

IDH Limited

East Quay Dental Practice

Inspection Report

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Overall summary

We have previously carried out an announced inspection of this practice on 29 May 2014. After that inspection we received concerns in relation to infection control and staffing. As a result we undertook a focussed inspection to look into those concerns on 15 July 2015. The inspection took place over one day and was carried out by a CQC inspector and a dentist specialist advisor.

This report only covers our findings in relation to those topics. You can read the report from our previous inspections, by selecting the 'all reports' link for East Quay Dental Practice on our website at www.cqc.org.uk.

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.

East Quay Dental Practice is located in Bridgwater, Somerset. They provide general NHS dentistry to adults and children including routine check ups, root canal treatment, extractions, crowns, bridges and oral hygiene. Private treatment was also offered for treatments such as implantology to patients.

This is a large dental practice with nine treatment rooms, two decontamination rooms and a dedicated X-ray room. The practice is purpose built, all treatment rooms are on the ground floor which are fully accessible for patients with poor mobility. The premises also include an accessible toilet and a large waiting area including the reception area.

The staff structure comprises of ten dental practitioners, a hygienist (who works one day a week), two registered dental nurses (one of which was the practice manager) and eight trainee dental nurses. There was also a reception administration team comprising of three to four receptionists per shift.

The practice is open from 8am until 8pm Monday to Thursday and on Friday from 8am until 5:30pm. The practice is also open on Saturday from 9am until 5pm.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We spoke with six patients during the inspection who provided feedback about the service. Patients told us they were seen quickly for urgent treatment, dentists had put them at ease when nervous and patients felt the treatment received was good with staff being helpful and respectful.

Our key findings were:

- The practice had a system in place to assess and monitor the risks associated with infection control. However, there were some improvements the provider should make to ensure these were further reduced.
- The practice had safe systems in place to assess and monitor patients risks for managing medical emergencies, safe use of equipment and medicine management.
- The practice had arrangements in place to ensure patients received appropriate care and treatment that met their needs and reflected their preferences.
- There were arrangements in place to ensure appropriate support, training, professional development and appraisal were provided to enable staff to carry out the duties they were employed to perform.
- Patients told us they were treated with compassion, respect and empathy and were also involved and fully informed of decisions about their treatment.

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

- Monitor the equipment used to clean and sterilise dental instruments and the process to reduce the risk of legionella to provide assurance that required checks were consistently completed in accordance with current guidelines.

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 a system in place to assess and monitor the risks associated with infection control. However, there was some improvements the provider should make to ensure these were further reduced. The practice had safe systems in place to assess and monitor patients risks for managing medical emergencies, safe use of equipment and medicine management.

Are services effective?

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

The practice had arrangements in place to ensure patients received appropriate care and treatment that met their needs and reflected their preferences. There were arrangements in place to ensure appropriate support, training, professional development and appraisal were provided to enable staff to carry out the duties they were employed to perform.

Are services caring?

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

Patients told us they were treated with compassion, respect and empathy and were also involved and fully informed of decisions about their treatment.

East Quay Dental Practice

Detailed findings

Background to this inspection

We carried out an unannounced focussed inspection of this service 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to review the service in respect of concerns received prior to our inspection.

We carried out an unannounced focussed inspection on 15 July 2015 following concerns received. The inspection took place over one day and was carried out by a CQC inspector and a dentist specialist advisor.

During our inspection we reviewed information including infection control, policy and procedures, staffing files, arrangements for medical emergencies and ten patient treatment records. We observed dental nurses carrying out decontamination procedures for dental instruments. Our dental practitioner observed three patient treatments provided by one dentist and spoke with six dentists. We also observed interactions between staff and patients throughout our inspection. We also spoke with the practice manager, five dental nurses and two receptionists.

Are services safe?

Our findings

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. All staff had received annual basic life support training. If staff were unavailable to attend the training at the practice then they were able to attend on other dates at local practices within the organisation. Staff spoken with understood their role if a medical emergency occurred.

The practice had suitable emergency equipment and medicines in accordance with guidance issued by the Resuscitation Council UK and British National Formulary (BNF). This included relevant emergency medicines, oxygen and an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). There were oxygen face masks for adults and children and different sized airways. The equipment and medicines were checked daily by staff to ensure they were in working order and a clear record of the checks and replacement equipment/ medicines was kept.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. We had received concerns about infection control procedures not being followed correctly prior to our inspection. We did find that some procedures had not been followed correctly and these were being rectified by the practice.

