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Lonsdale Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 19 October 2015 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 Lonsdale Dental Practice provides private dental treatment to patients. The staff structure consists of one dentist, dental nurses and a practice manager.

This practice was open from Monday to Friday 9am to 6pm. A Saturday service is provided at the practice's sister site Ashton Dental Practice based in Wigan.

The practice is situated in a purpose built property on one floor with level access throughout.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

CQC received feedback from four people during the visit about the service. All the comments we received were positive about the service and patients felt that the staff were caring and took time to explain their treatment options and the costs involved. Patients had recommended the practice to family and friends. We received 23 CQC comment cards. All of the comments were positive and confirmed patients found the service consistently good.

Summary of findings

We saw that patients completed the practice's own survey. The results confirmed that patients were happy with the treatment received and would recommend the practice to others.

We found that this practice overall was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

Our key findings were:

- There were effective systems in place to reduce the risk and spread of infection.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- There were systems in place to check all equipment had been serviced regularly, including the air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- We found the dentists regularly assessed each patient's oral health and took X-rays at appropriate intervals.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- During our visit we observed staff were kind, caring, competent and put patients at their ease.

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 responded to national patient's safety and medicines alerts and took appropriate action. Significant events, complaints and accidents were recorded appropriately, investigated and analysed then improvement measures implemented. Patients were informed if mistakes had been made and given suitable apologies.

We confirmed staff were suitably trained and skilled and there were sufficient numbers of staff available to support patient's health needs. Staff had received training in safeguarding and knew how to recognise the signs of abuse and who to report them to.

Infection control procedures were in place and radiation equipment was suitably sited and used by trained staff only.

Sufficient quantities of equipment were available for use at the practice and all equipment was serviced and maintained at regular intervals.

Are services effective?

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

The practice could demonstrate they followed guidance, for example, guidance issued by the National Institute for Health and Care Excellence (NICE). The practice monitored patients' oral health and gave appropriate health promotion advice.

Staff explained treatment options to ensure that patients could make informed decisions about any treatment. There were systems in place for recording written consent for treatments. The practice maintained appropriate dental care records and details were updated regularly. The practice worked well with other providers and made referrals where appropriate.

Records were complete in relation to continuous professional development (CPD) and the practice was able to fully demonstrate staff, where applicable, were meeting all the training requirements of the General Dental Council (GDC).

Are services caring?

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

Patients were complimentary about the practice and how the staff were caring and sensitive to their needs. Patients commented positively on how caring staff were, they felt that they were given good information and explanations about their treatment options. Patients told us about the positive experiences of the dental care provided at the practice such as being involved in decisions about their treatment and were provided with sufficient information to make an informed choice. Patients said staff displayed empathy, friendliness and professionalism towards them.

Are services responsive to people's needs?

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

Appointment times were flexible and met the needs of patients. Patients told us that waiting time were kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen the same day or next day, evenings or weekends if required.

The practice handled complaints in an open and transparent way and apologised when things went wrong.

Summary of findings

Are services well-led?

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

The dental practice had effective clinical governance and risk management structures in place. There was a pro-active approach to identify safety issues and make improvements in procedures. The practice assessed risks to patients and staff and audited areas of their practice as part of a system of continuous improvement and learning. The practice sought the views of staff and patients. The practice manager and ensured policies and procedures were in place to support the safe running of the service.

Regular staff meetings took place and these were recorded. Staff were positive about the management at the practice and felt well supported.

Lonsdale Dental Practice

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 took place on the 19 October 2015. The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies. We also reviewed the information we held about the practice.

We informed NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we spoke with the dentist, dental nurse, reception staff and the practice manager. We reviewed policies, procedures and other documents. We also spoke with four patients and reviewed 23 CQC comment cards, that we had left prior to the inspection for patients to complete, about the services provided at the practice.

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

There was an effective system in place for reporting and learning from incidents. There had been no incidents reported in the past year. There was a policy in place which described the actions that staff needed to take in the event that something went wrong or there was a 'near miss'. The practice manager confirmed that if patients were affected by something that went wrong, they would be given an apology and informed of any actions taken as a result.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any such incidents in the past 12 months.

