

John G. Plummer & Associates

John G. Plummer & Associates Gorleston

Inspection Report

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Overall summary

We carried out this announced inspection on 19 June 2019 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

J G Plummer and Associates is a family run business who own and manage 11 practices in the Norfolk and Suffolk area. The Gorleston practices provided primarily NHS treatment to approximately 8,600 adults and children. There are three surgeries and the dental team includes nine dentists, 13 dental nurses and three receptionists.

Summary of findings

The practice opens from 8.30 am to 5 pm Monday to Friday. Extended opening hours are available at a sister practice nearby. There is limited access for people who use wheelchairs.

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 the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager is one of the company's partners.

On the day of inspection, we collected 38 CQC comment cards filled in by patients. We spoke with one dentist, two dental nurses, and the practice manager. We also spoke with the provider's administrative lead, asset manager and governance lead who were on site. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice had effective 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.
- Patients received their care and treatment from well supported staff, who enjoyed their work.
- 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.
- The practice provided good preventive care and supported patients to ensure better oral health.
- 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.
- The practice had strong, effective leadership and a culture of continuous audit and improvement.
- The practice asked staff and patients for feedback about the services they provided. Staff felt involved and supported and worked well as a team.

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 people 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.

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 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.

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 of 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.

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

No action



Summary of findings

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.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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 staff 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 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

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

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. One of the provider's partners was the safeguarding lead and kept a log of all referrals and advice they had given to staff across all their practices. We saw evidence that staff received safeguarding training and knew about the signs and symptoms of abuse and neglect, and how to report concerns. Information about protection agencies was available in each treatment room making it easily available to both staff.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, this was documented in the dental care record. We viewed laminated protocols to prevent wrong site surgery on treatment room walls.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. This had recently been updated and improved to ensure consistency across all sites. We looked at staff recruitment information which showed the practice followed their procedure to ensure only suitable people were employed. Detailed job descriptions were available for all roles within the practice. Staff underwent literacy and numeracy tests and all staff received an induction to their role. We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to

manufacturers' instructions, including electrical appliances. Records showed that fire detection and firefighting equipment was regularly tested. Staff undertook regular timed fire evacuations with patients.

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. The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography. X-ray units had rectangular collimation in place to reduce patient exposure.

Risks to patients

The practice had completed a number of risk assessments to identify potential hazards. 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 risk assessments that covered a wide range of identified hazards and detailed the control measures that had been put in place to reduce the risks to patients and staff. These were reviewed regularly by the provider's administrative lead.

The practice followed relevant safety laws when using needles and other sharp dental items, and all clinicians were using the safest types of sharps. Sharps bins were wall mounted and labelled correctly. We reviewed clear protocols for needle stick injuries on display in staff areas. The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Emergency equipment and medicines were available as described in recognised guidance, although we noted that aspirin was not available in a dispersible form. Staff kept records of checks to make sure these were available, within their expiry date, and in working order. Staff completed a specific report form, following any medical emergency that occurred within the practice.

Are services safe?

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for all materials used within the practice.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Staff carried out regular infection prevention and control audits. The latest audit showed the practice was meeting the required standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

We noted that all areas of the practice were visibly clean, including the waiting area, toilet and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored securely.

Safe and appropriate use of medicines

There were suitable systems for prescribing and managing medicines and the practice stored and kept records of NHS prescriptions as described in current guidance. The dentists were aware of current guidance about prescribing medicines. Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines. We noted that the results of antibiotic audits across the practices had been presented at an educational event for the dentists in November 2018.

Information to deliver safe care and treatment

We looked at a sample of dental care records to confirm our findings and noted that records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and complied with data protection requirements. Lockable shutters had recently been installed so that patients' paper records were stored securely.

Lessons learned and improvements

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.

Accidents and incidents were discussed regularly as part of the provider's regular health and safety meetings so that learning could be shared across all the practices.

The provider's administrative lead received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and ensured these were disseminated across all the practices.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

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. The practice had access to the provider's own in-house hygienists and a specialist periodontist.

The provider ran its own 'Happy Smiles' club to which the practice could refer patients. This club was run by nurses with specialist oral hygiene training and delivered tailored preventive advice to children and adults who were at a high risk of dental disease. Figures provided to us showed that over 400 patients had attended the club in the last year. In addition to this, oral health presentations had been delivered to 5315 children in local nursery and primary schools, as well as people with learning difficulties. Staff had attended a local carnival to give out dental 'goody bags' to promote good oral hygiene.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists

gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Comments we received from patients indicated that their consent was actively sought for their treatment. One patient told us, 'He explains everything he is doing and seeks permission before starting'. Another, 'The dentist always makes sure I know what's going to happen and I'm happy with it'

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. Staff were aware of the need to consider this when treating young people under 16 years of age.

Effective staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us there were plenty of them for the smooth running of the practice. Staff were available from other practices nearby if needed.

