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Southwold Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 20 September 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well led?

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

Southwold Dental Practice is a small well-established dental practice that provides NHS and some private treatment to adults and children. **The staff team consist of four part-time dentists, two part-time hygienists**, three dental nurses and a receptionist. The practice has two treatment rooms, a separate room for the decontamination of instruments, a reception and two waiting areas.

It is open from 9am to 7.30pmon Mondays, and from 9am to 5pm Tuesdays to Fridays. Saturday appointments are available by prior arrangement**.**

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like 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.

Before the inspection we sent comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 16 patients who commented positively about the quality of the staff and their treatment.

Our key findings were:

- We received consistently good feedback from patients about the quality of the practice's staff and the effectiveness of their treatment.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- The practice was visibly clean and well maintained. Infection control and decontamination procedures were good, ensuring patients' safety.

Summary of findings

- There was appropriate equipment for staff to undertake their duties, and most equipment was well maintained.
- There were sufficient numbers of suitably qualified and competent staff. 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.
- Appointments were easy to book and emergency slots were available each day for patients requiring urgent treatment.
- Patients were treated in a way that they liked and were involved in decisions about their treatment.

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

- Review the frequency in which medical emergency equipment and drugs are checked to ensure they are still fit for use.
- Review fire safety systems so that staff regularly practice evacuating the building in the event of a fire.
- Review the practice's sharps handling procedures to ensure it complies with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's protocols for completion of dental care records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's protocols with regards to providing all patients with detailed treatment and cost plans.
- Review appraisal protocols to ensure that all clinicians working at the practice have their performance monitored and assessed.
- Review referral procedures to ensure that they can be tracked and that patients are offered a copy for their information
- Review audit procedures for infection control and dental care records to ensure they are undertaken at regular intervals to help identify any improvements needed. The practice should ensure all audits have documented learning points and the resulting improvements can be demonstrated.

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.

There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, dental radiography and maintaining the required standards for sterilising dental instruments. Risks to staff and patients had been identified and control measures put in place to reduce them. Most equipment was well maintained and serviced regularly. Learning from significant events was not routinely shared with staff.

No action ✓

Are services effective?

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

Patients were referred to other services appropriately and staff were suitably trained and skilled to meet patients' needs. The practice kept dental care records of the treatment carried out and monitored any changes in the patient's oral health. However, the dentists did not always record in patients' dental care records the assessments carried out.

No action ✓

Are services caring?

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

We collected 16 completed patient comment cards and obtained the views of a further three patients on the day of our visit. Patients spoke highly of the dental treatment they received, and of the caring and empathetic nature of the practice's staff. Patients told us they were involved in decisions about their treatment, and did not feel rushed in their appointments. They told us the dentists were good at explaining treatments, although not all patients received a detailed treatment and cost plan. Patient information and data was handled 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 had good facilities and was well equipped to treat patients and meet their needs. Routine dental appointments were available, as were urgent on the day appointment slots and patients told us it was easy to get through on the phone to the practice.

No action ✓

Are services well-led?

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

There was clear leadership within the practice and staff were supported in their work.

No action ✓

Summary of findings

The practice had a number of policies and procedures to govern activity and held regular staff meetings. Staff received inductions and regular performance reviews, although there were no formal procedures in place to monitor the quality of work provided by the hygienists or associate dentists. Auditing of the service was limited and it was not clear how learning from audits was shared and used to drive improvement.

Southwold Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 20 September 2016 by a CQC inspector who was supported by a specialist dental adviser. During the inspection, we spoke with the dentist, the dental nurse and the practice manager/ receptionist. We reviewed policies, procedures and other documents relating to the management of the service. We received feedback from 19 patients about the quality of the service, which included comment cards and patients we spoke with during our 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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff we spoke with had a satisfactory understanding of their reporting requirements under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences), and there was incident reporting policy and event recording form in place.

We viewed the practice's accident book and saw that five sharps injuries had been experienced by staff in the previous three years. We found little evidence that these incidents had been analysed, that learning from them had been shared, or what action had been taken to prevent their reoccurrence and protect staff

National patient safety alerts were emailed to the practice and disseminated to relevant members of staff for action if needed.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined whom to contact for further guidance if they had concerns about a patient's welfare. Contact details of relevant agencies involved in protecting vulnerable people were on display in the reception area making them easily available to staff. Records showed that all staff had received appropriate safeguarding training for both vulnerable adults and children. Staff we spoke with demonstrated they understood the importance of safeguarding issues. The principal dentist was the safeguarding lead and told us of recent concerns about a child's possible dental neglect that she had reported appropriately to the local multi-agency safeguarding team. She had also contacted the child's GP and school to discuss her concerns. This demonstrated to us that staff took safeguarding issues seriously.

