

Mr. Philip Airdrie

The Dental Practice Evesham

Inspection Report

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Overall summary

We carried out this announced inspection on 31 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

The Dental Practice Evesham is located in a Georgian building in a small commercial area of Evesham. The practice provides predominantly private treatment to patients of all ages with a small provision for NHS treatment mainly for children.

The main entrance is accessed via two steps to the main door and then a further small step into the reception and waiting area. There is level access via a side door for people who use wheelchairs and pushchairs. The ground floor of the practice consists of a reception area with a large waiting room, one dental treatment room and a staff room with kitchen and toilet facilities for staff and

Summary of findings

patients with limited mobility. On the first floor there are two dental treatment rooms, a large waiting room, a patient toilet and a decontamination room for the cleaning, sterilising and packing of dental instruments. Car parking is not available on site, but public parking is available within short walking distance of the practice. This includes spaces for disabled patients who are blue badge holders. Alternatively the practice is on a bus route with bus stops just a few yards from the front door.

The dental team includes two dentists, two dental nurses, one trainee dental nurse, one decontamination room assistant / cleaner, one dental hygienist and two receptionists. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. He has a 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 27 CQC comment cards filled in by patients, looked at the comments book in the practice, satisfaction survey results and friends and family test results. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, one dental nurse, one decontamination room assistant / cleaner, the dental hygienist and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday: 9am - 5.15pm

Tuesday: 9am - 8pm

Wednesday: 9am - 5.15pm

Thursday: 8.45am - 5.15pm

Friday: 8.30am - 1pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, with the exception of a size four oropharyngeal airway which was immediately ordered.
- 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 practice had thorough staff recruitment procedures, a recruitment policy was required to underpin the procedures and ensure that two references were retained on personnel files.
- 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.
- The practice dealt with complaints positively and efficiently.

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. These were discussed and learnings shared at monthly staff meetings.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks. However only one reference was requested for new members of staff and there was no policy in place to underpin the practice procedures. A policy was implemented the day after our visit which detailed that two references would be requested as part of the recruitment process.

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 first class, excellent and professional. Patients commented that the dentists discussed treatment with patients, explained treatment options clearly showing x-rays and drawings and that decision making was done together. Clinical records we saw showed that the dentists recorded discussions, treatment options and informed consent appropriately.

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 a trainee dental nurse to become qualified.

No action



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 27 people. Patients were positive about all aspects of the service the practice provided. They told us staff were wonderfully polite, friendly and caring. They said that they were given thorough explanations about dental treatment and the dentists responded to all their questions to enable them to fully understand their treatment plan. Patients commented that they felt listened to and that their dentist made them feel at ease, especially when they were anxious about visiting the practice.

No action



Summary of findings

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

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 some facilities for disabled patients and families with children. The practice had level access to the practice via a side entrance, a ground floor surgery and had considered access to interpreter services. The practice had arrangements to help patients with sight or hearing loss.

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 and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

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 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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy which was discussed at a staff meeting in July 2017. Staff told us they felt confident they could raise concerns without fear of reprimand.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which the principal dentist reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

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 January 2017.

Emergency equipment and medicines were mostly available as described in recognised guidance with the exception of a size four oropharyngeal airway which was immediately ordered. Staff kept records of their defibrillator checks to make sure this was available, within the expiry date, and in working order. Although similar checks were completed for the emergency medicines and oxygen this was not recorded. The defibrillator check sheet was updated to include emergency medicines and oxygen checks the day after our visit.

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 six staff recruitment files. These showed the practice followed their recruitment procedure however they only requested and retained one reference on personnel files. A new recruitment policy was implemented the following day which detailed that two references would be requested and retained as part of the recruitment process.

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 hygienist when they treated patients.

Infection control

Are services safe?

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 was a dedicated decontamination room which served all three of the treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination room with 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 carried out an infection prevention and control audits twice a year. The latest audit completed in July 2017 showed the practice was meeting the required standards. The practice last completed an annual infection prevention and control statement in May 2017. The infection control policy was discussed at a staff meeting in March 2017.

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

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 and was in accordance with current guidelines. The practice

used an appropriate contractor to remove clinical waste from the practice. This was stored in a separate locked location in the practice prior to collection by the waste contractor.

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

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

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

We observed that the practice had equipment to deal with minor first aid issues such as minor eye problems and body fluid and mercury spillage.

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.

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.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The practice was focussed on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim the practice appointed a dental hygienist to work alongside the dentists in delivering preventative dental care.

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 at annual appraisals and staff meetings. Each staff meeting was used as an opportunity to deliver in house training and a schedule was in place to ensure that mandatory training topics and policies were discussed at each monthly meeting. We saw evidence of completed appraisals and personal development plans.

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. The policy also referred to Gillick competence and the dentists and dental hygienist were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were wonderfully polite, friendly and caring. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Several nervous patients also stated that they had great faith and trust in their dentist and would not go anywhere else for treatment.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some 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. Staff had discussed the confidentiality and data protection policies at a staff meeting in February 2017.

Each treatment room had a television screen placed above the patient chair displaying calming images and

programmes to help patients relax whilst receiving treatment. There were magazines, a children's corner with colouring sheets and crayons and televisions in the waiting rooms. The practice provided drinking water in the first floor waiting room; patients could request water from reception in the ground floor waiting room.

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 kind and helpful when they were in pain, distress or discomfort.

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 two screens so the dentists could show patients photographs and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.

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 with many patients stating that they would not go anywhere else for treatment and that they would highly recommend this practice to friends and family.

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. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

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

Staff told us that they emailed or sent text message reminders to patient's dependant on their preference.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access via a side door, there was a doorbell that patients could ring so that staff knew they required access and could open the door and escort into them waiting room. The practice provided reading glasses and large print forms such as medical history forms for patients with impaired vision. The patient toilet was located on the first floor however patients were able to use the staff toilet on the ground floor if they had limited mobility, this did not have hand rails or a call bell.

The disability policy and procedure were discussed a staff meeting in August 2017.

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 several appointments free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The website, information leaflet 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 rarely 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 information leaflet explained how to make a complaint. The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. 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 principal dentist had overall responsibility for the management, clinical leadership and 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.

Leadership, openness and transparency

Some staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. A policy to further embed this knowledge was implemented the day after our inspection.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist 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 principal dentist was approachable, would listen to their concerns and act appropriately. The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly 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, medical histories, emergency appointment availability and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist 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 annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

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, verbal comments, appraisals and complaints to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on for example, a water dispenser was installed in the first floor waiting room and email or text message appointment reminders were implemented as a result of patient 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 practice completed patient satisfaction surveys on an annual basis to further seek views and ideas for improvements from their patients. The survey undertaken in 2016 showed that 95% of patients were satisfied with the care and treatment received the practice. The results for this survey were displayed on the patient information board in the waiting room.