

Miss Rachael Jane Sullivan

St Peters Avenue Dental Practice

Inspection Report

68 St Peters Avenue
Cleethorpes
South Humberside
DN35 8HP
Tel: 01472 691708
Website: www.stpetersdental.co.uk

Date of inspection visit: 19 October 2017
Date of publication: 17/11/2017

Overall summary

We carried out this announced inspection on 19 October 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

St Peters Avenue Dental Practice is in Cleethorpes and provides private dental treatment to adults and children. Services include conscious sedation and dental implants.

There are steps at the front entrance to the practice with handrails positioned alongside to assist patients with limited mobility. The provider has a portable ramp to facilitate access to the practice for wheelchair users. Car parking spaces are available near the practice.

Summary of findings

The dental team includes two dentists, four dental nurses, one receptionist and a practice manager. The practice has two treatment rooms.

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

On the day of inspection we collected 43 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, three dental nurses 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 to Thursday from 9:00am to 6:00pm

Friday from 8:30am to 1:30pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Adjustments could be made to bring the medical emergency kit in line with current guidance.
- 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.
- Improvements could be made to the recruitment process.
- Improvements could be made to the process for ensuring equipment is maintained appropriately.
- The clinical staff were not fully aware of current guidelines for providing clinical care.
- 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 had a leadership structure in place. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's system for the recording and following up sharps injuries.
- Review staff awareness of Gillick competency, the Mental Capacity Act (MCA) 2005 and current guidance from the National Institute for Health and Care Excellence (NICE).
- Review the practice's process for ensuring X-ray equipment is maintained in line with manufacturer's guidance.
- Review the practice's recruitment policy and procedures to ensure Disclosure and Barring Service (DBS) checks for new staff as well as proof of identification are requested and recorded suitably.

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. We noted a sharps injury had occurred. There was no documentation about how this had been responded to or followed up.

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. Improvements could be made to the recruitment process to ensure DBS checks and proof of identification are requested and recorded suitably.

Premises and equipment were clean and properly maintained. We noted the work surfaces of the surgeries were cluttered. Photographic evidence was later sent to show this had been addressed. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

We saw that the practice had suitable arrangements for dealing with medical emergencies. Some items of the recommended medical emergency kit were not available. We were later sent evidence these had been ordered.

We noted the X-rays machines were overdue their three yearly routine tests. We were later sent evidence these had been booked.

No action



Are services effective?

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

Not all clinical staff were fully aware of current recognised guidance (including NICE guidance).

Patients described the treatment they received as professional, excellent 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.

Not all staff were clear about Gillick competency and the MCA.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 43 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, considerate and respectful. They said that their dentist took time to explain treatments, gave good honest advice and 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.

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. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services.

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 written and stored securely.

Improvements could be made to the process for carrying out the infection prevention and control audit.

The practice asked and listened 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.

We saw a selection of significant events and incidents which had occurred at the practice in the last 12 months. These had been recorded and processes put in place to prevent recurrence. A sharps injury had been documented in the accident book. There were no details in the accident book as to whether the staff member had followed the practice's sharps injury protocol.

On the day of inspection the practice were not subscribing to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We identified the defibrillator which the practice had was one which had been recalled in October 2016. The practice took immediate action to remove the defibrillator and put a risk assessment in place to use a nearby public one. We were later sent evidence that this particular model was not one which had been recalled. We saw evidence a process was put in place to receive MHRA alerts.

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. 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 told us they used rubber dams in line with guidance from the British Endodontic Society

when providing root canal treatment. Staff gave us conflicting evidence about one of the dentists' use of rubber dam. We discussed the importance of the use of rubber dam with the practice manager and were told they would discuss it with the dentist in question.

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

Medical emergencies

Staff knew what to do in a medical emergency and had completed training in emergency resuscitation and immediate life support.

Emergency medicines were available as described in recognised guidance. The practice did not have any masks for the self-inflating bag. We were later sent evidence these had been ordered.

Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted the defibrillator pads had passed their expiry date. We were sent evidence that new pads had been ordered. We were assured the defibrillator pads would be added to the checklists to prevent them going out of date again.

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 three staff recruitment files. Prior to the inspection the practice manager had identified that not all staff had a Disclosure and Barring Service, (DBS), check. They had put in risk assessments for each member of staff who did not have a DBS check and we were shown evidence these had been applied for. There was also no evidence of proof of identification in these recruitment files.

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

Are services safe?

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 when they treated patients.

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. We noted these audits did not have an action plan.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual. We noted both surgeries had cluttered work surfaces. We were later sent photographic evidence the clutter had been removed from the work surfaces to facilitate more effective cleaning.

Equipment and medicines

We saw servicing documentation for the autoclaves, compressor and ultrasonic bath. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines. Medicines used in the provision of conscious sedation were stored securely and logs maintained for all prescription medicines.

Radiography (X-rays)

The practice had some arrangements to ensure the safety of the X-ray equipment. We noted the three X-ray machines were now overdue their three yearly routine test. We were later sent evidence these tests had been booked.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits twice a year 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 dental care records containing information about the patients' current dental needs, past treatment and medical histories.

We discussed the current guidance about providing patients antibiotics prophylaxis and indications for the removal of wisdom teeth. Not all clinical staff were fully aware of the current guidance relating to these. We were later told the staff were reviewing the current NICE guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals during sedation. These included blood pressure and the oxygen saturation of the blood.

Two dental nurses with appropriate additional training supported dentists treating patients under sedation.

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 some children based on an assessment of the risk of tooth decay.

The dentists 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.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

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. The practice monitored urgent referrals to make sure they 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. Not all clinical staff were clear of their responsibilities under the act when treating adults who may not be able to make informed decisions. Staff were also not clear about Gillick competency when treating young people under 16. We were later told the staff had discussed the Mental Capacity Act and Gillick competency.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were polite, considerate and respectful. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

Nervous patients commented staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. Staff did not leave personal information where other patients might see it.

All dental care records were stored securely in lockable cabinets.

There were magazines and daily newspapers in the waiting rooms. The practice provided drinking water for patients.

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.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry, minor oral surgery and conscious sedation.

The dentists used X-ray images when they discussed treatment options with patients.

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 telephoned all patients the day 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 a portable ramp to access the premises, hand rails at the front doors, higher chairs in the waiting room and an accessible toilet with hand rails. A Disability Discrimination Act audit had been completed and an action plan formulated in order to continually improve access for patients.

They had access to telephone translation services.

Access to the service

The practice displayed its opening hours in the premises 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 appointments free for same day appointments. They had arrangements in place to cover emergencies which may occur out of normal working hours. The website 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 in the last 12 months. 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 principal dentist 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 practice had 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.

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 meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. We noted the infection prevention and control audits did not have action plans.

The principal dentist valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed training, including medical emergencies and immediate life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used surveys to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. The practice had acquired higher chairs in the waiting room as a result of feedback from patients. These were easier for patients with restricted mobility to sit on.