

SR Williams Limited

S R Williams Limited

Inspection Report

Symonds Yat Dental Surgery

Symonds Yat West

Ross-on-Wye

Herefordshire

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Overall summary

We carried out this announced inspection on 22 August 2017 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

S R Williams Limited is more commonly known as Symonds Yat Dental Surgery and is located in the rural village of Symonds Yat West between Monmouth and Ross-on-Wye in Herefordshire. The surgery provides predominantly NHS treatments with some private upgrades to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. The ground floor of the practice consists of a reception area, a waiting room, two patient toilets, three dental treatment rooms and an x-ray room. On the first floor there is a staff room / kitchen, staff toilet and

Summary of findings

changing facilities, a practice management office and a decontamination room for the cleaning, sterilising and packing of dental instruments. Car parking spaces, including one for patients with disabled badges, are available directly outside the practice in their dedicated car park.

The dental team includes three dentists, five dental nurses, two trainee dental nurses, two dental hygienists, three receptionists and a practice manager who is also a qualified dental hygienist. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

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

During the inspection we spoke with two dentists, one dental nurse, two receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday: 8.15am – 5pm

Our key findings were:

- The practice was clean and well maintained. Two contracted cleaners were responsible for the day to day cleaning.
- The practice had infection control procedures which reflected published guidance with the exception of the infection control audit which had lapsed.
- 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 safeguarding adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided. Patient feedback surveys; and friends and family test cards were available for patients to complete in the waiting room.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review the staff supervision protocols and ensure an effective process is established for the on-going appraisal of all staff.
- Review the practice's audit protocols to ensure audits of various aspects of the service, such as infection prevention and control are undertaken at regular intervals to help improve the quality of service. The practice should also ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

The practice held antibiotic medicines for private prescriptions, however some improvement was needed in the management and tracking of these. Following our inspection the management team chose to remove these medicines from the practice as staff did not prescribe them to patients that regularly.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. The practice had detailed contact information for local safeguarding professionals and relevant policies and procedures were in place.

Staff were qualified for their roles and the practice completed essential recruitment checks however, the practice did not have a recruitment policy and staff ID and references were not retained on personnel files. A recruitment policy was implemented the following day and staff ID and references were placed on file retrospectively.

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.

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 excellent and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice provided hygiene appointments and supported local schools and nurseries by providing preventative oral hygiene advice. A practice nurse and dental hygienist visited local nursery groups dressed as tooth fairies to educate children in tooth brushing techniques and deliver healthy eating advice.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. At the time of our inspection the practice were supporting two trainee dental nurses to become qualified.

Staff appraisals had not been completed since 2014; however there were plans and a schedule in place to complete these in September 2017.

No action



Summary of findings

Are services caring?

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

We received feedback about the practice from seven people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, respectful and helpful. They said that they were given thorough explanations about dental treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients 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.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical areas of their work to help them improve and learn, however we found that the infection control audit timescale had lapsed. Both of these audits were undertaken the following day and showed that the practice was meeting the required standards.

The practice also monitored non-clinical areas of their work which included asking for and listening to the views of patients and staff. We saw that of the six patients who responded to the friends and family test survey in August 2017, 100% were likely or extremely likely to recommend the practice to a friend or family member. The results from the practice survey for the same period were all very positive with comments such as: the dentist was very kind and explained what needed to be done, first class service with amazing dentists; reception staff are great and the hygienist worked with great care and thought.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice manager understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training to the required level. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. There was a dedicated safeguarding lead and a flow chart with local authority contact details in the practice.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists did not use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We saw that a rubber dam kit had been ordered prior to our visit.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. This was displayed in the practice manager's office.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. This was last completed in April 2017.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment procedure in place which was implemented alongside an induction training plan for new starters. However the practice did not have a staff recruitment policy to help them employ suitable staff. We looked at four staff recruitment files. These showed the practice followed their recruitment procedure however they did not retain staff ID or references on personnel files. A new recruitment policy was implemented the following day and staff ID and references were placed on file retrospectively.

