

North Chailey Dental Care

The Surgery North Chailey

Inspection Report

The Surgery
Station Road
North Chailey
East Sussex
BN8 4HD

Tel: 01825 723762

Website: www.dentistryforyou.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 11 May 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

The Surgery North Chailey is situated in a suburban area of North Chailey in East Sussex and provides NHS and private treatment.

The dentists moved to the premises recently and refurbishments were still ongoing. There was suitable access for patients with mobility difficulties and for families with pushchairs and buggies.

The practice has three dentists, one qualified dental nurse, three student dental nurses and a practice manager. The team is overseen by three dentists who are the partners and an area manager. The practice currently has three dental treatment rooms and a decontamination room for the cleaning, sterilising and packing of dental instruments.

The practice is all on ground level with easy access to the front entrance and staff and patient toilets which are both fully equipped for people with physical disabilities.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to tell us about their experience of the practice. We collected nine completed cards and looked at 16 recent NHS Friends and Family forms which were available at the practice. We collected the views of a further eight patients who attended on the day of our inspection.

Patients were positive about the practice and their experience of being a patient there. They said they could

Summary of findings

not fault the service they received and several commented that the practice was excellent. Patients said the practice's new premises were pleasant and very clean and were an improvement on the previous facilities. They described the staff as helpful and unhurried, and the dentist as kind and gentle. All 16 patients who filled in a Friends and Family form had selected the option confirming that they were 'extremely likely' to recommend the practice.

Our key findings were:

- The practice had a health and safety policy, relevant safety related risk assessments and an accident book.

They had a policy and established process for reporting and recording significant events but staff

confirmed none had occurred.

- The practice was visibly clean and arrangements for infection prevention and control were well organised.
- The practice had safeguarding guidance and information available for staff and the practice team

were aware of their responsibilities for safeguarding adults and children.

- The practice had recruitment policies and procedures to help them check the staff they employed (including locums) were suitable. The policy reflected the requirements set out in the regulations.

- Dental care records provided adequate information about patients' care and treatment and the amount of detail recorded was consistent.

- The dentists were appropriately qualified and arrangements were in place for them to

maintain their continuous professional development as required by the General Dental Council. Student nurses were enrolled on recognised courses.

- Patients were able to make routine and emergency appointments when needed.
- The practice had a suitable complaints procedure and information about this was available for patients.
- Because the staff team was so small, the meetings and discussions were largely informal.

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 services in accordance with the relevant regulations.

The practice operated systems for recording and reporting significant events and accidents and staff were aware who to report incidents and accidents to within the practice.

A member of staff had recently been identified as the safeguarding lead and staff understood their responsibilities for reporting any suspected abuse.

Medicines and equipment available for use in a medical emergency were being checked for effectiveness. Medicines for use in an emergency were available on the premises as detailed in the Guidance on Emergency Medicines set out in the British National Formulary (BNF).

Infection control audits were being undertaken, on a six monthly basis. The practice had systems for waste disposal and on the day of inspection the practice was visibly clean and clutter free.

Are services effective?

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

The practice demonstrated that they followed professional guidance, for example, issued by the National Institute for Health and Care Excellence (NICE). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff were registered with the General Dental Council (GDC). Staff records were complete in relation to recruitment and continuous professional development (CPD) and staff monitored CPD to ensure that it was kept up to date.

Patients told us that staff explained treatment options to ensure that they could make informed decisions about any treatment they received and records seen confirmed this.

Are services caring?

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

We observed staff being welcoming and friendly when patients came in to book an appointment. We received feedback from seven patients. Patients praised all staff and gave a positive view of the service; three patients who confirmed that they were happy with the service also said that occasionally there was an extended wait to see the dentist.

Patients commented that treatment was explained clearly and staff said that dentists always took their time to explain treatment to patients. Patient records were stored securely and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took these needs into account in how the practice was run. Patients had good access to appointments, including emergency appointments, which were available on the same day. Staff had access to translation services, if required. Patients were invited to provide feedback via the 'Friends and Family' Test and the test results had been reviewed by the practice and an action plan developed.

Summary of findings

There was a clear complaints procedure and information about how to make a complaint was available for patients to see.

Are services well-led?

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

Effective leadership was provided by the three partners and the general manager. The staff had an open approach to their work and shared a commitment to continually improving the service they provided. There was a no blame culture in the practice. The practice had robust clinical governance and risk management structures in place. Staff told us that they felt well supported and could raise any concerns with the principal dentist. All the staff we met said that they were happy in their work and the practice was a good place to work.

The Surgery North Chailey

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 11 May 2016 by a CQC inspector and a specialist advisor.