Records we viewed reflected that the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage of materials.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies.

The practice had a named member of staff with lead responsibility for safeguarding issues. There had been no safeguarding concerns in the last 12 months but staff were able to give us examples of how they had previously managed and raised safeguarding concerns. We confirmed staff had received training in safeguarding adults and child protection reporting procedures.

Staff spoken with on the day of the inspection were aware of whistleblowing procedures and who to contact outside of the practice if they felt that they could not raise any issue with the dentists or practice manager. However, they felt confident that any issue would be taken seriously and action taken.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments) and the practice routinely used safety measures to minimise the risk of inoculation injuries to staff.

Medical emergencies

The practice had emergency medicines in place and all staff had been trained in basic life support to respond to a medical emergency. All emergency equipment was readily available and staff knew how to access it. Staff also told us that the staff meetings were also used to refresh emergency training this was to help ensure that all staff kept their skills up to date.

We checked the emergency medicines and found that they were of the recommended type and were all in date in line with the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).

The practice had an External Automated Defibrillator (AED) in place. An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. All staff were appropriately trained in the use of the AED.

Staff recruitment

There was a recruitment policy in place. We reviewed three staff files and saw that the practice carried out relevant checks to ensure that the person being recruited was suitable and competent for the role. This included the checking of qualifications, registration with the General Dental Council (where relevant) and checks with the Disclosure and Barring Service (DBS) for clinical staff only.

The practice had a dentist, qualified nurse and reception staff. The practice manager told us that there was always an extra member of staff available to cover leave or sickness. On the day of the inspection we saw there were sufficient numbers of suitably qualified and skilled staff working at the practice.

Monitoring health & safety and responding to risks

The practice had carried out a practice risk assessment in 2015 which included fire safety. There was guidance in the waiting room for patients about fire safety and the actions to take.

Are services safe?

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by ensuring sharps bins, were stored appropriately in the treatment rooms. A local anaesthetic syringes needle risk assessment had been carried out in line with the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.

Infection control

We saw there were effective systems in place to reduce the risk and spread of infection. During our visit we spoke with the dental nurse, who was the designated person in the decontamination room. All staff were suitably trained in the decontamination process and the dental nurse demonstrated to us the complete decontamination cycle. They were able to demonstrate they were aware of the safe practices required to meet the essential standards published by the Department of Health - 'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

The equipment used for cleaning and decontaminating dental instruments was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident the equipment was in good working order and being effectively maintained.

Decontamination of dental instruments was carried out in a separate decontamination room. The dental nurse demonstrated the process to us, from taking the dirty instruments out of the dental surgery through to cleaning and preparing for use. We observed dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean.

The surgery was visibly clean and tidy. There were stocks of personal protective equipment for both staff and patients such as gloves and aprons. The dental nurse was responsible for cleaning all areas of the practice in the mornings/evenings and wiping down all surfaces and the dental chair in-between patients.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella, particular bacteria which can contaminate water systems in buildings). Flushing of

the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor and actions recommended in the report carried out. This ensured that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in the water systems.

The segregation of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps and sharps waste was in accordance with the current European Union directive with respect to safe sharp guidelines; this mitigated the risk to staff of infection. We observed sharps containers were correctly maintained and labelled. The practice used an appropriate contractor to remove dental waste from the practice and waste consignment notes were available for us to view.

Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of according to the guidance.

There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance of colour coding equipment to prevent the risk of spreading infection.

Equipment and medicines

We found that most of the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, autoclaves and X-ray equipment had all been inspected and serviced in the past year. We saw portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process during which electrical appliances are routinely checked for safety.

The practice used a specialist company who attended at regular intervals to maintain all X-ray machines, autoclaves and dental chairs to ensure they were operating safely. Where faults or repairs were required these were actioned.

Medicines in use at the practice were stored and disposed of in line with published guidance. Medicines in use were checked and found to be in date. There were sufficient stocks available for use. Emergency medical equipment was monitored regularly to ensure it was in working order.

Radiography (X-rays)

Are services safe?

