John G. Plummer & Associates

John G. Plummer & Associates Lowestoft

Inspection Report

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Overall summary

We carried out this announced inspection on 22 August 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.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

J G Plummer and Associates is a family run business who own and manage 11 practices in the Norfolk and Suffolk area. The Lowestoft branch is a mixed dental practice providing mostly NHS treatments to about 70,000 adults and children. They also provided a specialist orthodontic services and implants. The dental team includes 17 dentists, 30 nurses, one hygienist and a range of administrative staff. There are 12 surgeries and the practice opens from 8.30am to 5.30 pm Monday to Friday.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs.

As a condition of registration, the practice must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager is one of the company's partners, who is also a dentist at the practice.

On the day of inspection, we collected 10 CQC comment cards filled in by patients and spoke with four other patients. We spoke with four dentists, two dental nurses, reception staff and the practice manager. We also spoke with the provider's clinical and administrative leads, and one of the partners.

We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice had effective systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Patients received their care and treatment from well supported staff, who enjoyed their work.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- The practice provided good preventive care and supported patients to ensure better oral health.
- Members of the dental team were up-to-date with their continuing professional development and were supported to meet the requirements of their professional registration.
- The practice had effective leadership and a culture of continuous audit and improvement.
- The practice asked staff and patients for feedback about the services they provided. Staff felt involved and supported, and worked well as a team.
- Autoclaves were not validated adequately to ensure they were operating correctly.
- Patients' paper dental care records were not stored in line with current guidance.

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

- Review the storage of medicines requiring refrigeration to ensure the fridge temperature is monitored daily, and action is taken if it falls outside recommended temperature guidelines.
- Review the practice's testing protocols for equipment used for cleaning dental instruments taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review storage arrangements for patients' paper dental care records to ensure they are held securely.

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 robust arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays).

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults.

Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments. However, autoclaves were not validated each day as recommended in best practice guidance.

There were sufficient numbers of suitably qualified staff working at the practice. Staff were qualified for their roles and the practice completed essential recruitment checks.

No action ✓

Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. Oral health promotion was given high priority within the practice to meet the specific needs of its practice population.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

No action ✓

Are services caring?

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

Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received, and of the staff who delivered it. Staff gave us specific examples of where they had gone out of their way to support patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially. However, the storage of patients' dental care records was not in line with best practice.

No action ✓

Are services responsive to people's needs?

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

No action ✓

Summary of findings

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 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?

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

No action ✓

The practice had arrangements to ensure the smooth running of the service. These included systems for staff to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated. It was clear the practice valued them and assisted them in their professional development.

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.

Are services safe?

Our findings

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. These were available to staff on the provider's intranet system. One of the provider's partners was the safeguarding lead and kept a log of all referrals and advice they had given to staff across the practices. We saw evidence that staff received safeguarding training and knew about the signs and symptoms of abuse and neglect, and how to report concerns. The safeguarding lead had undertaken level three training. Information about protection agencies was available in each treatment room, and in waiting areas making it easily available to both staff and patients.

The practice had a staff recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We looked at staff recruitment information which showed the practice followed their procedure to ensure only suitable people were employed. Dental clinicians were interviewed by at least two of the partners to ensure they had the skills and knowledge for their role. All clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Records showed that fire detection and firefighting equipment was regularly tested. Staff undertook regular timed fire evacuations with patients. A full fire risk assessment had been completed prior to our inspection and its recommendation to develop a written fire evacuation plan was in the process of being implemented. Fire marshal training had been organised for staff in September 2018.

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

The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography.

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running.

CCTV was used in four waiting rooms for the safety of both patients and staff, and signage informing patients they were being filmed was displayed.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff.

The practice followed relevant safety laws when using needles and other sharp dental items, although not all clinicians were using the safest types of sharps. Sharps bins were wall mounted and labelled correctly.

Staff were aware of forthcoming changes in regulations in the use of dental amalgam, which had been printed off and given to them.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus. A risk assessment had been completed for one dentist who was non- responsive to the vaccination.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Medical emergency simulations were rehearsed twice a year to keep staff's skills up to date.

