

Staffa Lodge Dental Group Limited

Staffa Lodge Dental Group

Inspection Report

Staffa Lodge Dental Group
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Date of inspection visit: 31 October 2017
Date of publication: 20/11/2017

Overall summary

We carried out this announced inspection on 31 October 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. A CQC inspector, who was supported by two specialist dental advisers, led the 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 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

Staffa Lodge Dental Group is a well-established practice that provides mostly NHS dentistry to patients of all ages. It is the largest practice operating in Ipswich and serves about 31,000 patients. The staff team consists of seven dentists, 11 dental nurses, seven hygienists, six receptionists and a practice manager. The practice has eight treatment rooms and is open on Mondays, Tuesdays Wednesdays and Fridays from 8.30am to 5.30 pm; and on Thursdays from 8.30am to 7.30pm. In addition to this, the practice opens one Saturday morning a month.

Summary of findings

There is access for wheelchair and pushchair users at the rear of the building.

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 the practice is Christine Read, the practice manager.

During the inspection we spoke with two dentists, the practice manager, two dental nurses and three administration staff. We looked at the practice's policies and procedures, and other records about how the service was managed. We collected 39 comment cards filled in by patients prior to our inspection and spoke with another three patients on the day.

Our key findings were:

- Information from 39 completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, caring and professional service.
- The practice was aware of the needs of the local population and considered these in how the service was run.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was clean and well maintained, and had infection control procedures that reflected published guidance.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- Members of the dental team were up-to-date with their continuing professional development and were supported to meet the requirements of their professional registration.
- There was a clear leadership structure and staff felt supported and valued by the practice manager and owners. Teamwork in the practice was strong and it was clear that staff were committed to providing a quality service to their patients.
- The practice proactively sought feedback from staff and patients, which it acted on to improve its service.

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

- Review the practice's system for the recording, investigating and reviewing of incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result
- Review the practice's protocols for the use of rubber dams for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review their responsibilities to the needs of people with a disability and the requirements of the Equality Act 2010 with respect to patients with hearing impairments by providing a hearing loop.

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.

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults. Risk assessment was comprehensive and effective action was taken to protect staff and patients. The practice had suitable arrangements for dealing with medical and other emergencies.

Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments. Equipment used in the dental practice was well maintained.

There were sufficient numbers of suitably qualified staff working at the practice to support patients.

No action



Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs. There was evidence of appraisals and personal development plans for all staff.

Clinical audits were completed to ensure patients received effective and safe care, although the range of audits undertaken could be widened to further drive improvement.

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 42 patients. They were positive about all aspects of the service the practice provided. Patients spoke highly of the dental treatment they received and of the caring and supportive nature of the practice's staff.

Staff gave us specific examples of when they had gone above the call of duty to assist patients.

No action



Are services responsive to people's needs?

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

No action



Summary of findings

The practice had good modern facilities and was well equipped to treat patients and meet their needs. Appointments were easy to book and the practice offered extended opening hours to meet the needs of those who worked full-time. The practice offered daily access for patients experiencing dental pain that enabled them to receive treatment quickly if needed. The practice had made some adjustments to accommodate patients with a disability.

A clear complaints' system was in place and complaints were dealt with professionally and empathetically.

Are services well-led?

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

There were clearly defined leadership roles within the practice and staff told us they felt well supported and enjoyed their work. The practice had a number of policies and procedures to govern its activity and systems in place to monitor and improve quality, and identify risk. It was clear that the owners and practice manager listened to the views of staff and patients and implemented their suggestions where appropriate.

We found staff had an open approach to their work and shared a commitment to improving the service they provided.

No action



Staffa Lodge Dental Group

Detailed findings

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had an incident policy in place, but this was narrow in scope and only covered serious events. There was no other guidance for staff on how to manage other types of incidents. For example, we were made aware of a number of incidents including missing invoices, phone lines going down, and a staff member who became ill, which had not been recorded or recognised as opportunities from which to learn, reduce risk and improve the service.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Alerts were emailed to the practice, printed off and managed by the head nurse. We viewed the patient safety alert folder in reception and staff we spoke with were aware of recent alerts affecting dental practice.

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. Information about where to report concerns was displayed around the practice. Staff had received appropriate safeguarding training for their role and the practice manager had undertaken a level three training in child protection. We found staff had a good understanding of the many different forms of abuse such as domestic violence and female genital mutilation.

All staff, including administrative staff, had a Disclosure and Barring check in place to ensure they were suitable to work with vulnerable adults and children.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments that staff reviewed. The practice followed relevant safety laws when using needles and used a safer sharps' system to offer maximum protection to staff. Not all dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

There was CCTV in the reception area of the practice for additional security and a poster was on display to inform patients that they were being filmed.