X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These were displayed next to the X-ray machine.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The practice monitored the quality of the X-rays images on a regular basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms and the dentist considered each person's circumstance to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we checked dental care records to confirm the findings and discussed patient care with the dentist and the practice manager. We found that the dentists regularly assessed patient's oral health and soft tissues (including lips, tongue and palate). Dentists took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken.

We received feedback from patients which confirmed that they were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes. The practice had undertaken a survey of the practice and had analysed the outcome and taken action.

Health promotion & prevention

The practice promoted the maintenance of good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients. (Delivering Better Oral Health is an evidence based toolkit to support dental practices in improving their patient's oral and general health).

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Staff told us they discussed oral health with their patients, for example, effective tooth brushing or dietary advice. Dentists identified patients' smoking status and recorded this in their notes. This prompted them to provide advice or consider how smoking status might be impacting on their oral health. Dentists also carried out examinations to check for the early signs of oral cancer.

The practice asked new patients to complete a new patient health questionnaire which included further information for health history, consent and data sharing guidance. The practice invited patients in for consultation with one of the dentists for review. Records showed patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice.

The practice web site, leaflets and information folder in the waiting room provided the patients with additional advice and health information.

Staffing

We observed all staff working professionally and there was a friendly atmosphere at the practice. Staff we spoke with said staffing levels were suitable for the size of the service.

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Staff files we looked at showed details of the number of hours they had undertaken and training certificates were also in place in line with GDC guidance.

Staff training was being regularly monitored and training updates and refresher courses were provided. There was an induction programme for new staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. The practice had identified training that was mandatory as required by the GDC. These included medical emergencies, decontamination and radiation training. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

Regular monthly practice meetings were held with all staff. Staff we spoke with told us they felt supported and enjoyed working at the practice. They felt able to raise areas for discussion both informally and formally at practice meetings.

Working with other services

When patients had complex dental issues, the dentists referred them to secondary (hospital) care when necessary. This included, for example referral to a dental hospital for assessment or treatment by oral surgeons. The dentist explained the system and route they would follow for urgent referrals.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff told us they discussed treatment options, including risks and benefits, as well as costs, with

Are services effective?

(for example, treatment is effective)

each patient. Patients confirmed that treatment options, and their risks and benefits were discussed with them. Our check of the dental care records found that these discussions were recorded. Formal written consent was obtained. Patients were asked to read and sign these before starting a course of treatment.

The Mental Capacity Act 2005 (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. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. Staff told us how they would manage a patient who lacked the capacity to

consent to dental treatment. They gave an example of they had been involved with a patient's who needed additional support and subsequently liaised with their family to ensure that the best interests of the patient were being met.

Staff were aware about consent in relation to children under the age of 16 who attended for treatment without a parent or guardian. They told us children of this age could be seen without their parent/ guardian and the dentist told us they would ask them questions to ensure they understood the care and treatment proposed before providing it. This is known as the Gillick competency test. The practice ensured valid consent was obtained for all care and treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients completed CQC comment cards to tell us what they thought about the practice. All of the comments were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful, caring and knowledgeable. They said staff treated them with dignity and respect.

We observed staff greeted patients in a friendly and welcoming way and were respectful to all and sensitive to the different needs of patients. We also observed staff dealing with patients on the telephone and saw them respond in an equally calm, professional manner. Staff we spoke with were aware of the importance of protecting patient confidentiality and reassurance for nervous patients.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of, and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that patient records were held securely.

Involvement in decisions about care and treatment

The practice displayed information in the reception area, in leaflets and on their web site, which gave details of private dental charges or fees. Staff told us that they took time to explain the treatment options available. They spent time answering patients' questions and gave patients a copy of their treatment plan.

The dentist provided additional information regarding treatments via a video education system. The videos were emailed to patients to help them in their choice of treatments. Information was also available at the practice if patients could not access email.

The patients we spoke with confirmed that they felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff. They told us that treatment options were well explained; the dentist listened and understood their concerns, and respected their choices regarding treatment. Patients also confirmed that medical history updates were always asked for and they signed consent forms and written treatment plans were provided.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice used a variety of methods for providing patients with information. These included the web site and information within the waiting, including leaflets and an information folder. The leaflet had details about appointments, opening times and how to raise concerns about the range of care provided. Details about the fees charged for treatment were available and individually discussed with patients.

