St. Helen's Dental Practice Limited

St Helen's Dental Practice

Inspection Report

Market Place
Cockermouth
Cumbria
CA13 9NQ
Tel: 01900 826210
Website: www.sthelensdentalpractice.org.uk

Date of inspection visit: 12 February 2018
Date of publication: 21/03/2018

Overall summary

We carried out this announced inspection on 12 February 2018 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. We did not receive any information of concern from them.

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 Helen's Dental Practice is in Cockermouth Cumbria and provides NHS services to children and private treatment to adults.

There is access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

The dental team includes five dentists, nine dental nurses (of which two are apprentices), four dental hygienists and

Summary of findings

three receptionists. The team is supported by a practice manager. The practice has five treatment rooms of which two are situated on the ground floor. The remaining three are situated on the first floor of the practice.

The practice is owned by an organisation 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 at St Helen's Dental Practice was the principal dentist.

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

During the inspection we spoke with two dentists, a dental nurse, a receptionist 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 8.30am – 7.00pm

Tuesday to Thursday 8.30am – 6.00pm

Friday 8.30am – 5.30pm

Our key findings were:

- The practice had a culture of preventative practice.
- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff were aware of their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures but these did not fully comply with regulation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. 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.

We identified an area of notable practice.

- Members of the dental team displayed a positive culture towards improving the patient experience, especially that of children.
- The preventative care of children's teeth was paramount in the practice.
- There was a dedicated room where children could be shown how to brush their teeth correctly and information was at a level to suit children. This room had two washbasins at different heights to enable children to practice cleaning their teeth.
- There were dedicated children's dental nurses who worked with local schools and nurseries to promote children's dental health. They provided children specific information leaflets and distributed free toothbrushes and toothpaste.
- The principal dentist was involved with the education of older people of the local population for example: giving talks about dental care to the local women's institute.

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

- Review the service checks for the gas boiler and the fixed electrical wiring in the building to ensure they were safe and fit for purpose.

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?

No action

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 were in the process of creating a 'Never Events' review, with a focus on reducing future risk.

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. The practice had not fully completed essential recruitment checks for staff who had been employed for a number of years, for example: photographic proof to confirm identity.

Premises and equipment were clean and properly maintained. Certificates with regards to the servicing of the gas boiler and the checking of the fixed electrical wiring systems could not be found.

There was a comprehensive folder for hazardous substances used in the practice. (Control of Substances Hazardous to Health (COSHH) 2002 Regulations). We saw that risk assessments for individual substances were undertaken but product safety data sheets were not available.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as friendly, professional and helpful. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

Members of the dental team displayed a positive culture towards improving the patient experience especially that of children and the preventative care of children's teeth was paramount in the practice.

There was a dedicated room where children could be shown how to brush their teeth correctly and information was at a level to suit children.

There were dedicated children's dental nurses who worked with local schools and nurseries to promote children's dental health. They provided children specific information leaflets and distributed free toothbrushes and toothpaste.

The practice was involved in a scheme to offer dental treatment to children who lived in Belarus and were affected by the nuclear disaster. Groups of young patients were brought over to the county and received free dental treatment as part of their health assessment package.

Summary of findings

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.

Are services caring?

No action

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

We received feedback about the practice from 11 people. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, always smiling and would listen even to the smallest of things. They said that they were given helpful and honest explanations about dental treatment.

All staff told us of the actions taken to support anxious patients, including compassionate patient management and adjustments to appointment times.

Nervous patients said staff were compassionate and understanding. Some commented that they were no longer afraid of attending and that the dentist allowed plenty of time so they did not feel anxious or rushed.

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?

No action

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

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

Staff considered patients' different needs. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

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

Are services well-led?

No action

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 or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

We were shown documentation of accidents and incidents that had occurred within the last 12 months. The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. Practice was in the process of creating a 'Never Events' review, with a focus on reducing future risk.