Before the inspection we reviewed information we held about the provider and information

that we asked them to send us in advance of the inspection.

During the inspection we spoke with one of the partners, the dentists, dental nurses and the general and practice manager. We looked around the premises including the treatment rooms.

We reviewed a range of policies and procedures and other documents. We read the comments made by nine patients on comment cards and we provided before the inspection. We also looked at 16 recently completed NHS Friends and Family forms which were available at the practice. We also obtained the views of a further eight patients who attended on the day of 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

The practice had a significant event policy to provide guidance to staff about reporting and recording significant events and to support the practice in learning from these. Staff assured us that there had been no problems, incidents, accidents or complaints which needed to be recorded as significant events.

The practice manager and dentists received and checked national safety alerts about medicines and equipment such as those issued by the Medical and Healthcare Products Regulatory Agency (MHRA).

Reliable safety systems and processes (including safeguarding)

We spoke with the practice team about child and adult safeguarding. The practice had up to date safeguarding policies and guidance for staff to refer to including the contact details for the relevant safeguarding professionals in East Sussex. The team was aware of their responsibilities to identify and report potential concerns about the safety and well-being of children, young people and adults living in circumstances which might make them vulnerable.

One of the dentists was the safeguarding lead for the practice and staff were aware of this. The dentist had completed safeguarding training appropriate to their role. The dental nurses had received training about safeguarding as part of their induction which they completed in 2016.

The dentists confirmed that they used a rubber dam during root canal treatment in accordance with guidelines issued by the British Endodontic Society. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

The practice was working in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013. This reduced the risk of inoculation injuries to staff from needles or sharp instruments.

Medical emergencies

The practice had arrangements to deal with medical emergencies. They had an automated external defibrillator

(AED), 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. We found that the practice had both adult and child pads available for use with the AED.

The practice had the emergency medicines as set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines.

The staff kept monthly records of the emergency medicines available at the practice to enable the practice to monitor that they were available and in date.

Staff had completed annual basic life support training and training in how to use the defibrillator within the last 12 months.

Staff recruitment

We looked at the practice's recruitment policy and procedure, and staff records. There were three recent recruitment records for us to review and we saw that these records were complete.

We saw evidence that the practice had Disclosure and Barring Service (DBS) checks for the dentists and for all staff employed. 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 may have contact with children or adults who may be vulnerable.

The practice had a written recruitment policy and process to assure themselves of the suitability of staff they employed; this reflected the requirements set out in Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, the information covered each aspect that should be obtained such as reasons for leaving previous employment and evidence of conduct in previous employment involving work with vulnerable adults or with children.

Monitoring health & safety and responding to risks

The practice had a health and safety policy, an overall practice risk assessment and risk assessments about a wide range of specific dental topics and more general issues. These included control of substances hazardous to

Are services safe?

health, and infection prevention and control. The policy highlighted the need to report some accidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

There was a fire risk assessment which had been completed as part of the work to commission the new practice premises. Overall fire safety was the responsibility of the partners who arranged and co-ordinated the various fire safety checks and tests in the building where the practice was situated; this included fire alarm checks twice a year. The practice used an external company to help them maintain fire safety within the premises. The team had taken part in a fire drill since moving into the new premises. We saw that the health and safety policy reflected their fire safety arrangements, including the responsibility for carrying out regular tests, checks and fire drills.

The practice had details of telephone numbers to use in a range of situations that might affect the daily operation of the practice such as loss of utilities, computer problems or situations which might mean the practice was unable to operate. Staff were aware of this, for example, staff explained they had all the essential phone numbers in one place and would be involved in making any necessary arrangements.

The practice had links with other dental practices in the area and had a specific agreement with another practice for patients needing emergency appointments if the practice needed to close.

Infection control

The practice was visibly clean and tidy. Several patients who gave us feedback specifically commented on how clean and pleasant the practice was.

The practice had an infection prevention and control (IPC) policy and had completed one IPC audit since moving to the new premises. They used the Infection Prevention Society format for this. The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental

instruments and reviewed their policies and procedures. We found that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices.

Decontamination of dental instruments was carried out in a separate decontamination room. The room was clean, tidy and well organised. The separation of clean and dirty areas was clear in both the decontamination room and in the treatment rooms. We observed the dental nurse processing dirty instruments and found they were transported, cleaned, checked and sterilised in line with HTM01-05 guidance. When they had cleaned and sterilised instruments they packed them and stored them in sealed and dated pouches in accordance with current HTM01-05 guidelines. The practice kept records of all of the expected processes and checks including those which confirmed that equipment was working correctly.

Personal protective equipment (PPE) such as disposable gloves, aprons and eye protection was available for staff and patient use. The treatment room and decontamination room had designated hand wash basins for hand hygiene and liquid soaps and hand gels.

