

Nusi Holdings Ltd

Park Dental Studio

Inspection Report

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Boston
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Overall summary

We carried out this announced inspection on 29 June 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information for us to take into account.

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

Park Dental Studio is in Boston, a town in Lincolnshire and provides mainly NHS treatment to patients of all ages. The practice also provides private treatment to approximately 5% of its patient list.

There is a step to gain access to the premises. The provider has a portable ramp to enable level access for people who use wheelchairs and pushchairs. Car parking spaces are available at the rear of the premises and there is one space allocated for disabled patients with blue badges at the front of the building. On street parking is also available opposite the practice.

Summary of findings

The dental team includes one dentist, two dental nurses (including a trainee nurse), one dental hygienist and two receptionists. One of the practice nurses assists with practice administration.

The practice has four treatment rooms; one is located on the ground floor.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Park Dental Studio is the principal dentist.

The principal dentist joined the practice in 2011 and there are current plans in place to recruit an additional dentist. The practice premises have been subject to extensive renovation to modernise the building. This has included a redesign of the waiting and reception area, the treatment rooms and decontamination room. The provider has been making enquiries regarding replacing the existing staircase. New dental equipment has also been purchased.

On the day of inspection we collected 24 CQC comment cards filled in by patients. This information gave us a positive view of the practice. We did not receive any negative comments about the practice.

During the inspection we spoke with the dentist, two dental nurses and a receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday from 9am to 1pm and from 2pm to 5.30pm.

Our key findings were:

- The practice ethos included the provision of high quality dental care for their patients at appropriate intervals alongside the promotion of good oral health.

- Effective leadership was evident although we found some areas where management arrangements could be strengthened.
- Staff had been trained to deal with emergencies. We found appropriate medicines were readily available in accordance with current guidelines. We found there were some items of equipment for use in medical emergencies which were missing.
- The practice appeared clean and well maintained.
- Staff demonstrated knowledge in relation to their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had robust staff recruitment procedures.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice demonstrated awareness of the needs of most of the local population and took these into account when delivering the service.
- Patients had access to treatment and urgent and emergency care when required.
- The appointment system met patients' needs.
- Staff received training appropriate to their roles. Staff were supported in their continued professional development (CPD) by the practice.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.

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

- Review the practice's system for documentation of actions taken, and learning shared, in response to incidents with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).

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. We found that processes required strengthening however, to ensure that all untoward incidents reported were discussed with staff and any learning points shared and documented.

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.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice mostly had suitable arrangements for dealing with medical and other emergencies. Whilst the practice held medicines which may be required in the event of an emergency, we found some equipment was missing on the day of our inspection. We were informed that this would be obtained.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, professional and a first class service delivered. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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. This included the trainee nurse who was undertaking their nurse qualification and the qualified nurse who was supporting the practice with administration matters.

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 24 people who completed CQC comment cards. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, accommodating and would do their best to meet their needs. They said that they were given helpful and informative explanations about dental treatment, and said their dentist listened to them. Patients commented that staff made them feel at ease.

No action



Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. The provider had recently re-designed and refurbished the patient waiting area and reception which also helped with maintaining 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 most patients' different needs. This included providing a disabled parking space and portable ramp to enable step free access. The practice had access to telephone/face to face interpreter services and had arrangements to help patients with sight 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 most arrangements to ensure the smooth running of the service. We found that some management arrangements required strengthening. These were to ensure the consistent monitoring of the service and to identify all opportunities for staff learning. We also found record keeping was inconsistent in some areas, for example, staff practice meetings were not always documented.

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, and respond to accidents, incidents and significant events. Staff knew about these and understood their role in the process. We found that processes required strengthening however, to ensure that all incidents were discussed with staff and any learning points shared and documented. For example, a member of staff had reported a sharps injury in November 2015 and an incident form was completed. Whilst documentation showed that appropriate procedure was followed after the sharps injury, information was not recorded to explain how the accident had occurred and whether any learning was shared amongst staff to prevent future recurrence. The provider told us that incidents were discussed with staff members and this was supported in an incident reporting form we reviewed involving a second sharps injury in June 2017. The provider had not maintained consistent records of practice meetings held.

The practice had historically received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We were informed that the previous practice manager received these alerts but they had left the practice in November 2016. Our review of records did not show that any alerts had been received or actioned during the past twelve months. The principal dentist told us they were aware of alerts as they had received them directly to their email, but they had not kept any records to show whether any action was required in response to alerts issued. The principal dentist told us they would review their current arrangements and implement an effective system. They also told us they would review all alerts issued by the MHRA within the past year to ensure that the practice was not affected.

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. Staff we spoke with told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments. We noted that the practice were not following relevant safety laws when using needles as they had not implemented the safer sharps system. They had however, taken measures to manage the risks of sharps by using needle guards.

The dentist used rubber dam 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. The plan was last updated in April 2017.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. This had last been undertaken in June 2017.

Emergency medicines were available as described in recognised guidance. Staff kept monthly records of their checks to make sure these were available, within their expiry date, and in working order. We found that some items of life saving equipment were missing however. This included adult and child self-inflating bags with reservoirs. The provider told us they would order these items.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure.

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

Monitoring health & safety and responding to risks

Are services safe?

The practice held a number of health and safety policies and risk assessments. We noted that a fire risk assessment, electrical safety test certificate and air conditioning maintenance certificate could not be located on the day of our inspection. The provider told us following our inspection that they had booked for a new fire risk assessment and equipment tests to take place in July 2017 with external contractors.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

We reviewed staff immunisation records in relation to Hepatitis B immunity. Whilst documentation was held for all clinical staff members, we noted documentation relating to the trainee nurse did not include information as to their immunity status. The provider informed us that measures would be taken to obtain this information and a risk assessment completed in the interim.

