Mr. Amir Khani

West End Manse Dental Care

Inspection Report

9 Withersfield Road, Haverhill,
Suffolk, CB9 9LA
Tel: 01440 702070
Website:

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Overall summary

We carried out an announced comprehensive inspection on 1 November 2016 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

West End Manse Dental Surgery provides primarily NHS treatment to adults and children and serves about 18000 patients. The team consists of five dentists, 11 part-time dental nurses, a receptionist and administrator.

The practice is situated in a converted residential property and has five dental treatment rooms and a decontamination room for sterilising dental instruments. There is a waiting area, a reception area, office and staff room.

The practice is open from 8.45am to 6pm on Mondays and Fridays and from 8.45am to 5.15pm on Tuesday and Wednesdays. On Fridays it is open from 8.45am to 2pm.

At time of inspection, the principal dentist was 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.

Before the inspection we sent comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 25 patients. These provided a very positive view of the service provided.

Our key findings were:

- Information from 25 completed Care Quality Commission comment cards gave us a positive picture of a friendly, professional and high quality service.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 responding to medical emergencies.
- Risk assessment was robust and action was taken to protect staff and patients.
- 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.
- 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.
- Staff felt well supported and were committed to providing a quality service to their patients.
- Recommendations form the practice's legionella assessment had not been implemented to reduce the risk of bacterial growth
- The practice's recruitment procedures were not robust.

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

- Review the practice's legionella assessment and ensure that all recommendations are implemented.
- Review the practice's recruitment policy and procedures to ensure references for new staff are obtained.
- Review the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.

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, the management of medical emergencies and dental radiography (X-rays). Risk assessment was comprehensive and effective 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. Staff had received safeguarding training and were aware of their responsibilities regarding the protection children and vulnerable adults.

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 25 completed patient comment cards and obtained the views of a further five 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.

Appointments were easy to book and the practice offered daily access for patients experiencing dental pain that enabled them to receive treatment quickly if needed. The practice had made some adjustments to accommodate patients with a disability; however the toilet was not wheelchair accessible.

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.

Both patients and staff benefitted from the ethos and management approach of the practice. We found staff had an open approach to their work and shared a commitment to continually improving the service they provided. 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 

West End Manse Dental Care

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 1 November 2016 by a CQC inspector who was supported by a specialist dental adviser. During the inspection, we spoke with three dentists, two dental nurses and a receptionist. We reviewed policies, procedures and other documents relating to the management of the service. We received feedback from 30 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 on the staff room noticeboard. A policy explaining RIDDOR was also available. The practice had recently implemented a serious incident policy and reporting form and we saw evidence that this had been shared with staff.

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). These were received by the principal dentist who then disseminated accordingly. The principal was aware of recent MHRA alerts affecting dental practice.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if they had concerns about a patient's welfare. Records showed that all staff had received safeguarding training for both vulnerable adults and children, although it was not clear at what level this was. 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 had minimised risks in relation to used sharps (needles and other sharp objects, which may be contaminated). Staff spoke knowledgeably about action they would take following a sharps' injury and a sharps' risk assessment for the practice had been completed. Posters offering guidance of what to do in the event of an injury were on display in the main office, staff room decontamination suite. Sharps' boxes were wall mounted in most treatment rooms to ensure their safety and their labels had been completed in full. The dentists used a safer sharps' system which allowed one handed recapping of needles.

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. We noted that rubber dam kits were available in the practice, although one dentist told us he did not routinely use them as recommended.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. We noted posters on display throughout the practice providing comprehensive guidance to staff of what to do in a range of medical emergencies. The practice had purchased an automatic external defibrillator the day prior to our inspection (a portable electronic device that analyses life-threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The practice 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, although the oxygen cylinder was not checked regularly to ensure it was pressurised correctly.

The practice held emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The emergency medicines we saw were all in date and stored in a central location known to all staff. The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. However, staff did not regularly rehearse emergency medical simulations so that they could keep their skills up to date.

Staff recruitment

We checked personnel records for two staff which contained proof of their identity, their 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 may be vulnerable. However, references had not been obtained for either member of staff.

Are services safe?

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. We viewed a comprehensive risk assessment which 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. One member of staff told us she was pregnant and that a risk assessment had been completed for her.

A comprehensive fire risk assessment had been completed in June 2016 and firefighting equipment such as extinguishers was regularly tested. We noted clear signage around the practice indicating the location of fire exits. Six members of staff had completed fire marshal training so they knew how to manage a fire emergency. Regular fire evacuation drills were completed, although these did not include patients so it was no clear how the practice would manage in a fire when patients were present.

A Legionella risk assessment had been completed in 2012, although it had not been reviewed since. Some of its recommendations had not been implemented such as six monthly temperature monitoring of the cold water storage, and monthly temperature monitoring of hot and cold water sentinel points.

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

The practice had a business continuity plan to deal with any emergencies that might occur which could disrupt the safe and smooth running of the service.

