which described how it aimed to provide safe care for patients and staff and health and safety poster was on display, which identified local health and safety representatives. We viewed a general practice risk assessment 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.

A fire risk assessment had been completed just a few days prior to out inspection and the practice owner assured its minor recommendations were in the process of being implemented. Firefighting equipment such as extinguishers was regularly serviced and fire alarms were tested weekly. Full evacuations of the building were not rehearsed to ensure staff knew what to do in the event of a fire. A Legionella risk assessment had been completed in June 2016 and its recommendations to remove lime scale around taps and monitor water temperatures each month had been implemented. Regular flushing of the dental unit water lines was carried out in accordance with current guidelines, water temperatures were monitored monthly and a biocide was used in the water line to reduce the risk of legionella bacteria forming.

Although the practice had risk assessed a number of potentially hazardous substances, there was no comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for products used within the practice.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and utility companies.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice.

The practice had comprehensive infection control policies in place to provide guidance for staff on essential areas such as the use of personal protective equipment, blood borne viruses and decontamination procedures. Cleaning equipment used in different parts of the practice was colour coded according to national guidelines. Files we checked showed that staff had received infection control training in April 2016. The practice conducted regular infection control audits and had scored 100 % on its latest one undertaken in November 2016, indicating that it met essential quality requirements.

All areas of the practice we viewed were visibly clean and hygienic, including the reception area, waiting room, and toilet and storage areas. We checked both treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Computer keyboards had been covered with a wipable surface. The rooms had sealed flooring and modern sealed work surfaces so they could be cleaned easily. There were separate hand washing sinks for staff. Dirty and clean zones were clearly identifiable and there was plenty personal protective equipment available for staff and patients. We noted some loose and uncovered medical consumables in treatment room drawers within the splatter zone which risked becoming contaminated in the long term. We also noted a pot plant that should be removed.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05), decontamination in primary care dental practices. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of

zoning from dirty through to clean. Staff manually cleaned instruments prior to their sterilisation. When the instruments had been sterilized, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. The practice used an appropriate contractor to remove clinical waste from the practice and waste consignment notices were available for inspection. Clinical waste was stored externally in a bin to the side of the property, which was secured safely.

We noted that staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. They were able to demonstrate to us correct hand washing techniques and confirmed that gloves were always changed between patients. Staff told us they changed out of their uniforms if they left the building at lunch times. Records showed that all dental staff had been immunised against Hepatitis B.

Equipment and medicines

The practice's equipment was tested and serviced regularly. For example, portable appliance testing had been completed in June 2017, the gas boiler had been serviced January 2017, the pressure vessel in September 2016 and the dental chairs serviced in 21 August 2016.

Staff told us they had appropriate equipment for their work and that repairs were managed quickly. We saw that a couple of the dental chairs had rips in them. These had been noted by the owner and action was already in place to repair them.

The practice did not have a separate fridge for medicines, which required cool storage, and we found medical consumables stored alongside food in the staff kitchen. The temperature of the fridge was not monitored to ensure it operated effectively

The practice stored prescription pads safely to prevent loss due to theft and a logging system was not in place to account for the prescriptions issued.

There was a system in place to ensure that relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Authority were received and actioned. Not all staff were aware of on-line reporting systems to the British National Formulary and of the yellow card scheme to report any adverse reactions to medicines.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. We viewed the critical examination packs for each X-ray set and the notification to the Health and Safety Executive. A copy of the local rules was available in each surgery. Training records showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations. We noted that rectangular collimation was not used to confine x-ray beams in one of the treatment rooms.

Regular audits were undertaken to assess the quality of X-rays. Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with three patients during our inspection and received 21 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.

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our discussion with the dentists and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. Assessments included an examination covering the condition of the patient's teeth, gums and soft tissues. Antibiotic prescribing, wisdom tooth extraction and patients' recall frequencies also met national guidance. Although we noted that the site of any local anaesthetics given was not always recorded and the dental care record was heavily pre- populated which increased the risk of inaccurate recording.

