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Hopton Dental Surgery

Inspection Report

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Date of inspection visit: 13 June 2017
Date of publication: 13/07/2017

Overall summary

We carried out this announced inspection of Hopton Dental Surgery 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 well-led care in accordance with the relevant regulations.

Background

Hopton Dental Surgery is a well-established practice owned by Dr Susan Allan. It is based in the village of Hopton-On-Sea, near Great Yarmouth and provides mostly NHS treatment to patients of all ages. The dental team includes four part-time dentists, four dental nurses, and a receptionist. The practice has three treatment rooms and is open on Mondays from 8am to 5.30pm; Tuesdays from 9am to 7.30pm; Wednesdays 8am to 5pm; Thursdays from 8am to 5.30pm and Fridays from 9am to 5.30pm. It also opens on a Saturday morning from 9am to 12pm.

There is level entry access for people who use wheelchairs and fully enabled toilet facilities.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Summary of findings

On the day of our inspection we collected twenty comment cards filled in by patients: information gave us a very positive view of the service.

During the inspection we spoke with the principal dentist, the associate dentist, two dental nurses and the receptionist. We looked at the practice's policies and procedures, and other records about how the service was managed.

Our key findings were:

- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Risk assessment was robust and action was taken to protect staff and patients.
- Patients received their care and treatment from well supported staff, who enjoyed their work.
- The practice offered extended hours opening one evening a week, and on a Saturday.
- 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 supported to meet the requirements of their professional registration.
- There was a clear leadership structure and staff felt supported and valued by the principal dentist. Teamwork in the practice was excellent. The practice proactively sought feedback from staff and patients, which it acted on.

There were areas where the provider could make improvements and should:

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.

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 robust arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays). Staff had received safeguarding training and were aware of their responsibilities regarding the protection children and vulnerable adults. Risk assessment was comprehensive and effective action was taken to protect staff and patients. 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.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals, and referrals were monitored to ensure they had been received.

No action



Are services caring?

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

Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received and of the staff who delivered it. Staff gave us specific examples of where they had gone out their way to support patients. We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action



Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required and the practice opened late one evening a week, and on a Saturday morning to meet the needs of patients. Appointments were easy to book and patients were able to sign up for text reminders for their appointments. Patients commented that it was easy to get through on the phone to the practice, and they rarely waited once they had arrived. Patients were able to sign up for text reminders for their appointments.

The practice had made good adjustments to accommodate patients with a disability.

No action



Summary of findings

There was a clear complaints' system and the practice responded professionally and empathetically to issues raised by patients.

Are services well-led?

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

We found staff had an open approach to their work and shared a commitment to continually improving the service they provided. Staff were well supported in their work, and it was clear the principal dentist valued them and supported them in their professional development.

The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were systems in place to monitor and improve quality, and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on to improve services to its patients.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. We found that untoward events were recorded and managed effectively to prevent their reoccurrence. For example, we viewed a recently completed incident form in relation to a possible breach of patient confidentiality.

The principal dentist was not signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and relied on the alerts being sent by the local CCG. She was not aware of a recent alert affecting dental practice so assured us she would sign up immediately to receive the alerts personally arrange for these alerts to be sent to her, and disseminated accordingly.

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 and this was available in each treatment room and the reception area. We saw evidence that staff received safeguarding training.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments that staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items, although were not aware that sharps' bins needed to be disposed of after a period of three months. Not all dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. We noted that how to respond to a medical emergency had been discussed at a recent staff meeting, although staff did not regularly rehearse emergency medical simulations so that they had a chance to practise what to do.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Glucagon was stored in the practice's fridge, but the fridge temperature was not monitored to ensure it operated correctly.

Staff had access to first aid, and bodily fluids and mercury spillage kits. An eyewash station had been ordered.

Staff recruitment

Staff files we reviewed showed that appropriate pre-employment checks had been undertaken for staff including proof of their identity and DBS checks. We noted that some essential information had not been requested for staff's DBS checks but were assured that new DBS checks would be undertaken for them.

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

Monitoring health & safety and responding to risks

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed comprehensive practice risk assessments that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff. Additional assessments had been completed for specific issues such as the use of a small ladder. A fire risk assessment had been completed in May 2017 and we saw that most recommendations had been implemented.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for all materials used within the practice.

Are services safe?

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. However, we noted that the water temperature in the disabled toilet did not reach the required minimum temperature.

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. One of the nurses had been appointed as the lead for infection control and regularly undertook spot checks of dental instruments to ensure they had been cleaned effectively.

There were comprehensive cleaning schedules in place, and we noted that all areas of the practice were visibly clean and hygienic, including the waiting area, toilet, corridors and stairway. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Staff's uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. We noted that staff changed out of their uniforms at lunchtime. Records showed that all dental staff had been immunised against Hepatitis B.

The practice conducted infection prevention and control audits and results from the latest audit in June 2017, indicated that the practice met essential quality requirements. In addition to this the lead nurse for infection control told us she regularly undertook direct observations of staff's working practices to ensure they were following recommended guidance and legislation.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally in a locked shed.

Equipment and medicines

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. Other equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this.

Stock control was effective and medical consumables we checked in cupboards and in drawers were within date for safe use.

The practice had suitable systems for prescribing and dispensing medicines and a logging system was in place to account for any issued to patients. Dentists we spoke with were aware of the British National Formulary's website for reporting adverse drug reactions.

We noted that specific audits had been completed for prescriptions issued by dentists and the quality of recording of local anaesthetics in dental records.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file.