The practice had a needle stick policy and staff spoke knowledgeably about action they would take following an injury. Only the dentists handled sharps, however they had not adopted the safer sharps' system, nor completed a risk assessment, as recommended in Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. Although one of the dental nurses told us that the dentists used rubber dams, evidence of this was not recorded on the dental care records we viewed for patients having root canal treatment.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies found in dental practice. There was an automated external defibrillator and staff had received training in how to use it. However we found that the chest pads had not been checked regularly and were out of date for safe use. Staff had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. Checks of the equipment were undertaken each week. The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. However, staff did not regularly rehearse emergency medical simulations so that they could keep their skills up to date.

The practice held emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. Checks of the medicines were undertaken each month, and not weekly as recommended by guidance.

Staff recruitment

We reviewed personnel records for the two mostly recently employed staff and found that some recruitment checks had been undertaken prior to their employment. For example, proof of their identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). However, references supplied by one employee themselves had not been checked to ensure their authenticity, and no interview notes had been recorded to demonstrate their recruitment had been carried out in line with good employment practices.

We spoke with one trainee dental nurse who told us her recruitment had been thorough and she had received a full induction to her role.

Are services safe?

Monitoring health & safety and responding to risks

There was a health and safety policy available and a poster that identified local health and safety representatives. The practice had completed a full health and safety risk assessment in July 2016. This covered a range of potential hazards in the practice including autoclaves, biological agents, display screen equipment and radiation. However, this had not included an assessment of the very steep steps leading up to the practice's front door, and also within the practice itself, despite staff telling us that many patients found these difficult. One dentist occasionally smoked e-cigarettes in the treatment room. No assessment had been completed for this.

A legionella risk assessment had been carried out in December 2014 and water temperatures were monitored monthly to ensure they were at the correct level. Regular flushing of the dental unit water lines was carried out in accordance with current guidelines to reduce the risk of legionella bacteria forming.

A fire risk assessment had been completed in June 2016 and we saw that recommended actions such as the need for fire safety signs on internal doors had been implemented. Fire detection and firefighting equipment such as extinguishers were regularly tested, evidence of which we viewed**.** There was clear signage around the practice indicating the location of fire exits, the AED and the use of x-rays to ensure staff and patients were protected. However, regular evacuation drills were not completed to ensure staff knew what to do in the event of a fire.

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

The practice had a comprehensive business continuity plan in place for major incidents such as power failure, loss of dental records or staff shortages. The plan included emergency contact numbers for key staff and utility companies.

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 adequate infection control policies in place to provide guidance for staff and cleaning equipment was colour coded and stored according to guidance. We viewed completed environmental cleaning checklists covering all areas of the practice. The practice undertook audits of its infection control procedures but these had not been completed as frequently as recommended by national guidance.

We observed that all areas of the practice were visibly clean and hygienic, including the treatment rooms, waiting areas and toilets. Surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Toilets contained foot operated bins, liquid soap and paper towels to promote good hand hygiene. Prompter posters were above the sinks to remind staff and patients of correct hand washing procedures.

Treatment rooms had sealed flooring and modern sealed work surfaces so they could be cleaned easily. Although dirty and clean areas of the rooms were not clearly marked, the dental nurse rectified this during our visit. We checked treatment room drawers and noted that instruments had been pouched and stored correctly. However we noted some loose and uncovered items such as cotton wool rolls and burs which were within the splatter zone, and therefore risked becoming contaminated over time. Sharps' bins had been correctly labelled and assembled, and were wall mounted to ensure their safety.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05), decontamination in primary care dental practices. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. The practice used a system of manual scrubbing for the initial cleaning process and water temperatures were monitored to ensure they did not exceed 45 degrees Celsius. Following inspection with an illuminated magnifier, the instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilized, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively, although protein residue tests were not regularly used to assess the cleanliness of instruments.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of

Are services safe?

Health. The practice used an appropriate contractor to remove clinical waste and waste consignment notices were available for inspection. Clinical waste was stored in a locked cupboard in the practice whilst awaiting collection to ensure its safety.

We noted that staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. Although the principal dentist did not wear a full set of scrubs, she assured us she changed out of her skirt at the end of the day. All dental staff had been immunised against Hepatitis B.

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. All equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this. For example, the autoclaves had been serviced in March 2016; the compressor in October 2015 and portable appliances had been tested in September 2016. However we noted that the maintenance service for the x-ray film processor was nine months overdue. One suction unit was held together with electrical tape. Staff told us it had been like this for some time but there was no evidence that it had been reported, or of any plans in place to repair it. Records storage in one surgery was not secure and the filing cabinets were not fire proof.

