

Start-Smiling

Grange Green Dental Practice

Inspection Report

42 Grange Road, Billericay, Essex
CM11 2RG
Tel:01277627055
Website:

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Overall summary

We carried out this announced inspection on 28 November 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.

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

Grange Green Dental Practice is in Billericay and provides private treatment to patients of all ages.

The practice was taken over by the new provider in February 2017 and is undergoing a period of reorganisation, recruitment and refurbishment.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available at the front of the practice.

The dental team includes two associate dentists, one dental nurse, two dental hygiene therapists, two receptionists and a practice manager. The practice has three treatment rooms.

The practice is owned by a partnership 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Grange Green Dental Practice was the principal dentist.

On the day of inspection we collected 51 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a wholly positive view of the practice.

During the inspection we spoke with one dentist, one dental nurse, one dental hygiene therapist, two receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday 8am to 7pm and Tuesday and Friday 8am to 5.30pm. At this time the practice is closed Wednesday and Thursday for dental appointments, but is open from 8.30am to 5.30pm for telephone calls and hygiene therapist appointments. The practice also offers Saturday mornings by appointment only.

Our key findings were:

- Strong and effective leadership was provided by an empowered practice manager. Staff felt involved and supported and worked well as a team.
- The practice had only been opened with the new provider since February 2017 and as such they had not yet completed appraisals or audits although these are scheduled.
- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Appropriate medicines and life-saving equipment were available with the exception of some items that were missing at the time of the inspection. There was scope to ensure all staff knew how to deal with medical emergencies.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided. The practice was in the process of undertaking a patient survey.
- The practice dealt with complaints positively and efficiently. This included a review of all verbal complaints and comments.

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

- Review staff training & availability of equipment to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK) and the General Dental Council (GDC) standards for the dental team.
- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.
- Review staff awareness of competency for young people under 16 and ensure all staff are aware of their responsibilities.

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. They used learning from incidents and complaints to help them improve.

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 had suitable arrangements for dealing with medical and other emergencies. Some items of equipment were missing and one drug was stored inappropriately. We discussed these with the management team and were assured these would be corrected immediately.

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 professional, attentive and caring. 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 and had systems to help them monitor this.

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 54 people. Patients were positive about all aspects of the service the practice provided. They told us staff were efficient, respectful and understanding. They said that they were given thorough, helpful information and were treated with respect, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Summary of findings

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 patients' different needs. The practice had step free access with all treatment rooms on the ground floor. There was no disabled toilet to accommodate those with limited mobility and no portable hearing loop to assist patients who wore hearing aids. However the toilet on the ground floor was wide enough to support the use of some mobility aids. We discussed this with the practice manager who confirmed they would continue to monitor any demand for these services.

We saw examples of how staff supported patients with disabling diseases or mobility issues by providing appointments that fitted in around their condition and extra time during their appointment to support their needs.

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 arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. 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 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, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice manager understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and these were displayed in the practice reception area.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

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. All staff had disclosure and barring service (DBS) checks in place to ensure they were suitable to work with vulnerable adults and children. The practice had a whistleblowing policy. Staff 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 which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice did not have a formalised or written business continuity plan. However, the practice manager told us

they had a reciprocal arrangement with the sister practice for staff and location cover. Staff showed us they had access to emergency contact numbers for the management team, other staff and utility companies and they were able to describe how the practice would deal with events which could disrupt the normal running of the practice.

Medical emergencies

Staff completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were mostly available as described in recognised guidance. We noted that some items were missing, such as a paediatric ambu-bag, small syringes and needles for adrenalin. We discussed this with the practice manager who confirmed these would be obtained. One drug was being stored incorrectly and this would be re-ordered and stored appropriately. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Staff we spoke with were able to describe where the emergency equipment was kept. However there was scope to ensure all non-clinical staff had an improved understanding and knowledge of what to do in a medical emergency.

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 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

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

A dental nurse worked with the dentists, the practice manager told us there was a reciprocal arrangement with the sister practice should the dental hygienists / therapists require chairside support when they treated patients.

Are services safe?

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 twice a year. The latest audit undertaken in September 2017 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 undertaken in August 2017.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

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 all private prescriptions issued, 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 manager confirmed the practice would be undertaking X-ray audits annually 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.

The practice manager told us the practice planned to audit patients' dental care records to check that the dentists recorded the necessary information. The records we looked at were clearly written, detailed and personalised to reflect the individual patient requirements.

The practice did not provide sedation services; patients who required sedation were referred elsewhere, which gave them a choice with regard to where they received their treatment.