Clinical staff completed continuous professional development in respect of dental radiography.

Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured. Regular radiograph audits were completed for all dentists.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We received 20 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment.

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.

The practice thoroughly audited each dentist's dental care records to check that the necessary information was recorded.

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. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. Two part-time dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. One dental nurse had undertaken a course in oral health education.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. General information about oral health care for patients was available in the waiting area on areas such as gum disease, smoking and oral health, and interdental brushing.

Staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us there were enough of them for the smooth running of the practice. Staff told us there was usually an additional dental nurse available each day to undertake decontamination duties, and that a dental nurse always worked with the dentists and hygienists.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. Staff told us they discussed their training needs at their annual appraisals.

Working with other services

Staff 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 kept central log of patients' referrals so they could be tracked. Patients were offered a copy of their referral for their information.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Dental records we reviewed demonstrated that treatment options had been explained to patients. Patients were provided with plans that outlined their treatment, which they signed.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as caring and empathetic to their needs. One patient told us that their four year old actually liked coming to visit the dentist, and not just for the sticker they received. Another patient told us she had been coming to the practice for over 30 years and described the principal dentist as exceptionally caring, committed and considerate to their needs. Patients commented that the receptionist was welcoming and friendly.

Staff gave us specific examples of where they had supported patients such as delivering their dentures to the lab personally, chasing up referrals and co-ordinating one patient's multiple appointments following a jaw injury.

The main reception area itself was not particularly private and those waiting could easily overhear conversations

between reception staff and patients, although the receptionist assured us that they were careful not to give out patients' personal details when speaking on the phone. A small room was available to discuss private matters if needed.

Computers were password protected and screens displaying patient information were not overlooked. Patient paperwork was kept well out of sight. All consultations were carried out in the privacy of the treatment room and we noted that the door was closed during procedures to protect patients' privacy. Blinds were on downstairs treatment room windows for privacy.

Involvement in decisions about care and treatment

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Patients received plans that clearly outlined the treatment they would receive and its cost.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was easily accessible and had free parking directly outside the premises.

The waiting area provided good facilities for patients including interesting magazines and leaflets about various oral health conditions and treatments. There was also a helpful folder with information about the practice's complaints procedures, Healthwatch, treatment costs, the duty of candour and radiation protection for patients.

The practice had its own website that provided general information about its services and patients had access to an email address for general enquiries. The practice also offered text appointment reminders that patients told us they found useful.

Patients told us they were satisfied with the appointments system that getting through on the phone was easy and they rarely waited long for an appointment once they had arrived. The practice opened late one evening a week and on a Saturday morning to meet patients' needs.

Promoting equality

There was level entry access, downstairs treatments room and a fully enabled toilet for patients with limited mobility. Staff were aware of translation services and one dentist spoke Polish and could see patients who also spoke this language. The receptionist told us that 'flash cards' were available to use as a visual tool to help communication with patients. However, the practice did not have a hearing loop to assist patients who wore hearing aids.

Concerns & complaints

The practice had a complaints' policy that clearly outlined the process for handling their complaints, the timescale within which they would be responded to, and details of external agencies they could contact if unhappy with the practice's response. One of the dental nurses had been appointed as the lead for dealing with complaints, and staff spoke knowledgeably about how they would handle a patient's concerns.

The practice had received one formal complaint in the last year. We viewed the paperwork in relation to this complaint and found it had been thoroughly investigated and responded to in a professional, empathetic and timely way.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice, but was well supported by her staff. There was a clear staffing structure within the practice with specific staff leads for areas such as infection control, radiography and reception. Staff clearly enjoyed the additional responsibilities these roles gave them and took them very seriously as a result. We were impressed in general by staff's knowledge, enthusiasm and commitment to improve things where possible.

The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. 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 robust information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The receptionist was the lead for information governance and showed a good knowledge of the legal requirements in relation to this. Each year the practice completed an information governance self-assessment and the most recent result showed that it managed patient information in line with legislation.

Communication across the practice was structured around regular practice meetings that all 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 in them.

Leadership, openness and transparency

Staff were very aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. Information about the duty of candour was also available in the waiting room, making it easily accessible to patients.

Staff told us they enjoyed their work and felt supported and valued in their work. Staff told us that they had the opportunity to, and felt comfortable, raising any concerns

with the principal dentist who was approachable and responsive to their needs. For example, one dental nurse reported that she had 'told off' the principal dentist for bringing a hazardous substance into the practice for which there was no COSHH sheet. This demonstrated to us a very open culture in the practice, where staff felt comfortable to challenge one another.

We noted excellent teamwork in preparation for our inspection, with all staff ensuring the areas they were responsible for were fit for purpose.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits on a range of topics of dental care records, X-rays, prescription use, and infection prevention and control. These audits were comprehensive and there were clear records of their results and action plans.

All staff received an annual appraisal of their performance and we saw evidence of completed appraisals in staff folders. These covered staff's strengths, weaknesses and training needs. Staff also had personal development plans in place.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. Staff told us the principal dentist was supportive of their training, and some staff had undertaken additional training in radiography and oral hygiene education.

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. We saw examples of suggestions from patients the practice had acted on such as removing pictures from the waiting room and providing more 'stress balls' for their use. The practice had introduced the NHS Friends and Family test as another way for patients to let them know how well they were doing. Results of these were shared with staff and put on display for patients to see. Recent result showed that 100% of patients would recommend the practice.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff

Are services well-led?

told us that the principal dentist listened to them and was supportive of their suggestions. One staff member told us the rota had been changed because of her concerns in relation to Saturday working.