Medical emergencies

Staff knew what to do in a medical emergency and had completed training in emergency resuscitation and basic life support, although they did not regularly rehearse emergency medical simulations, so they could practise their skills. Three staff held first aid qualifications

Most emergency equipment and medicines were available as described in recognised guidance, and missing equipment such as portable suction, a paediatric self-inflating bag and a child facemask was on order at the time of our inspection. Staff also had access to first aid and bodily fluids spillage kits. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. However, we noted that Glucagon was stored outside of the fridge and its expiry date had not been reduced to allow for this. This had resulted in it becoming out of date.

Staff recruitment

We looked at recruitment information for three recently employed staff. These showed that appropriate pre-employment checks had been undertaken for them including proof of their identity and qualifications, and a DBS check. We did note that references were not available for one new staff member. The practice kept a record of employment interviews to demonstrate they had been conducted fairly.

Staff told us they had received a full induction to their role at the practice to ensure they had the skills and knowledge for their new job. One member of staff described their induction to us as 'Really good'.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. We viewed completed risk assessments in relation to fire, legionella, health and safety,

Are services safe?

and disability. Although these assessments had only recently been completed, action was already underway by the practice manager to implement their recommendations.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for products used within the practice. Additional COSHH sheets were available for products used by the practice's external cleaners.

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

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice had comprehensive infection control policies in place to provide guidance for staff on essential areas such as hand hygiene, the use of personal protective equipment and decontamination procedures. The lead nurse conducted regular infection prevention and control audits and results from the latest one undertaken in October 2017 indicated that the practice met essential quality requirements. Action had been taken to address identified minor shortfalls such as the lack of hand cream.

All areas of the practice were visibly clean and hygienic including the waiting areas, toilets and stairway, although we noted a build-up of dust under some radiator covers. Cleaning equipment was colour coded, although damp mops were stored in a small unventilated cupboard and were not hung correctly to ensure they dried quickly.

We checked two treatment rooms and surfaces including walls, floors and cupboard doors were free from visible dirt. The rooms had sealed work surfaces so they could be cleaned easily. Treatment room drawers were clean and uncluttered, although loose items were not covered to prevent aerosol contamination. Appropriate personal protective equipment, apart from plastic aprons, was available for staff use.

We noted that staff uniforms were clean, their hair tied back and their arms were bare below the elbows to reduce the risk of cross contamination. Records showed that clinical staff had been immunised against Hepatitis B.

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.

Suitable arrangements were in place 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's arrangements for segregating, storing and disposing of dental waste broadly reflected current guidelines from the Department of Health and the practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally at the rear of the property but needed to be secured more effectively. We found one sharps' bin that had not been disposed of after a period of three months as recommended.

Equipment and medicines

We viewed a range of servicing documentation for the equipment used in the practice, which showed it had been regularly serviced and maintained. Staff carried out checks in line with the manufacturers' recommendations. We noted that the temperature of the fridge used to accommodate temperature sensitive consumables was not monitored to ensure it was at the correct level. We also found out of date materials in it.

The practice stored and kept records of NHS prescriptions as described in current guidance, although was about to review their system to simplify it.

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, apart from notification to the Health and Safety Executive. Clinical staff completed continuous professional development in respect of dental radiography.

We noted that rectangular collimation was not used in all surgeries to reduce patient dosage and the holders we viewed were not ideal for rectangular collimation.

Are services safe?

Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured. The practice carried out X-ray audits every year following current guidance and legislation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We received 39 comments cards that had been completed by patients prior to our inspection and spoke with another three patients on the day. All the comments received reflected that patients were very satisfied with the quality of their dental treatment and the staff who provided it.

Our discussion with the dentists and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. Record keeping generally was of a satisfactory standard, although could be improved to demonstrate that patients are given clear alcohol, smoking cessations and weight management advice, and that diabetes and blood pressure is monitored where appropriate..

The practice regularly audited dental care records to check that the necessary information was recorded.

Health promotion & prevention

Seven direct access dental hygienists were employed by the practice to focus on treating patients' gum disease and giving advice on the prevention of decay. In addition to this, three nurses had undertaken an oral health educator course and held weekly fluoride application and oral health information clinics for patients. Staff had also visited local schools and community groups to deliver oral hygiene awareness classes.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. Free samples of toothpaste for patients were also available.

Staffing

Staff told us there were enough of them to ensure the smooth running of the practice, and that they did not feel rushed in their work. The practice was trying to recruit more clinicians in order to expand its services, but faced considerable difficulty in this due to the practice's location.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. There was appropriate employer's liability in place.

Working with other services

The 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. The practice had recently set up a central log of referrals so they could be monitored, although patients were not routinely offered a copy of their referral for their information.

Consent to care and treatment

The practice had policies in relation to the Mental Capacity Act 2005 and patient consent and staff had undertaken training in these. Staff had a good understanding of the Mental Capacity Act and how it affected their management of patients who could not make decisions for themselves. Specific patient capacity assessment forms had recently been implemented for clinicians to use.