We saw evidence of Disclosure and Barring Service (DBS) checks for all staff. The DBS 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 might have contact with children or adults who may be vulnerable.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental hygienists when they treated patients.

Are services safe?

We found the mercury spillage kit stored in the practice had expired and required replacement; the practice immediately removed this and ordered a new kit.

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.

There were two dedicated decontamination rooms situated next to each other with a window between. One decontamination room was used to process and clean dirty instruments which were then passed through the window to the clean decontamination room for sterilisation and packing of the instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination room had signage to reinforce this. These arrangements met the HTM01-05 essential requirements for decontamination in dental practices. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice historically carried out an infection prevention and control audits twice a year however due to a change in audit lead this had lapsed in the past 12 months. The latest audit undertaken in December 2016 showed the practice was meeting the required standards. We were informed that these would be undertaken on a six monthly basis moving forward. A new audit was undertaken the following day of our inspection which again showed that the practice had continued to meet the required standards.

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

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

Equipment and medicines

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

The practice had some systems for prescribing, dispensing and storing medicines which required review as they did not log antibiotic medicines in a drug book and they were not stored securely. Following our inspection these medicines were removed from the practice as they were not prescribed that regularly.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every six months following current guidance and legislation. The latest audit was completed July 2017.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. The latest audit undertaken was for the period of April 2016 to March 2017 however this was undated so we could not be assured of the date this audit was completed. A new audit was undertaken the following day to our inspection, which showed that the practice was meeting the required standard.

Health promotion & prevention

The practice was very focussed on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim the practice appointed two dental hygienists to work alongside of the dentists in delivering preventative dental care.

The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. Dental care records we observed recorded that dentists had given oral health advice to patients. One of the dental hygienists and a practice nurse dressed as tooth fairies and visited local nursery groups and schools to educate children in tooth brushing techniques and deliver healthy eating advice. We found that this was appreciated by the nurseries and schools through several thank you letters and cards.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

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

Staff told us they discussed training needs as when they required them and at staff meetings.

Staff appraisals had not been completed since 2014, however we were shown the newly devised templates and guidance the practice manager had developed to implement these appraisals in September 2017. All the staff we met said that they were happy in their work and the practice was a good place to work.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

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

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights. This was underpinned by an equality and diversity policy.

Patients commented positively that staff were friendly, respectful and helpful. We saw that staff treated patients kindly and were polite to patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Music was played in the treatment rooms and there were magazines, free Wi-Fi and children's toys in the waiting room. The practice provided drinking water if requested.

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

Involvement in decisions about care and treatment

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

Patients told us staff were extremely kind and helpful when they were in pain, distress or discomfort. Several patients informed us that they had moved to this practice when their dentists did as they had built up trusting relationships with them.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

Staff described an example of a patient who had limited mobility and preferred to enter the building from the car park directly into the treatment room to shorten the distance they needed to walk. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, ground floor treatment rooms and an accessible toilet with hand rails and a baby changing unit.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept some appointments free for same day appointments. The website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were sometimes kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice displayed a copy of their complaints' procedure in the hallway by reception which explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. The practice had received one complaint in the past 12 months. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. This was underpinned with data protection and confidentiality policies. All staff had signed a confidentiality agreement.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

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

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. At the time of our inspection the infection control audit had lapsed, this was completed the

following day and showed that the practice was meeting the required standards. They had clear records of the results of these audits and the resulting action plans and improvements.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had not received annual appraisals for the past three years however there was a schedule and plan to complete these in September 2017. The practice manager discussed learning needs, general wellbeing and aims for future professional development with the team and informed us that they would use this as a platform for their forthcoming appraisals.

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.

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

The practice used patient surveys, comment cards, verbal comments and staff meetings to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on for example, the practice had arranged for parking bay lines to be painted in the car park to maximise parking space for patients. The practice had also ordered new staff uniforms following staff feedback.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The results from August 2017 showed that 100% of respondents were likely or extremely likely to recommend the practice to a friend or family member.

The results from the practice survey for the same period were all very positive with comments such as: the dentist was very kind and explained what needed to be done, first class service with amazing dentists; reception staff are great and the hygienist worked with great care and thought.