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 minimising blood borne viruses, waste disposal, blood spillage, hand hygiene and the use of personal protective equipment. Cleaning equipment was colour coded and stored according to guidance. The practice conducted regular infection control audits and had scored 91% on its latest one. An action plan had been drawn up to address the identified shortfalls.

Two of the dental nurses undertook all cleaning duties and we noted daily accountability checklists in place. All areas of the practice we viewed were visibly clean and hygienic, including the waiting area, toilets, corridors and stairway. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. 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. However, we noted cloth covered chairs in two rooms and some loose and uncovered local anaesthetics in the drawers. These were within the splatter zone and risked becoming contaminated in the long term

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. A dedicated nurse was assigned each day to undertake all reprocessing of dirty instruments. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. The practice used both manual and automated cleaning of 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. Data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps' containers, clinical waste bags and municipal waste were properly maintained in accordance with current guidelines. 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 rear of the property, although this was not secured safely.

Are services safe?

We noted that staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. Staff told us they were given enough uniforms for their work and changed out of them whenever leaving the practice.

Records showed that all dental staff had been immunised against Hepatitis B.

Equipment and medicines

Dentists told us they were given the specific equipment and materials that they liked to use and requests for new equipment were implemented. We found that there were plenty instruments available for each clinical session to take account of decontamination procedures

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. All other types of equipment were tested and serviced regularly and we saw maintenance logs and other records that confirmed this. For example, portable appliance testing was completed in June 2015, fire extinguishers had been serviced in May 2016 and dental chairs serviced in September 2015. Bodily and mercury spillage kits were easily available to staff.

Each treatment room had a British national formulary and dentists were able to describe to us the process to report patients' adverse drug reactions. The dental nurses were responsible for writing up batch numbers and expiry dates for local anaesthetics used on patients. The practice stored prescription pads safely to prevent loss due to theft; however, a logging system was not in place to account for the prescriptions issued. The practice prescription stamp was not held securely.

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.

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. Included in the file were the critical examination packs for each X-ray set. A copy of the local rules was available in each treatment room. Training records showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations. However,

rectangular collimation was not used to confine x-ray beams in two of the five surgeries.

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

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. This assessment 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. Where relevant, preventative dental information was given in order to improve the outcome for the patient.

The practice had been selected as a 'prototype' practice as part of a pilot scheme to help the NHS make improvements to dental services. We saw a range of clinical audits that the practice regularly carried out to help them monitor the effectiveness of the service. These included the quality of dental radiographs and infection control.

Health promotion & prevention

A number of oral health care products were available for sale to patients including interdental brushes, mouthwash and floss. Free samples of toothpaste were also available and one receptionist told us she regularly gave these out to patients.

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. The practice was part of a new contract pilot prototype and the pathways it generated incorporated this toolkit.

Dental nurses told us the dentists regularly asked patients about their smoking, alcohol intake and diet. We noted leaflets about smoking cessation services were available in the waiting area, making them easily available to patients. Two dental nurses were about to complete oral health educator course and four nurses were undertaking a fluoride application course.

Staffing

We found that the dentists were supported by appropriate numbers of dental nurses and administrative staff to provide optimum care for patients. There was a very established team at the practice, three of whom had worked there for over 20 years. Staff told us they were enough of them for the smooth running of the practice and a dental nurse always worked with each dentist. Both staff and patients told us they did not feel rushed during appointments. We viewed the appointments' schedule that showed the practice was not overbooked and the dentists saw about 30 patients per day.

Files we viewed demonstrated that staff were appropriately qualified, trained had current professional validation and professional indemnity insurance. The practice had appropriate Employer's Liability insurance in place. Training records showed that all staff had undertaken recent essential training in infection control, information governance, fire safety and basic life support.

All staff received an annual appraisal of their performance which they described as useful. Appraisal documentation we saw demonstrated a meaningful appraisal process was in place. However, one senior staff member had never received an appraisal so it was not clear how her performance was monitored and appraised.

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 referrals 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, although patients were not 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

Are services effective?

(for example, treatment is effective)

particular treatment. Dental records we reviewed demonstrated that treatment options had been explained to patients. Patients were provided with plans that outlined their treatment.

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. Dental staff we spoke with had a clear understanding of patient consent issues. One dentist was able to describe to us how he had used the principles of the MCA to inform his treatment with a patient living with dementia.

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 25 completed cards and obtained the views of a further six patients on the day of our visit. These provided a very positive view of the practice. Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as caring, friendly and considerate of their needs. Patients told us that staff listened to them and respected their wishes. Two parents told us staff worked well with their young children, giving them stickers which their children appreciated.

We observed the receptionists interact with about 10 patients both on the phone and face to face and noted they were consistently polite and helpful towards them, and created a welcoming and friendly atmosphere. Some of the staff had worked at the practice for many years and had built up good relations with the patients who visited. Staff gave us examples of where they had gone out their way to support patients, such as delivering dentures to patients' homes so they did not need to visit the practice; ringing patients to check on their welfare and giving older patients a lift home following treatment. Staff told us they sometimes worked additional hours on a Friday or Saturday morning to meet patients' needs.