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. However, checks were completed monthly rather than weekly, as recommended in best practice guidance.

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

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

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed most equipment used by staff for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. However, we noted that the autoclaves were not being validated each day as recommended in best practice guidance.

A legionella risk assessment had been completed and the practice had implemented procedures to reduce the possibility of Legionella or other bacteria developing in the water system.

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

The practice used an appropriate contractor to remove dental waste from the premises. Clinical waste bins were stored securely in the practice's garden.

Safe and appropriate use of medicines

The dentists were aware of current guidance about prescribing medicines and antimicrobial prescribing audits were carried out. The most recent audit demonstrated the dentists were following current guidelines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. The fridge temperature in which medicines were stored was monitored each day to ensure they were kept cool. However, we noted that its temperature had been recorded above the recommended level for the previous two months and no action had been taken to address it.

There were suitable systems for prescribing and managing medicines and the practice stored and kept records of NHS prescriptions as described in current guidance. We noted that a separate log was not kept of private prescription issued to patients.

Information to deliver safe care and treatment

We looked at a sample of dental care records to confirm our findings and noted that records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete and legible.

Staff were aware of new guidelines in relation to the management of patient information and these had been discussed at a partners' meeting in July 2018. Information consent forms were available for patients to sign.

We noted that patients' paper medical records were not kept securely in fire proof cabinets but in large open shelving which was easily accessible.

Lessons learned and improvements

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

Accidents and incidents were discussed regularly as part of the provider's regular health and safety meetings, evidence of which we viewed. We read the detailed report of one incident and it was clear the clinician involved was keen to share their experience across all the provider's practices so the likelihood of the event recurring was reduced.

The provider's administrative lead received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and ensured these were disseminated across all the practices. Staff we spoke with were aware of recent alerts affecting dental practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 10 comments cards that had been completed by patients prior to our inspection. All the comments received reflected patient satisfaction with the quality of their dental treatment.

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

Helping patients to live healthier lives

The provider operated a 'Happy Smiles' club at a nearby practice every Tuesday to deliver tailored preventive advice to children and adults who were at a high risk of dental disease. This service was provided by four nurses all of whom had trained, or were being trained, in oral health education. It was provided free of charge and although patients could access the club at the provider's Great Yarmouth branch, plans were in place to open a similar club at the practice. We spoke with one of the oral health educators who told us she had delivered oral health sessions at Sure Start clubs, nurseries and libraries. As part of the session, children dressed up as dentists and practiced brushing a toy dinosaur's teeth. We were shown oral hygiene information that had been adapted to meet the needs of children with autism.

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. Dentists used fluoride varnish for children based on an assessment of the risk of tooth decay.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, disclosing tablets toothbrushes and floss. Information about NHS smoking cessation services was available on TV screens in the patient waiting areas.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. Staff were aware of the need to consider this when treating young people under 16 years of age.

Effective staffing

The practice was fully staffed and we found the dentists were supported by appropriate numbers of dental nurses and administrative staff. We noted, however the hygienist worked without chairside support which was not in line with current best practice. There was no risk assessment in place for this.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. Three of the dentists held further qualifications in orthodontics and one was in the process of undertaking specialist endodontic training. Many of the dental nurses had taken additional qualifications in dental radiography, impression taking, fluoride application and oral health education. Some of the nurses were qualified trainee dental nurse assessors.

Staff told us they discussed their training needs at their annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

Are services effective?

(for example, treatment is effective)

systems in place for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

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

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as caring and understanding. Patients clearly appreciated the care and attention that was provided to them during their treatment. Staff gave us specific examples of where they had supported patients. For example, delivering retainers and dentures to patients at home; organising free dental samples for a homeless charity and collecting a patient who used a wheelchair from a nearby address to transport them to the practice.

We noted the practice offered a spectacles and hearing aid collection point in the waiting area for patients.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see, although we noted paper dental records were not stored securely.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy. Frosted glass and blinds were on downstairs treatment room windows to prevent passers-by looking in.