A dental nurse worked with the dentist and dental hygienist when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. 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 infection prevention and control audits annually. We advised the practice that national guidance recommended these audits take place twice a year. The provider told us this would be reviewed. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The risk assessment was undertaken in November 2016 and recommendations from the risk assessment were being followed.

We saw cleaning schedules for the premises. The practice was clean when we inspected and comments in CQC comment cards supported that cleanliness levels were consistent.

Equipment and medicines

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.

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 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. Dental care records we looked at showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the condition of the gums using the basic periodontal examination scores and soft tissues lining the mouth.

Dental care record audits were undertaken to check that the dentist 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 dentist 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 all children on an assessment of the risk of tooth decay for each child.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion information 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. We saw evidence of completed appraisals. The trainee nurse was being supported to undertake their nursing qualification. The principal dentist and practice nurse told us they had plans to support the nurse undertaking a course in practice management.

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 dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patient comments on CQC comment cards showed the dentist listened to them and gave them clear information about their treatment.

The practice's consent policy did not specifically include information about the Mental Capacity Act 2005. We found that the team understood their responsibilities under the act when treating adults who may not be able to make informed decisions however. The principal dentist provided us with detailed examples which reflected his knowledge of best interest decision making.

The policy referred to Gillick competence and the dentist was aware of the need to consider this when treating young people under 16. The dentist described in detail 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 polite and professional at all times. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

The practice nurse told us that patients who were anxious were offered an early morning appointment or one straight after lunch-time when the practice re-opened. This meant they did not have to wait. Notes were also placed on patient records to inform staff if a patient had anxiety about visiting the dentist.

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. The provider had recently re-designed the patient waiting area and was planning to create a screen behind the reception desk. This was to enable telephone calls to take place without the risk of them being overheard. The waiting area had a television to provide background noise and also help prevent conversations being overheard. One patient comment included that there had been many improvements within the practice in recent times.

Staff told us that if a patient asked for more privacy they would take them into another area or 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.

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. One patient comment included that during their first visit to the practice, they were given a thorough explanation of their dental care issues and treatment options. Other patients commented that they were well informed.

The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were helpful when they were in pain, distress or discomfort.

The practice did not have a website at the time of our inspection. The practice information leaflet provided details about the range of treatments available at the practice. These included general dentistry, treatments for gum disease and cosmetic procedures.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen within 48 hours. 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 unduly waiting.

Staff told us that they currently had a small number of patients for whom they needed to make adjustments to enable them to receive treatment. The practice nurse told us that the practice knew their vulnerable patients well. This included two patients who had sight impairments. They told us they would assist these patients in and around the premises. We reviewed practice meeting minutes dated March 2017. These showed that staff were aware of their roles in protecting vulnerable patients.

Promoting equality

The practice had made some reasonable adjustments for patients with disabilities. These included a disabled car parking space outside the practice front entrance and portable ramps to enable step free access. The principal dentist told us work was ongoing to fully modernise and update the premises and they would consider all arrangements to assist patients with mobility problems. We noted that the practice did not have a hearing loop at reception, and whilst there was a toilet on the ground floor, it did not have a handrail or call bell.

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

Access to the service

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

Information we reviewed supported that the practice kept waiting times and cancellations to a minimum where possible.

The practice was committed to seeing patients experiencing pain within 48 hours and they were given an option to attend the practice and sit and wait to be seen. The practice information leaflet provided a telephone number for patients needing emergency dental treatment during the working day. The leaflet included information that practice staff would try and assist a person, even if they were not registered as a patient. The practice answerphone message advised patients to contact NHS 111 for help when the practice was closed.

Patient comments in CQC comment cards included that they could make routine and emergency appointments easily and were not often 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 and a poster was also displayed in the patient waiting room. 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 practice nurse who was assisting with administration issues told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these if appropriate. 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 within the past twelve months. We noted two complaints received. 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 and clinical leadership of the practice. The principal dentist was also responsible for the day to day running of the service with assistance from the practice nurse. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and most risk assessments to support the management of the service and to protect patients and staff. We found that some management arrangements required strengthening to ensure the consistent monitoring of the service and to identify all opportunities for staff learning. We also found record keeping was inconsistent in some areas, such as staff practice meetings were not always documented.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

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

Staff we spoke with 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 told us the principal dentist was approachable, would listen to their concerns and act appropriately. The principal dentist discussed issues or concerns at informal staff meetings and it was clear from discussions we held that the practice worked as a team and dealt with issues professionally.

The practice held informal meetings at various times of the year where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share any urgent information. We noted that staff meetings were not always documented.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had records of the results of audits and any resulting action plans and improvements.

The principal dentist valued the contributions made to the team by individual members of staff. The dental 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 a suggestion box to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the practice were requested to sound-proof the compressor as the noise from the machine could be heard by patients in the waiting room. Patients had reported that this caused some anxiety, particularly with children. The practice moved the compressor upstairs and away from the waiting area.

Staff told us that their feedback was acted upon. For example, a replacement desk and chairs were purchased for the reception area as it was reported by staff that the older furniture was uncomfortable.

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. Results collated by the practice during May 2017 showed that 42 people had submitted responses. Of these, all 42 were either likely or extremely likely to recommend the practice to their friends and family.