Staff explained the practice scheduled enough time to assess and undertake patients' care and treatment needs. This was evident when we reviewed the appointment system. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient. Patients with emergencies were seen the same day.

The practice opening hours at the time of the inspection were Monday to Friday 9am to 6pm.

Tackling inequity and promoting equality

The reception and waiting area, patient toilet and a treatment room had level access and were accessible for patients with restricted mobility or patients with pushchairs.

The staff explained how they communicated with patients who had different communication needs such as those whose first language was not English. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate or if not they could contact a telephone translation service.

The staff explained how they supported patients with particular health needs. They ensured patients were

supported by their carer or were given an appointment time that suited their needs. They ensured the length of the appointment gave sufficient time to explain fully the care and treatment they were providing in a way the patient understood.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen the same day if necessary.

Patients who completed CQC comment cards prior to our inspection stated that they were rarely kept waiting and they could obtain appointments when they needed one.

Staff told us an answer phone message detailed how to access out of hours emergency treatment and displayed in the waiting area and in the practice leaflet.

Concerns & complaints

The practice had a complaint's procedure and policy. The complaints policy was displayed in the waiting area and the practice leaflet also informed patients of the complaints process. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. The designated responsible person who handled all complaints was the practice manager. Staff we spoke with were aware of the procedure to follow if they received a complaint.

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. There had not been any complaints in the last 12 months. We saw that when complaints had been made they had been responded to in line with the practice's complaints procedure.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. Staff we spoke with were aware of their roles and responsibilities within the practice. There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, decontamination and patient confidentiality policies. Staff we spoke with were aware of the policies and they were readily available for them to access.

The practice statement of purpose indicated that the overall ethos of the practice was to provide a professional service to their patients. The practice aimed to provide good dental health for the patient through preventative dental care to establish an individually-developed personal dental health regime.

We found that there were a number of clinical and non-clinical audits taking place at the practice. These included infection control and emergency equipment audits. Where areas for improvement had been identified action had been taken.

Leadership, openness and transparency

The practice manager encouraged candour, openness and honesty within the practice. Staff spoken with told us that the dentist encouraged them to report safety issues. These were discussed openly at staff meetings where relevant. All staff were aware of whom to raise any issue with and felt that the dentist and practice manager would listen to their concerns and act appropriately. Staff told us that they felt confident in speaking with each other and the practice manager if they had any concerns.

There were clear lines of responsibility and accountability within the practice. Staff had designated roles and each were responsible for aspects of the day to day running of the service. They led on the individual aspects of governance such as infection control, decontamination, radiation process and safeguarding within the practice. There were systems in place to monitor the quality of the service.

Staff had monthly team meetings which were recorded to ensure that all staff could access the information and any action decided at the meetings could be followed up.

Learning and improvement

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. Staff were aware of the practice values and ethos and demonstrated that they worked towards these. There were a number of policies and procedures in place to support staff improve the services provided.

We saw that the dentists reviewed their practice through their continuing professional development (CPD) learning and peer review. This is a compulsory requirement of registration with the General Dental Council (GDC) as a dental professional. We examined staff files and they showed details of the number of hours they had undertaken and training certificates obtained.

Staff told us they had good access to training and were supported to maintain their continuous professional development (CPD). The dental hygienist and nurses at the practice were registered with the GDC. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. The practice manager kept a record to evidence staff professional registrations were up to date.

A number of clinical and non-clinical audits had taken place where improvement areas had been identified. These were cascaded to other staff if relevant to their role.

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

We saw that the service acted upon suggestions received from patients using the service. For instance following patient feedback the practice reviewed the information it provided to patients when appointments ran late. They ensured additional information was displayed on the web site, waiting room and in the information leaflet.

The practice had daily informal meetings as well as scheduled staff meetings discussions. Staff members told us they found these were a useful opportunity to share ideas and experiences as they occurred from day to day.