The practice were required to meet the essential requirements of the Department of Health 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05). The practice manager and a lead nurse had the delegated responsibility for infection control procedures. The practice completed regular infection control audits and we saw the last one had been completed in April 2015, with no recommendations.

We observed dentists and dental nurses whilst they were carrying out treatments and after the patient had left the room. We found dental staff were following appropriate

infection control procedures including removing dirty dental instruments from the room in a sealed container, wearing appropriate personal protective equipment (PPE) and cleaning the surgery after treatment.

The practice had two decontamination rooms and we spent time in both rooms observing how dental nurses cleaned and sterilised instruments. There were decontamination protocols in place in one room on each stage of the decontamination process. In the other room we were informed that the protocol had fallen off the wall and would be displayed again. Both rooms enabled a dirty to clean workflow with allocated boxes for transporting dental instruments from the treatment room into the decontamination room. We saw PPE was available for staff to use during the process, such as aprons, gloves and plastic masks. Staff spoken with had a good knowledge of PPE use. Dedicated hand washing facilities were available in both decontamination rooms including wall mounted hand soap, hand towels and moisturiser. Both rooms had two additional sinks; one for cleaning and the other for rinsing instruments. There were facilities to check instruments using a magnifier after they had been cleaned and they were packaged and stored correctly after sterilisation. Staff spoken with understood their role when cleaning and sterilising instruments.

The temperature of one of the decontamination rooms was recording temperatures of 30 degrees Celsius throughout our inspection. Staff advised that this room was difficult to work in for long periods with these temperatures. The provider had taken action to try to address this previously and had installed additional ventilation into the room. However, this appeared to make little difference to the temperature. The practice manager logged a visit with their health and safety team to see if there was anything more they could do to address this.

The equipment used to clean the instruments called a washer disinfectant was not always maintained at the correct intervals. There were three washer disinfectors in total and one of these was out of use and had been for at least a month. The practice manager informed us a new washer disinfectant was being delivered that week. We saw one washer disinfectant had a number of required checks that had not been recorded. This included no checks over a two week period and 12 missing daily checks from the

Are services safe?

period of 28 May 2015 to 10 July 2015. We fed this back to the practice manager and they advised they would re-train staff on their role and duties to ensure these checks were consistently completed.

The equipment used to sterilise the dental instruments, called an autoclave was not always maintained at the correct intervals. We reviewed records for six autoclaves and found daily checks were routinely completed by staff. However, two out of the six machines we found weekly checks were not routinely completed from the 5 May 2015 until 6 July 2015. The practice manager advised staff would receive training to ensure they understood their role when completing these checks. We also found three of the autoclaves were showing signs of rust and degrading around the water application seals, which had a potential infection control risk. The practice manager informed us they had now ordered new casings for these seals.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The method described was in line with current HTM01-05 guidelines. A Legionella risk assessment had last been reviewed by the company's maintenance team in November 2014. We could see that actions had been implemented following recommendations made, for example, hot and cold water taps had the temperature checked on a monthly basis. However, we did note that two months were missing from May and June 2015. The practice manager had since ensured that an additional member of staff was available to check this when the usual member of staff who carried out the checks was unavailable. This ensured that risks in relation to Legionella had been minimised.

We found the segregation and storage of dental waste was in line with current guidelines set out by the Department of Health. We observed that sharps containers and clinical waste bags were stored and disposed of in accordance with current guidelines. The practice used an appropriate contractor to remove dental waste from the practice and this was stored in a separate locked area of the practice prior to collection by the waste contractor.

Equipment and medicines

The practice had arrangements in place to ensure equipment was safe to use and maintained regularly with the exception of evidence described in infection control for cleaning and sterilising dental instruments. We saw evidence of servicing for the X-ray machines in January 2015, since then new digital X-rays facilities have been installed in March 2015. We saw all autoclaves had last been serviced by an external maintenance company in January 2015 and were due for an additional service in July 2015.

Staff told us ordering stock and equipment was generally easy to do and a member of staff had the lead for monitoring this and reordering the stock.