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. Computer screens at reception were not overlooked and all computers were password protected. The waiting area was separated from reception allowing for additional privacy.

The practice had specific policies in relation to data protection and freedom of information requests and these were available for patients to view in the waiting areas.

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 and its cost

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice offered a full range of NHS treatments and patients had access to some private cosmetic treatments including teeth whitening, veneers, crowns and bridges.

The practice's web site contained useful information for patients about its staff, opening hours and the range of treatments on offer. We also found good information about NHS/private charges in the waiting area to ensure patients knew how much their treatment would cost. The waiting area also displayed a wide variety of information including the practice's patient information sheet, how to make a complaint and the practices' infection control and data protection policies. Information about emergency out of hours' service was available on the practice's answer phone message, although this was not displayed on the front door should a patient come to the practice when it was closed.

The practice opened from 8.45am to 6pm on Mondays and Fridays; and from 8.45am to 5.15pm on Tuesday and Wednesdays. On Fridays it opened from 8.45am to 2pm. Patients told us they were satisfied with the appointments system and that getting through on the phone was easy. Patients could sign up for text reminders of their appointments. Appointment diaries were not overbooked and each dentist held aside two emergency slots per day for patients experiencing dental pain. New patients were given additional time so the dentist could undertake a full oral assessment for them.

Tackling inequity and promoting equality

The practice had made some adjustments to help prevent inequity for patients that experienced limited mobility and there was level access entry to the practice and a downstairs treatment room and toilet; although this toilet was not accessible to wheelchair users so it was not clear how their needs would be catered for.

The reception desk was very high and had not been lowered at any point to make communication easier with wheelchair users. There were no easy riser chairs, or wide seating available in the waiting area to accommodate patients with mobility needs, and no portable hearing loop for patients with hearing aids. Staff were aware of any local translation services that were available for patients who did not speak English and spoke a variety of languages between them.

Concerns & complaints

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

Staff told us that patients were always invited into the practice to discuss their concerns with the principal dentist.

The practice had only received one formal complaint in the previous year to our inspection. We reviewed the paperwork in relation to this complaint and found it had been managed in a professional and empathetic way.

Are services well-led?

Our findings

Governance arrangements

The practice had a comprehensive list of policies and procedures in place to govern its activity, which were easily available to staff. We looked at a number of policies and procedures and found that they were up to date and had been reviewed regularly. Staff were required to confirm that they had received them. Staff were aware of their roles and responsibilities and who held lead roles within the practice. Staff told us the practice was well-led citing effective management, team working and good communication as the reasons.

Communication across the practice was structured around regular practice meetings, which all staff attended. These meetings were minuted, and staff told us that they all contributed to the agenda, and felt able to raise issues. Staff told us that the principal dentist made a point of asking each of them if they had any issues or concerns to raise during the meeting.

Systems for cascading information to staff were good, and we noted a 'To Read' folder in reception, which staff had to sign to indicate they had read and understood its contents. A specific member of staff had been appointed to ensure that any important information was shared with the dental team.

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.

We saw a range of clinical and other audits that the practice carried out to help them monitor the effectiveness of the service. These included the quality of dental radiographs, its infection control procedures and if dentist had provided patients with smoking and dietary advice. An audit had also been undertaken to better understand the reasons why patients called to make emergency appointments.

Staff received regular appraisal of their performance, which identified their objectives, development needs, training and contribution to the practice.

The day after our inspection we received a list of actions the practice had implemented in response to some of the issues we had noted during the inspection. This demonstrated to us that the practice took our concerns seriously and acted promptly to rectify them.

Leadership, openness and transparency

It was clear that the management approach of the practice owners created an open, positive and inclusive atmosphere for both staff and patients. Staff spoke highly of the principal dentist describing him as approachable and caring. One dental nurse told us that the principal dentist always urged staff to be honest with patients, and admit any mistakes to them. The principal dentist paid for two staff outings each year, which staff chose themselves.

The practice had a duty of candour policy in place and this was clearly displayed in the patient waiting area. The practice displayed the monthly results of its friends and family test (FFT) on its website.

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

The practice had introduced the NHS Friends and Family test as a way for patients to let them know how well they were doing. The practice's administrator monitored the results and ensured they were shared with staff and posted on the website. We viewed results for October 2016 noted that 49 of 50 respondents would recommend the practice. In direct response to patient feedback, staff told us that a handrail and new front door had been installed in the practice, and the design of the medical history form had changed.

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 colleagues and the principal dentist. Staff gave us examples where the principal dentist had listened to them and implemented their suggestions and ideas. For example, the reception desk had been heightened so that staff could sit at it more comfortably; one member of staff's request for a blue tooth telephone headset had been implemented as had their suggestion for hand sanitiser in the practice's hallway.