The practice had had a legionella risk assessment carried out by a specialist company. Legionella is a bacterium which can contaminate water systems in buildings. We saw records of weekly water temperature checks.

The practice used an appropriate chemical to prevent a build-up of legionella biofilm in the dental waterlines. Staff confirmed they carried out regular flushing of the water lines in accordance with current guidelines.

The practice segregated and stored dental waste, including used disposable needles and other sharp items in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Waste was securely stored before it was collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument and had a record of staff immunisation status in the staff files.

Equipment and medicines

We looked at maintenance records which showed that equipment was maintained in accordance with the

Are services safe?

manufacturers' instructions by appropriate specialist engineers. This included the emergency oxygen, equipment used to sterilise instruments, X-ray units, the compressor and the fire safety equipment. We saw that the practice had an arrangement with an external company to check the

electrical installation and all portable electrical appliances every three years to make sure they were safe to use.

Prescription pads were stored securely but the practice did not keep a record of the blank prescriptions in stock. They set a record up before we left on the day of the inspection.

We saw that the dentists recorded the type of local anaesthetic used, the batch number and expiry date in patients' dental care records as expected.

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The records were well maintained and included the expected information such as the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The records showed that the maintenance of the X-ray equipment was up to date.

We confirmed that the dentists' continuous professional development (CPD) in respect of radiography was up to date.

Dental records showed that X-rays were justified, graded and reported on to help inform decisions about treatment. The dentists had completed an audit to ensure the X-ray images taken were of consistent diagnostic quality.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists described in detail how they assessed patients using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP).

We saw examples of adequate treatment plans and records for patients based on the level of care and treatment they needed. The dental care records contained details of the dentist's assessments of patients' tooth and gum health, medical history and consent to treatment. The dentists recorded a consistent level of detail in the dental care records.

Patients were asked to complete an up to date medical history form at the start of a course of treatment and discussed this before commencing any treatment.

The practice did not have a dental hygienist and the dentist carried out scale and polish treatments for patients who required it.

Health promotion & prevention

The dentist was aware of and put into practice the Delivering Better Oral Health guidelines from the Department of Health. There were leaflets and posters in the waiting room and information on the practice website about various oral health topics and the services offered at the practice. A range of dental care products were available for patients to buy. The dental nurses described how the dentist spoke with patients about improving their oral health. This included giving patients who smoked advice on giving up and showing children and their parents or carers how to brush their teeth correctly.

The water supply in East Sussex is not fluoridated and the dentists provided fluoride application for children and for adults based on assessed need.

Staffing

The practice had three dentists and three student dental nurses and a practice manager. The general manager was a qualified dental nurse and provided mentoring and support along with the dentists to the student nurses. Staff received an annual appraisal to support them to maintain the continued professional development (CPD) required for their registration with the General Dental Council (GDC).

We saw evidence that the newer staff had received a structured induction when they started work and that this was available for use with any new staff who may be employed in the future. The dental nurses were positive regarding the support the dentist and general manager had given them during their training.

Working with other services

The dentists described in detail the process they followed when they referred patients to external dental or other health professionals. They explained to patients the reason for the referral, the usual waiting time and they obtained their consent to go ahead. They told us they talked with patients about what to expect when they had their appointment with the professional they had been referred to.

The practice had certificates for the dental laboratories they used for work such as dentures and crowns to show they were suitably registered with the GDC where this was required.

Consent to care and treatment

We saw that the practice recorded consent to care and treatment in patients' records and provided written treatment plans for both private and NHS patients where necessary. The dentist described fully how they obtained and recorded patients' consent and provided them with the information they needed to make informed decisions about their treatment. The dentist understood their responsibilities when treating patients who lacked capacity regarding the care and treatment they might need. They described how they involved the patient and other people involved in their care including relatives and other professionals if necessary. The dentist said they were vigilant about making sure they obtained consent for children's care and treatment from someone with the legal right to do so. The dentist also understood the guidelines they should follow when considering whether children had sufficient maturity to make decisions about their own care and treatment.

The practice had a written policy about the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We gathered patients' views from nine completed Care Quality Commission comment cards and 16 NHS Friends and Family forms which were available at the practice. We also obtained the views of a further eight patients who attended on the day of our inspection.

Patients were positive about the practice and their experience of being a patient there. People said they could not fault the service they received and thought that the practice was excellent. People described finding the practice premises pleasant and the staff as helpful, unhurried and the dentists as gentle. All 16 patients who filled in a Friends and Family form had selected the option confirming that they were 'extremely likely' to recommend the practice.