Stock control was good and we checked a number of medical consumables in the stock room and treatment rooms drawers all of which were in date for safe use.

Our review of dental care records showed that the batch numbers and expiry dates for local anaesthetics were always recorded. Temperature sensitive materials were kept appropriately in a fridge, and its temperature was monitored daily to ensure it operated effectively. Prescription pads were held securely and there was a system in place to monitor and track the forms from pad to patient.

There was a formal system in place to ensure that relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Authority were received and actioned. Both the dentist and hygienist were aware of recent alerts affecting the dental practice.

Radiography (X-rays)

The practice had a radiation protection file and a record of the X-ray equipment including service and maintenance history). A Radiation Protection Advisor and Radiation Protection Supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Rectangular collimation was used to confine x-ray beams in one machine but not the other. Local rules were available and records showed that the dentists had received training for core radiological knowledge under IR (ME) R 2000 Regulations. Dental care records showed that dental X-rays had been justified, reported on and quality assured.

We noted good information in the waiting room explaining to patients the need to take x-rays and describing possible risks to them.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with three patients during our inspection and received 16 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 and the staff who provided it.

Our discussion with the principal dentist demonstrated that she was aware of National Institute for Health and Care Excellence (NICE) guidance in relation to antibiotic prophylaxis, wisdom tooth removal and patient recall intervals. However, our review of twelve sets of dental care records showed there was no record that some patients had received a basic periodontal examination, and no record of their non-carious tooth substance loss or oral cancer risk. Although information was obtained on patients' smoking and alcohol consumption, there was no clear documentation of risk status od cessation advice given, or of justification of NICE guidance recall intervals.

There was also no record of any smoking cessation advice having been given to them. It was not always clear from the dental records if NICE guidance for patient recall frequencies was being followed.

We saw a range of clinical and other audits that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, the quality of dental radiographs and infection control. However, the audits were not undertaken as frequently as recommended by national guidelines and there was little evidence to show that findings from these audits were discussed and shared with clinicians in the practice.

Health promotion & prevention

A number of oral health care products were available for sale to patients including interdental brushes, mouthwash and floss. Two hygienists were available at the practice to support patients with treating and preventing gum disease.

Information about oral health care for patients was limited and there were no leaflets or displays available in the waiting area about oral health care. Patients were asked about their smoking habits and alcohol intake when they completed their medical histories; however, there was no information or leaflets available for patients wanting to give up smoking and not all staff were aware of local smoking cessation services.

Staffing

Staff told us there were enough of them for the smooth running of the service and a dental nurse always worked with the dentists and the hygienists. Files we viewed demonstrated that staff were appropriately qualified and had current professional validation and professional indemnity insurance. Training records showed that staff had undertaken a range of essential training such as information governance, cardiopulmonary resuscitation, hand hygiene and waste disposal. The practice owner told us she regularly checked the staff's registration and fitness to practice on the General Dental Council's register. The practice had appropriate Employer's Liability insurance in place.

The principal dentist conducted appraisals for the nurses and receptionist. The appraisal covered areas such as their job knowledge, resourcefulness, ability to organise and appearance. Staff told us they found their appraisal useful, and received feedback about their performance. There was no system in place for the principal dentist to formally appraise the hygienists who worked at the practice or the associate dentists so it was not clear how their performance was assessed.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves and staff were aware of appropriate referral pathways. Not all dentists kept a specific log so that referrals could be tracked and monitored, and patients were not routinely given a copy of the referral for their information. No formal written referrals were made to the practice's own hygienists.

Consent to care and treatment

Patients told us that they were provided with good information during their consultation and the dentist explained treatments to them in a way that they understood. However private patients did not receive an itemised treatment plan to outline their proposed treatment or costs.

Are services effective?

(for example, treatment is effective)

The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff we spoke with had an adequate understanding of patient consent and MCA issues. Evidence of patients' consent to treatment had been recorded in most of the twelve dental care records we reviewed.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection, we sent comment cards so patients could tell us about their experience of the practice. We collected 16 completed cards and obtained the views of a further three patients on the day of our visit. We received many positive comments about the supportiveness and professionalism of the practice's staff. Staff told us they regularly helped elderly patients with the steep stairs in the practice, and rang taxis and family members if needed. One nurse told us she had delivered a set of dentures directly to the lab, as she was aware the patient needed them quickly. The practice owner told us she rang patients at home after complex treatment to check on their welfare, and had dropped off left items to their home.

We observed the receptionist interact with about eight patients both on the phone and face to face and noted she was consistently polite and helpful towards them. We noted that she apologised genuinely and fully to a patient who had come for an appointment, despite the dentist having cancelled it. She worked hard to find a suitable alternative appointment date for the patient.