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 dentists 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 children based 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 had a selection of dental products for sale and provided health promotion leaflets 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.

The practice manager confirmed that annual appraisals had not as yet been undertaken due to the length of time the service had been open. However, they confirmed these would be scheduled with staff before the end of February 2018. Staff told us they discussed any training needs with the practice manager on an ad hoc basis and if relevant at the daily team 'huddle' meeting. The practice manager told us they had an open door policy and regularly spoke with staff to review their wellbeing and training requirements.

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. These 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. There was no process in the practice to monitor urgent referrals. We discussed this with the dentist and the practice manager who agreed to implement a process to ensure referrals were dealt with promptly.

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.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to competency for young people under 16 and the dentists were aware of the need to consider this when treating young people. There was scope to ensure all staff had a clear understanding of this. Staff described 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 very attentive, took great care and were professional. We saw that staff treated patients kindly, with understanding and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. We observed the staff team provide support and comfort to nervous and unwell patients.

Staff were aware of the importance of privacy and confidentiality. We found the layout of reception and the combined waiting area meant that privacy was challenging to maintain when reception staff were dealing with patients both face to face and on the telephone. We saw that staff took great care not to breach patients' confidentiality. Staff told us that if a patient asked for more privacy they would take them into another 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.

Music was played in the treatment rooms and there were magazines and a radio playing in the waiting room. The practice provided drinking water, tea and coffee if required.

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

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options.

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 the same day. 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 waiting.

Staff told us that they sent text reminders to patients before their appointment to make sure they could get to the practice.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access with all treatment rooms on the ground floor. There was no disabled toilet to accommodate those with limited mobility and no portable hearing loop to assist patients who wore hearing aids. However the toilet on the ground floor was wide enough to support the use of some mobility aids. Staff commented that the lack of a hearing loop, translation services and information in different formats had not been identified as a problem for patients. We discussed this with the practice manager who confirmed they would continue to monitor any demand for these services.

We saw examples of how staff had supported patients with disabling diseases and/or mobility issues by providing appointments that fitted in around their condition and extra time during their appointment to support their needs.

Access to the service

The practice displayed its opening hours in the premises, their newsletter and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept two appointments per dentist free for same day appointments. The website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely 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. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. 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 since February 2017. These included verbal complaints. 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 registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider and practice manager were forward thinking and had undertaken redevelopment of the lay out of the practice. These included improvements to the treatments rooms, simplifying and redeveloping the decontamination room, the purchase of new and extra equipment including the clinipads to collect accurate patient information, an overhauled and improved IT system and improvements to the interior décor and the exterior landscape of the practice. Other plans included increased staffing including extra nurses to spread the work load and ensure consistency in care and treatment. Improved and increased governance including audits, patient surveys, staff appraisals and increased staff training.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Arrangements to monitor the quality of the service and make improvements were part of the practice forward thinking plan.

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 told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held daily meetings where staff could raise any concerns and discuss clinical and non-clinical updates. The

practice were in the process of implementing regular team meetings and had held two since taking over the practice in February 2017. Immediate discussions were arranged to share urgent information.

The practice had produced a newsletter when the new provider took over and the practice manager confirmed there were plans to provide others in the future. This contained practice information details about the new providers and other practice news, staff information, opening times, oral health information, plans for the future and promotional offers.

Learning and improvement

The practice was in the process of developing quality assurance processes to encourage learning and continuous improvement. These would include regular audits of dental care records and X-rays. Infection prevention and control audits and legionella audits had been undertaken. The practice had clear records of the results of these audits and the resulting action plans and improvements.

The provider and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. We were told annual appraisals were to be scheduled for all staff before February 2018. Staff told us they could discuss learning needs, general wellbeing and aims for future professional development with the practice manager and they were very approachable. The practice manager told us that many of the staff had been working at the location for some time and with the previous providers, they commented that the staffs' hard work to support the new service and loyalty to their patients was highly valued and appreciated.

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 they discussed any training needs with the practice manager on an ad hoc basis and if relevant at the daily team 'huddle' meeting. The practice manager told us they had an open door policy and regularly spoke with staff to review their wellbeing and training requirements.

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

The practice used verbal comments to obtain staff and patients' views about the service. We saw examples of

Are services well-led?

suggestions from staff the practice had acted on. For example following suggestions by staff the practice had expanded its selection of dental oral care products for sale

in reception and had better utilised storage space in the reception area. The practice was in the process of undertaking a patient survey and would review the results with staff once completed.