During the inspection the interactions we saw between practice staff and patients were polite, and helpful. It was evident that the team knew patients well.

The practice had an up to date confidentiality policy. The reception desk was in the waiting room but was arranged so the computer screen was not visible to patients. The receptionist confirmed that if more than one patient was in the waiting room and one wished to speak privately they would use the back room for this.

Involvement in decisions about care and treatment

The practice's patient leaflet referred to the importance the practice placed on involving patients in their care and treatment. Staff told us that the dentists gave patients clear verbal explanations of their care and treatment and put this in writing when needed; for example for more complex courses of treatment. One patient who filled in a comment card specifically commented that the dentist explained their treatment in full.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information about NHS charges was individually assessed and costed for patients depending on the treatment needed. The practice gave NHS patients leaflets with information about NHS charges and exemptions. There was information for patients in the waiting room about a dental payment scheme available to patients.

At the time of our inspection the practice was actively accepting new patients for NHS dental treatment. Patients we spoke with confirmed that the provision of NHS dental treatment had initially attracted them to the practice.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to help prevent inequity for patients that experienced limited mobility or other issues that would hamper them from accessing services. The practice used a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment.

To improve access the practice had level access and treatment rooms on the ground floor for all patients; the practice was spacious and easily accessible for patients with disabilities or infirmity as well as parents and carers using prams and pushchairs.

Access to the service

The practice was open 9am - 6pm Monday to Friday and 9am to 1pm on Saturday. The practice used the NHS 111 service to give advice in case of a dental emergency when the practice was closed. This information was publicised in the practice information leaflet, practice website, at the entrance to the practice and on the telephone answering machine when the practice was closed.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the time frames for responding. Information for patients about how to make a complaint was seen in the patient leaflet, poster in the waiting area and practice website.

The practice had not received any complaints since opening. We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. Staff could explain how they would handle a complaint which was in line with the practice complaints policy.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements of the practice were developed through a process of continual learning and improvement. The governance arrangements for the practice were facilitated by the principal dentist and the practice manager who were responsible for the day to day running of the practice. The practice maintained a comprehensive system of policies and procedures. All of the staff we spoke with were aware of the policies and how to access them. We noted all policies and procedures were kept under review by the principal dentist on a regular basis.

Leadership, openness and transparency

Effective leadership was provided by the principal dentist and practice manager. The practice ethos focussed on providing patient centred dental care in a relaxed and friendly environment. The comment cards we saw reflected this approach. The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the principal dentist. There was a no blame culture within the practice. They felt they were listened to and responded to when they did raise a concern however minor. We found staff to be hard working, caring and committed to the work they did. All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and the standards for dental professionals and were happy with the practice facilities. Staff reported that the principal dentist was proactive and resolved problems very quickly. As a result, staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

Learning and improvement

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. For example, we observed that the dental nurses and receptionists received an annual appraisal; these appraisals were carried out by the principal dentist and practice manager and were followed up by a review to check if the staff were on course to meet their appraisal objectives. There was a system of peer review in place to facilitate the learning and development

needs of the dentists. These were held informally on a weekly basis. Subjects discussed at recent meetings included fire drills, testing of the ultrasonic bath, fire safety and infection control training.

The practice used the principle of the 'daily chats' which were carried out by the staff to increase their awareness of the particular needs and risks of patients, including issues around their medical, social and clinical needs.

We found there was a rolling programme of clinical and non-clinical audits taking place at the practice. These included infection control, clinical record keeping and X-ray quality. The audits demonstrated a comprehensive process where the practice had analysed the results to discuss and identify where improvement actions may be needed.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Staff told us that the practice ethos was that all staff should receive appropriate training and development. The principle dentist encouraged staff to carry out professional development wherever possible. The practice used a variety of ways to ensure staff development including internal training and staff meetings as well as attendance at external courses and conferences. The practice ensured that all staff underwent regular mandatory training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding, dental radiography (X-rays). We saw that the practice maintained a record of all staff's training records.

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

The practice had gathered feedback from patients through the NHS Friends and Family Test (FFT), NHS Choices, compliments and complaints. We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area, practice leaflet and on the website. Results of the Family and Friends Test (FFT) we saw indicated that 100% of patients who completed the survey were happy with the quality of care provided by the practice and patients were either highly likely or likely to recommend the practice to family and friends.

Staff told us that the partners, dentists and general manager were very approachable and they felt they could share their views about how things were done at the practice. Staff confirmed that they had daily chats every

Are services well-led?

morning; and staff who were absent were informed of these meetings when they were next on shift. Staff described the

meetings as good with the opportunity to discuss successes, changes and improvements. Staff we spoke with said they felt listened to and included in all aspects of the running of the practice.