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

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. 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. We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

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 four staff recruitment files. These showed the practice followed their recruitment procedure. The practice had not fully completed essential recruitment checks for staff who had been employed for a number of years, for example: photographic proof to confirm identity.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

The 2002 Control of Substances Hazardous to Health Regulations (COSHH) requires an assessment of the risk from hazardous substances used in the practice. The practice had individual risk assessments for all substances used but these were not supported by product specific data sheets.

A dental nurse worked with the dentists and dental hygienists 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 as appropriate.

No action

Are services safe?

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 an infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

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

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

The staff records we reviewed with the practice manager provided evidence that relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the radiography equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

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

The dentists told us they discussed smoking, the use of smokeless tobacco, 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.

Members of the dental team displayed a positive culture towards improving the patient experience especially that of children and the preventative care of children's teeth was paramount in the practice.

There was a dedicated children's room where children could be shown how to brush their teeth correctly and information was at a level to suit children. This room had two washbasins at different heights to enable children to practice cleaning their teeth. This meant that children were supervised to ensure they knew how to clean their teeth properly.

There were dedicated children's dental nurses who worked with local schools and nurseries to promote children's dental health. They provided children specific information leaflets and distributed free toothbrushes and toothpaste.

The principal dentist was involved with the education of older people of the local population for example: giving talks about dental care to the local women's institute.

The practice was involved in a scheme to offer dental treatment to children who lived in Belarus and were affected by the nuclear disaster. Groups of young patients were brought over to the county and received free dental treatment and advice as part of their health assessment package. These children were supported by an interpreter to ensure they understood what was happening to them and the advice given by the dental team.

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 as a requirement of their registration. Staff told us the practice provided support, training opportunities and encouragement to assist them in meeting the requirements of their registration and with their professional development. and the practice supported them to complete their training by offering in-house training, lunch and learn sessions and online training. The practice manager monitored training to ensure essential training was completed.

Staff told us they discussed training needs at annual appraisals. These were used to discuss learning needs, general wellbeing and future professional development. We saw several completed appraisals, and personal development plans, which confirmed this.

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 did not monitored urgent referrals to make sure they were dealt with promptly but stated they had never experienced a problem.

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.

No action

Are services effective?

(for example, treatment is effective)

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

No action

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

We received feedback about the practice from 11 people. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, always smiling and would listen even to the smallest of things. They said that they were given helpful and honest explanations about dental treatment and we saw that staff were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Some commented that they were no longer afraid of attending, and that the dentist allowed plenty of time so they did not feel anxious or rushed. All staff told us of the actions taken to support anxious patients, including compassionate patient management and adjustments to appointment times. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

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 all new patients were taken into the dedicated consultation suite on their first appointment and if a patient asked for more privacy they would take them into this room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

Music was played in the treatment rooms and there were magazines and a television in the waiting room. The practice provided drinking water

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. Dentists were able to show, in patient records, times when carers/parents have been involved in appropriate discussions. Patients were given written estimates/treatment plans and staff described this as normal for all courses of treatment.

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

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

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

No action

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 patients who had scheduled longer appointments were phoned two days before. Patients with poor memory, or their carer's, were reminded of all appointments by text on the day to prevent missed appointments.

Promoting equality

The practice is in a listed building and reasonable adjustments have been made for patients with disabilities. Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice was accessible to patients with mobility requirements and staff were supportive of this process. Access was done through the use of temporary ramps, side access to the building, and arranging relevant patient appointments for the downstairs surgeries.

There was no accessible toilet in the building but staff could signpost patients to the nearest facility.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet 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 took part in an emergency on-call arrangement with some other local practices. The 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.

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.

No action

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 was a member of a practice certification scheme which promoted good standards in dental care.

Members of the dental team displayed a positive culture towards improving the patient experience especially that of children and older people. The preventative care of children's teeth was paramount in the practice.

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 apologetic to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist and 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 that the principal dentist and the practice manager were 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.

We saw evidence of flexible working hours available to support staff's family lives. Staff all reported enjoying their jobs.

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. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses 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 basic 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 patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service.

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