Involving people in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. One patient told us that treatments were explained thoroughly and all their questions had been answered. Dental records we reviewed showed that treatment options had been discussed with patients.

We noted information leaflets available to patients on a range of dental health matters.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The patient information leaflet explained opening hours, emergency 'out of hours' contact details and arrangements, staff details and how to make a complaint. The practice's website also contained useful information to patients about NHS charges which patients could download. TV screens were available in all waiting areas with a wide variety of information including gum disease, toothpaste types, dental products, complaints and translation services. The practice offered a full range of NHS treatments and patients had access to private treatments including orthodontics, dental implants and teeth whitening.

The practice had made reasonable adjustments for patients with disabilities. These included a disabled parking space, level access entry, an accessible toilet, downstairs treatment rooms, a hearing loop and access to translation services.

Timely access to services

The practice displayed its opening hours in the premises, and included it in their practice information leaflet and on their website. Patients told us they were satisfied with the appointments system and said that getting through on the phone was easy.

Appointments could be made by telephone or in person and the practice operated an email appointment reminder service. Each dentist had four emergency slots available for patients in dental pain.

Listening and learning from concerns and complaints

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

One of the partners took responsibility for dealing with all complaints and monitored them closely to identify themes and patterns. All complaints were discussed at the regular partners' meetings, evidence of which we viewed.

Are services well-led?

Our findings

Leadership capacity and capability

The provider's senior management team was based at the head office in Caister-On-Sea in Norfolk. The team included lead individuals for safeguarding, health and safety, training, and information governance. Staff told us that the partners and senior managers were visible and approachable and worked closely with them to improve the service. One of the partners was the registered manager for the service and had undertaken a level 7 Diploma in Leadership and executive management.

There was a clear staffing structure within the practice itself with specific staff leads for areas such as nursing and reception. Processes were in place to develop staff's capacity and skills for future leadership roles.

Vision and strategy

There was a clear vision and set of values and the practice had planned its services to meet the needs of the practice population. Future plans included purchasing a dental cone beam computer tomography scanner for implants and expanding into out of hours provision.

We reviewed minutes of the quarterly partners' meetings where developments were widely discussed with those present.

Culture

The practice had a culture of high-quality sustainable care. Staff told us they enjoyed their job and felt supported, respected and valued in their work. Staff reported they could raise concerns and were encouraged to do so. They described their morale as good, citing effective leadership, support and training as the reason. They told us of regular social events, supported by the partners, which they enjoyed.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

Governance and management

There were clear and effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments (although some needed review), to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

The practice had received an Investors in People award.

Appropriate and accurate information

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate. Staff received training on information governance.

Each year the practice completed an information governance self-assessment and the most recent result showed that it managed patient information in line with legislation.

Engagement with patients, the public, staff and external partners

The practice used surveys, comment cards and verbal comments to obtain patients' views about the service. The practice had introduced the NHS Friends and Family Test as another way for patients to let them know how well they were doing. We found that patients' feedback was acted upon. For example, their suggestions for a bicycle rack and portable hearing loop had been implemented.

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

Minutes of practice meetings we viewed demonstrated that staff were actively consulted about, and involved in, the performance and development of the practice.

Continuous improvement and innovation

The provider was an approved training centre for dental nurses undertaking a level three diploma in dental nursing and acted as a training provider for newly qualified dentists during their Foundation Training year.

Are services well-led?

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. The partners encouraged staff to carry out professional development wherever possible. As a result, dental nurses had taken additional qualifications in dental radiography, fluoride application and oral health education.

In addition to standard audits for infection control, radiography and dental records, we reviewed audits for areas such as emergency procedures, the safe use of X-ray equipment and waste management. There were clear records of the results of these audits and we saw evidence that results were discussed at clinical meetings. The practice had volunteered to be part of a regional audit by NHS England on antimicrobial prescribing.

There was a staff appraisal system in place whereby the partners appraised dentists, the clinical lead appraised the nurses and the administrative lead appraised all non-clinical staff. Some of these appraisals were overdue but plans were in place for them to take place in the coming months.