We saw a range of clinical that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, the quality of dental radiographs, infection control, and the use of prescribed antibiotics.

Health promotion & prevention

Staff were aware of guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. This is an evidence-based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Patients were asked about their smoking and alcohol intake as part of their medical history, and a dental nurse told us that the dentists always asked about people's smoking habits when they came for treatment. Information about smoking cessation was available in the waiting room. We noted a specific audit had been undertaken by the owner to check the frequency and standard of advice given by the dentists to patients who smoked.

We noted information leaflets for patients about a range of dental condition including gum disease, dental decay, diet and oral hygiene and free samples of toothpaste were readily available to patients in the waiting area.

Staffing

The practice employed two dentists, two dental nurses and one receptionist. Although this was a relatively small pool of staff, staff reported that there were enough of them to maintain the smooth running of the practice and a dental nurse always worked with each dentist. They also reported that they could call on staff from another practice to cover if needed. Dentists saw about 25 patients a day both staff and patients told us they did not feel rushed during appointments.

Files we viewed demonstrated that staff were appropriately qualified, trained had current professional validation and professional indemnity insurance, although there was no system in place to monitor the continuing professional registration of staff and their fitness to practise. Training records showed that all staff had undertaken recent essential training in infection control, information governance, Legionella and basic life support.

All staff received an annual appraisal of their performance that they described as useful. Appraisal documentation we saw demonstrated a meaningful appraisal process was in place, which covered staff's communication, management and professional skills.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves and there were clear referral pathways in place. We viewed a small sample of referral letters and found they contained appropriate information about the patient. A log of the referrals made was kept so they could be could be tracked if needed, although patients were not routinely offered a copy of the referral for their information.

Consent to care and treatment

Patients told us that they were provided with good information during their consultation and they had the opportunity to ask questions before agreeing to a particular treatment. Dental records we reviewed demonstrated that treatment options had been explained

Are services effective?

(for example, treatment is effective)

to patients. Patients were provided with plans that outlined their treatment, which they signed. Additional consent forms were used for more complex treatments such as root canal work.

The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff had received training in the MCA and had a clear understanding of patient consent issues. Staff meeting minutes we viewed for January 2017 showed that patient consent issues and Gillick guidelines had been discussed with them to make them aware of their responsibilities. One nurse spoke of the importance of involving patients' carers if the patient could not make decisions for themselves so that a best interest decision could be made on their behalf.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent comment cards so patients could tell us about their experience of the practice. We collected 21completed cards and obtained the views of a further three patients on the day of our visit. These provided a very positive view of the practice. One patient told us staff had handled their medical condition very sensitively and another that staff were always helpful. One patient described the practice's atmosphere as friendly, warmed and relaxed which helped them feel less nervous about their treatment.

During our inspection we observed that members of staff were courteous and helpful to patients. Staff gave us examples of where they had gone out their way to support patients. The receptionist told us she had specifically chased up one patient's dentures so they could have them in time for a family celebration. She also talked of the importance of asking patients about their benefit entitlement sensitively. The practice manager told us she had worked hard to secure additional funding for one patient so they could afford orthodontic treatment. One nurse told her previous work in a dementia care unit had given her a good understating of the needs of this particular patient group.

Computer screens at reception were not overlooked and all computers were password protected. Patients sat in a separate area to the reception area, allowing for some privacy. 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. Treatment room windows were covered with blinds to prevent passerbys looking in.

Involvement in decisions about care and treatment

Patients told us that their dental health issues were discussed with them and they felt well informed about the options available to them. A plan outlining the proposed treatment was given to each patient so they were fully aware of what it entailed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was located on a main road and there was ample car parking nearby. It offered a full range of NHS treatments and patients had access to some private cosmetic treatments on request. A helpful information leaflet gave details about the dental clinicians, the range of treatments available and charges. We also found good information for patients in the waiting area including NHS dental costs, complaints and the practice would handle any information it held about them.