Staff were aware of the importance of providing patients with privacy and maintaining their confidentiality. The reception area was not particularly private but the patients' paper notes were kept in lockable cabinets and the computer screen at reception was not easily overlooked. There was a poster on display informing patients they could request a separate room if they wanted to discuss anything in private. All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures.

The practice had specific policies in relation to data protection and information governance and details of these were held on the patients' information folder in the waiting rooms, making them easily accessible.

Involvement in decisions about care and treatment

Patients told us that their dental health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They reported that they felt listened to and supported by staff and had sufficient time during consultations. Patient feedback on the comment cards we received was also positive and aligned with these views. The hygienist described to us the various ways she involved patients in their treatment with the use of dental mirrors, practical displays, electric toothbrushes and diagrams to enhance their understanding of it. Privately paying patients did not receive written plans outlining their treatment and its costs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

In addition to general dentistry, the practice offered a number of cosmetic treatments, including tooth whitening, veneers and crowns. Two hygienists also worked at the practice to support patients with treating and preventing gum disease.

Patients told us they were satisfied with the appointments system and that getting through on the phone to the practice was easy. Patients were able to make an appointment by phone or in person and two specifically mentioned that they had found accessing urgent appointments at the practice easy. Reception staff rang patients two days prior to their appointment to remind them about it.

There was a helpful and informative folder in each waiting room providing patients with information about NHS and private dental fees; the latest friends and family tests results; the practice's data protection policy and the complaints procedure amongst other things.

The practice was open Tuesdays until Fridays from 9am until 5pm. It opened until 7.30pm on a Monday, and on a Saturday by appointment to accommodate the needs of patients who could not attend during normal working hours. Appointment slots were held each day in case a patient needed an emergency appointment. Information about emergency out of hours services was available on the practice's answer phone message, however none was available on the front door should a patient come to the practice when it was closed.

Tackling inequity and promoting equality

There was no access for wheelchair users and the building could not be adapted due to its listed status, however the practice was about to move its service to premises nearby which would give better access to people with limited mobility.

There was no wide seating or chairs of different height in the waiting room to accommodate those with mobility problems and no hearing loop to assist patients who wore hearing aids. Information about the practice was not available in any other languages or formats such as large print, braille or audio. Staff had not undertaken any training in equalities and diversity to help them better understand the diverse needs of patients

Concerns & complaints

The practice had a policy and a procedure that set out how complaints would be addressed, and the receptionist spoke knowledgeably about how she would handle a patient's concerns. Information about the procedure was available in both patient waiting rooms and the practice information sheet.

It was not possible to assess how the practice managed its complaints as we were told none had been received since 2013, despite the receptionist telling us that patients sometimes complained about cancelled appointments or dentists running late.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had responsibility for the day-to-day running of the practice, supported by a receptionist. The practice had a clear set of policies and procedures to support its work and meet the requirements of legislation. Staff had access to the policies and had signed to show that they had read and agreed to abide by them.

Communication across the practice was structured around a monthly staff meeting involving, all staff. This meeting was held on different days each month to ensure that as many part-time staff could attend. Staff told us they found the meetings useful and felt confident raising their concerns at them. The principal dentist told us she was about to implement more structured staff meetings, where a different topic would be discussed in depth at each one.

Staff told us they enjoyed their work and were supported to maintain their continuing professional development as required by the General Dental Council. They reported that they had the opportunity to, and felt comfortable, raising any concerns with the principal dentist who was approachable and responsive to their needs. Although the dental nurses and receptionist received regular appraisal, the hygienists and associate dentists did not, so it was not clear how their performance and training needs were identified.

We did note some inconsistency of practice amongst the dentists with regards to paper and computerised clinical notes, and the tracking of patient referrals. There was no evidence that the dentists met regularly to discuss clinical matters, share learning or review findings from audits.

Each year the practice completed an information governance toolkit to ensure it handled patients' information in line with legal requirements. The practice had achieved level 2 on its most recent assessment, indicating information was managed in a satisfactory way.

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

The practice had introduced the NHS Friends and Family Test (FFT) as a way for patients to let them know how well they were doing. Recent figures for August 2016 showed that 168 respondents would be likely to recommend the practice, and one would be neither likely nor unlikely to recommend it. Results of the FFT were included in the patient information folder. There was also a suggestion box in the downstairs waiting area for patients to leave any comments. Staff told us that one of the main concerns for patients was the steep staircase to the practice, which made it inaccessible to them. As a result, the practice had plans to move to a different site with better access.

The practice also gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with the dentist.