Medicines were stored securely either in a storage cupboard or within treatment rooms which were always kept secure when not occupied. The dentist had responsibility for checking the expiry date of medicines before they were provided to the patient and this was recorded in the patients notes. Medicines kept in the cupboard were rotated when new stock arrived and used often. Medicines we checked were in date.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had arrangements in place to ensure patients received appropriate care and treatment that met their needs and reflected their preferences. All patients were asked to complete a form describing their medical history and the dentist would review this at each visit. Patients were seen and examined by a dentist who checked the condition of the patients gums, soft tissue and teeth. The dentist checked records of previous visits by the patients and a diagnosis was made depending on if treatment was required. We observed three patients during their treatment and found medical history was checked before treatment commenced, treatment was explained to the patient and options provided for further treatment.

We reviewed ten patient records from five dentists and saw appropriate records were kept and recorded after each visit. For example, evidence was seen that checks on teeth, gums and soft tissue were detailed, consent for treatment was taken, what options were provided and whether X-rays were taken. If medicines were given then there were records of the expiry date, batch no and type of medicine provided to the patient.

A number of patients we spoke with and heard about from staff were registering for the first time. We heard patients had rung the previous day or same day and had been provided with an appointment to see the dentist. The dentists explained that often some of these patients would only visit the practice for treatment once or when they were in pain and so it was important the dentist encouraged them to revisit and provided oral health advice. Other patients commented it could sometimes be frustrating to have an appointment booked and then cancelled due to staff changes. However, the majority of time patients were seen quickly for urgent treatment and for routine appointments.

Staffing

There were arrangements in place to ensure appropriate support, training, professional development and appraisal were provided to enable staff to carry out the duties they were employed to perform. Staff told us they had or were about to receive their annual appraisal with the practice manager. We saw evidence of a completed appraisal, which showed development and objectives for the year had been discussed.

Staff told us they were given the opportunities to develop, such as one of the qualified dental nurses wanted to complete a course on radiology and this had been approved by the company.

Mandatory training, such as infection control, basic life support and safeguarding children and vulnerable adults was provided at the practice. The provider training system was about to change to an updated version for staff to complete. We saw a record of the training matrix for the last year which showed staff were generally up to date with their training. Dental nurses completed their dental nurse qualification in their own time and were monitored through appraisals and regular meetings with the practice manager to support them through this.

There was a high turnover of dental nurses within the practice which reduced their ability to maintain qualified dental nurses. Out of the eight which were currently in training, two were near completion of their dental nurse qualification. The provider was looking into how they could improve retention of the dental nurses.

The practice manager and other staff informed us the practice manager was available within the practice between three or four days each week and otherwise they could be contacted on their mobile telephone for support and advice.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We spoke with six patients during our inspection and they told us they felt respected and were treated in a caring and compassionate way. We observed patients were treated with respect and dignity when dental staff provided treatment and when they were greeted at reception. One patient spoken with had recently registered with the practice and told us how they had been extremely nervous about visiting the dentist and had not visited any dentist in a number of years. Since, they had attended this practice, they had been put at ease by the dentist and had returned again for further treatment, which they may not have done previously. They felt the dental staff had treated them with compassion, empathy and were particularly sensitive of their previous history and had taken the time to put them at ease.

Patients visiting the practice were seen by reception staff in an open plan waiting area. Staff were aware of maintaining patients confidentiality and told us when speaking with patients on the phone they would get the patient to provide their confidential information so others in the practice would not be able to hear. Music also played within the waiting area to help distract patients from

listening to others at the reception desk. If patients wanted to talk confidentiality then staff would be able to take them into an empty treatment room or the manager's office to have a conversation in private.

The practice participated in the friends and family test and in the month of April/May 88% of patients said they were either likely or extremely likely to recommend the practice to their friends and family.

Involvement in decisions about care and treatment

Patients told us they were provided with the relevant information to enable them to make an informed decision about their treatment. Patients told us dentists explained their treatment and options for treatment clearly and they had enough time to think about their choices before making a decision about their treatment. One patient told us they could not understand one of the dentists and after speaking with a receptionist they made an appointment with another dentist.

Patients were provided with leaflets about specific treatments to help them understand their options and the dentists used materials, such as moulds, to help assist with supporting patients understanding of certain treatments.

Patients signed treatment plans to confirm they understood what treatment they were receiving and how much it would cost them. Treatments were usually paid for by the patients before their appointment.