Dental records we reviewed demonstrated that treatment options had been explained to patients. Patients confirmed the dentists listened to them and gave them clear information about their treatment.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We collected 39 completed cards and received many positive comments about the caring and empathetic nature of the practice's staff. For example, one patient told us that the dentist kept stopping to allow them a few seconds to rest and recover, something that they greatly appreciated. Another, that their dentist has taken time to explain what was happening throughout the whole procedure.

During the inspection, we spent time in the busy reception area. We observed that staff were polite, professional and helpful towards patients, both on the phone and face to face. Results from the practice's own annual patients' survey reflected this too, with 91% of respondents describing reception staff as friendly, polite and respectful. Staff gave us specific examples of where they had supported patients such as administering first aid and giving them a lift home.

Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. The reception area was not particularly private but computer screens were not overlooked and were password protected. Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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.

Results from the practice's own annual patients' survey indicated that 98% of respondents felt their views were respected by staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was easily accessible, with parking immediately outside or on street nearby. The waiting areas provided good facilities for patients, including interesting magazines to read and a specific bin in which patients could discard their chewing gum.

Patients told us they were satisfied with the appointments system and that getting through on the phone was easy. The practice opened until 7.30pm one evening a week, and on one Saturday morning a month. Patients were able to sign up to a text reminder service. Emergency appointment slots were available each day and the practice offered a sit and wait service if needed. Three patients told us that the dentists were good at keeping to time for their appointments.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access at the rear of the property, downstairs treatment rooms and a fully accessible toilet. Knee break dental chairs were available in two treatment rooms. Translation services were also available to patients and reception staff were aware of how to use these. However information about the practice was not available in any other languages or formats, and there was no portable induction hearing loop to assist patients who wore hearing aids.

Concerns & complaints

Information about the practice's complaints procedure was available in the waiting area, although was not easily visible to patients. The manager demonstrated an open and welcoming attitude to patients' complaints and clearly understood the importance of them in helping to improve the service. We reviewed documentation in relation to three recent complaints and found they had been investigated and responded to in a professional, empathetic and timely way.

Are services well-led?

Our findings

Governance arrangements

The practice had a clear vision and mission statement to deliver high quality care and promote good outcomes for patients. There were plans in place to improve the premises and to extend the range of services and treatments available to patients.

The practice manager had overall responsibility for the management of the practice. She was qualified in business management and demonstrated to us she had the experience, capacity and capability to run the practice and ensure high quality care. A range of administration staff and reception staff supported her, including a head and deputy dental nurse, a head receptionist and lead for IT. Staff told us the practice's owners visited regularly to provide additional support and guidance to them. The practice had recently implemented an on-line governance tool to help them with the management of the service.

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate.

The practice had a wide-ranging set of policies and procedures in place to govern its activity, which were easily available to staff.

Communication across the practice was structured around regular practice meetings that staff attended. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns. The practice manager told us that further meetings were to be introduced to ensure more consistency of performance amongst clinical staff.

Appraisal systems had been introduced to ensure that all staff received feedback about their performance. The practice manager told us that although she had not ever had an appraisal of her working practices before, she was looking forward to one from the new owners.

Leadership, openness and transparency

Staff we spoke with told us they enjoyed their work citing training, good teamwork and managerial support as the reason. We received positive comments about the practice's new owners and staff told us they had welcomed the many changes they had already introduced.

The practice had a duty of candour policy in place and staff were aware of their obligations under the policy. The practice manager talked to us about the importance of encouraging a culture of openness and honesty.

There were regular social events, which staff told us they enjoyed.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits on the quality of dental care records, radiographs and infection control, although the practice should consider extending the range of audits undertaken to further drive improvement.

There was a strong emphasis on training and learning within the practice. Staff told us they completed mandatory training, including medical emergencies and basic life support. In addition to this, there were regular lunch and learn sessions with a range of external dental providers. Staff told us they attended courses run by the British Dental Association and courses put on by the local hospital. Eight nurses had attended a Dementia Friends course to make them more aware of the needs of people living with this condition. Staff told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

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

The practice used surveys, comment cards and verbal comments to obtain patients' views about the service. The practice's survey asked patients for feedback on a range of issues including how quickly the telephone was answered, how easy it was to get an appointment, and if treatment and charges were explained to them. Results were analysed and put on display in the waiting room. There was a large patients' comments box in the waiting room, with easily available forms to complete. Patients could complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The practice also monitored

Are services well-led?

feedback left on the NHS Choices website (although had not replied to any comments left on the site). The practice had scored four and half stars out of five based on seven patient reviews.

We were given examples of suggestions from patients the practice had acted on such as purchasing a baby changing mat, installing a covered bicycle rack and extending the parking area at the front of the building.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us that the practice manager and owners listened to them and were supportive of their ideas. For example, their suggestions for external sensor lights and that treatment rooms be set up and stocked the same way had been implemented.