The practice opened from 8.30am to 5pm from Mondays to Fridays. Patients told us they were satisfied with the appointment system and that getting through on the phone was easy. Patients could sign up for text reminders of their appointments. Information about emergency out of hours' service was available on the practice's answer phone message, but not on the front door should a patient come to the practice when it was closed. The practice was part of a local NHS emergency cover scheme and held five slots a day for patients requiring urgent appointments two weeks a year.

Tackling inequity and promoting equality

The practice had made good adjustments to help prevent inequity for patients that experienced limited mobility. There was level access to the practice, downstairs treatment rooms and a fully disabled friendly toilet. A hearing loop was available to assist patients with hearing aids. However, there were no easy riser chairs in the waiting area to accommodate patients with mobility needs, and we noted one older patient struggle to get up from the sofa.

The practice had access to local translation services for patient who did not speak English and practice staff spoke a range of other languages. One staff member told us that a number of Polish patients came to the practice as one dentist spoke their language.

Concerns & complaints

There was a policy and a procedure in place that set out how complaints would be addressed, and the practice manager was the named lead for dealing with them. Good information was available in the waiting room informing patient of the practice's procedures, the time scale within which they would be dealt with and the details of other organisations that could be contacted.

The practice had only received one formal complaint in the previous year. We viewed the paperwork in relation to this complaint and found it had been managed appropriately and empathetically.

Are services well-led?

Our findings

Governance arrangements

The practice owner and manager took responsibility for the overall leadership in the practice. Although both worked across two dental surgeries, staff told us they were very easy to contact and that they always responded to their phone calls and texts. There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention and control, and safeguarding people. Staff told us that the policies were regularly discussed at meetings and they had to sign the policy folder in reception to show they had read and understood them. We found that these policies were regularly reviewed to ensure they remained relevant and up to date. Communication across the practice was structured around regular practice meetings, which all staff attended. Minutes we viewed showed that a range of essential topics was regularly discussed such as data protection, patient consent, and the results of audits.

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 accurate. All staff received training on information governance and each year the practice completed an information governance toolkit to ensure it handled patients' information in line with legal requirements.

A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. These were wide ranging and we found they had been used to drive improvement in the practice. Their results were discussed at staff meetings.

There was evidence of meaningful appraisal and personal development plans for all staff.

It was clear that the practice was keen to improve its service and the owner took immediate action during our inspection to address a number of minor shortfalls we had identified.

Leadership, openness and transparency

It was clear that the management approach of the owner and practice manager created an open, positive and inclusive atmosphere for both staff and patients. Staff spoke highly of the owner describing him as approachable and caring. Staff told us it was a good place to work and one dental nurse told us she was very sad to be leaving the practice and hoped to return one day. Another nurse told us the practice had been very supportive of her training.

One dental nurse commented they staff always told at meetings to raise any concerns they had. Minutes we viewed of the meeting held in January 2017 showed that the practice's whistle blowing policy had been discussed, and staff actively encouraged to report any wrongdoing by a colleague. The practice had a duty of candour policy in place and staff were aware of their obligations under the policy.

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

Patients were asked to complete a 'customer care survey' which asked them for their views on a range of issues including the friendliness of reception staff; the cleanliness of the practice and the length of their waiting time. Results for January 2017 based on 10 responses showed that 100% of patients were satisfied with the service. The practice had also introduced the NHS Friends and Family test as a way for patients to let them know how well they were doing. Figures available for December 2016 showed that all 13 respondents would recommend the practice.

It was clear that the practice responded to the patient feedback it received. For example, the practice opened on a Saturday to meet the needs of working patients, firmer chairs had been put in the waiting room to assist patients with restricted mobility and action taken to address concerns raised about one member of staff.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with the practice manager or owner. We were given examples where staff's suggestions had been listened to. For example, their request for new uniforms and telephone headsets had been agreed. Their suggestion to book the last appointment for 4.30pm to allow the nurses plenty time to clean the surgery had been implemented.