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. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear systems in place for 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.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff, and patients told us staff worked well with their children. For example, one patient stated, 'They gave great support with my upset child during treatment', another 'Staff, especially the dentist, was very calm and reassuring especially with my children. Staff were also praised for their patience. 'I was seen before my slot and the dentist made me feel relaxed and was very patient with me as I had trouble sitting in the dentist chair'.

Staff gave us specific examples of where they had supported patients such as delivering their dentures and implementing specific car parking procedures to support a visually impaired patient.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy.

Staff password protected patients' electronic care records and backed these up to secure storage.

Involving people 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. We noted information leaflets available to patients on a range of dental health matters. One patient stated, 'My treatment is always explained, and I am fully informed of the procedures I require'. Staff showed us specific animations that could be displayed on computer screen to help patients better understand their treatment.

Dental records we reviewed showed that treatment options had been discussed with patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The patient information leaflet explained opening hours, emergency 'out of hours' contact details and arrangements, staff details and how to make a complaint. The practice's website also contained useful information to patients about NHS charges which patients could download. A TV screen was available in the waiting area with a wide variety of information including gum disease, toothpaste types, dental products, complaints and translation services.

The practice had made reasonable adjustments for patients with disabilities. These included level access entry, a hearing loop, reading glasses and access to translation services. Wheel chair users could be referred to a sister practice nearby with downstairs treatment rooms.

Timely access to services

The practice's website, information leaflet 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.

At time of inspection the practice was not taking on any new NHS patients until September 2019 and the waiting time for a routine appointment was about two months. However, the practice ran a cancellation list and offered same day emergency appointments to patients in dental pain. Extended hours opening times were available at a sister practice nearby. Although text appointment reminders could not be sent, emails and telephone reminders to patients were.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in the waiting areas for patients and in the practice's information leaflet. Reception staff spoke knowledgeably about how to deal with patients concerns.

The provider had a patient relations manager who took responsibility for dealing with all complaints and monitored them closely to identify themes and patterns. All complaints were discussed at the regular partners' meetings so that learning from them could be shared.

We viewed information in relation to one complaint received in the previous 12 months to our inspection. This demonstrated it had been managed effectively and that measures had been put in place to prevent it happening again

Are services well-led?

Our findings

Leadership capacity and capability

We found the partners had the capacity and skills to deliver high-quality, sustainable care. Two partners had a level 7 Diploma in Strategic Leadership and Executive Management. The provider's senior management team was based at the head office in Caister-On-Sea in Norfolk. The team included lead individuals for safeguarding, health and safety, training, and information governance. Staff told us that the partners and senior managers were visible and approachable and worked closely with them to improve the service.

There was a clear staffing structure within the practice itself with specific staff leads for areas such as nursing and reception. It was clear that processes were in place to develop staff's capacity and skills for future leadership roles. One staff member told us they had started as a trainee dental nurse some years ago and was now one of two head nurses at the practice.

Culture

Staff reported that they enjoyed their job and felt respected and valued in their work. They told us they received good support from a range of sources including senior nurses, training mentors, assessors, as well as the practice manager.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it. Staff reported they were able to raise concerns and were encouraged to do so.

Governance and management

There were clear and effective processes for managing risks, issues and performance. 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.

Communication across the practice was structured around key scheduled meetings which staff told us they found beneficial. There were monthly partners and six-weekly associates' meetings, and other meetings involving all staff within the practice. There were additional meetings for the

head nurses and practice managers across all locations to discuss issues and ensure consistency of practice. A 'What's App' group for the head nurses was used to share key information.

Appropriate and accurate information

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 maintained, up to date and accurate. Staff received training on information governance and we noted that new regulations in relation to information management had been discussed at a meeting on April 2019.

Engagement with patients, the public, staff and external partners

The practice used surveys, comment cards and verbal comments to obtain patients' views about the service. 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 were displayed in the waiting room and results from January to May 2019 showed that 17 patients were likely and 179 were extremely likely to recommend the practice.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted upon.

Continuous improvement and innovation

The provider was an approved training centre for dental nurses undertaking a level three diploma in dental nursing and acted as a training provider for newly qualified dentists during their probationary year, known as Foundation Training. There was peer review and a study club in place to facilitate the learning and development needs of the dentists.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. The partners encouraged staff to carry out professional development wherever possible. The practice ensured that all staff underwent regular training in cardiopulmonary resuscitation, infection control, child protection and adult safeguarding, and dental radiography (X-rays).

Are services well-led?

Staff received a yearly appraisal of their performance from the provider's training director. The appraisal documentation for staff we saw was comprehensive and demonstrated a meaningful appraisal process for staff. Areas covered included professional competence, patient relations, self-awareness and teamwork.

An appraisal system was in place whereby the partners appraised the dentists, and a specific appraisal team of senior staff appraised the dental nurses. Staff described their appraisals as useful.