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310 Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 29 March 2016 to ask 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

310 Dental Care provides most of its services privately to it patients. It also has a small NHS contract. The practice has surgeries on the ground floor of its premises and this makes the practice accessible to those with limited mobility. A hygienist is available for patients to book. The practice provides restorative services, advice, and endodontics among other services.

Three dentists, a hygienist, three nurses, reception staff and a practice manager work at the practice. The opening hours were Monday to Thursday 8am – 5.30pm Friday 9am – 4.30pm, with out of hours appointments available on request.

The provider and is a registered individual. 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.

We obtained feedback from patients via comment cards and speaking with a small number of patients. In total we received feedback from 49 patients and all of their feedback was highly positive in regards to the services they received.

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

Our key findings were:

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Risks were identified, assessed and managed to keep patients and staff safe.

Summary of findings

- Care was provided in line with national guidance and staff had the skills and qualifications required to provide care and treatment.
- Patients reported being treated with respect and dignity.
- We saw evidence that patient confidentiality was protected by staff.
- Records show that assessments of patients' oral health and any treatment required was appropriate.
- The appointment system was flexible and enabled patients to make an appointment when they needed one.
- Governance arrangements were in place for the smooth running of the practice. There was a structured plan in place to audit quality and safety.
- We noted some items were stored which had passed their date of expiry. The practice implemented an audit to mitigate these risks and dispose of expired materials on the day of inspection.

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

- Ensure that stock control systems put in place on the day of inspection are embedded, to ensure that out of date stock is not used when providing care to patients.

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 appropriate systems in place for infection control, clinical waste control,

management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained.

Staff were aware of the importance of identifying, investigating and learning from patient safety incidents. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. There was a strong focus on oral health and prevention of dental health problems. The practice used current national professional guidance to guide their practice. The staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council and were meeting the requirements of their professional registration

Are services caring?

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

Our observations of the practice showed staff to be kind and compassionate in their interactions with patients. We received 47 CQC comment cards and spoke with two patients during the visit. All of the patients were highly satisfied with the approach of the staff.

Are services responsive to people's needs?

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

The practice was aware of the needs of the population it served. Extended opening hours were available on request to patients who found it difficult to attend for appointments during the traditional working day. Patients could access treatment and urgent care when required. The practice provided patients with written information about how to prevent dental problems. The dental treatment rooms were on the ground floor enabling ease of access for patients with mobility difficulties and families with prams and pushchairs.

Are services well-led?

We found that this practice was well-led care and meeting relevant regulations in terms of governance and duty of candour.

The registered individual was visible in the practice and staff told us they were approachable. Staff were supported with appropriate training and an appraisal. There was an open management style and all staff felt able to contribute to the running of the practice. The practice manager was pro-active in implementing and monitoring governance processes.

310 Dental Care

Detailed findings

Background to this inspection

Care Quality Commission (CQC) carried out a comprehensive inspection of 310 Dental Care on 29 March 2016. The inspection was undertaken by a CQC lead inspector and a dental specialist advisor.

During the inspection we:

- Spoke with two dentists, a dental hygienist, two dental nurses, the practice manager and a member of the reception staff.
- Spoke with two patients and received comment card feedback.
- Undertook a review of records relevant to the management of the service.
- The dental specialist advisor looked at a sample of records of examinations and assessments.
- Observed the premises and staff performing certain tasks.

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 formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a system in place for the reporting and recording of significant events and near misses. The practice manager informed us of one incident reported in January 2016 where a staff member fell in a surgery. They confirmed there had been a review of the incident and it had been discussed with staff. Staff we spoke with were aware of the procedure for reporting incidents and told us they would not hesitate to report any incidents that had placed, or could have placed, the safety of patients at risk.

There was a policy in place for the reporting of injuries, diseases and dangerous occurrences Regulations 2013 (RIDDOR). The practice manager was aware of incidents which required reporting to CQC.

The provider took responsibility for receipt and action arising from national patient safety and medicines alerts received by the practice.

Reliable safety systems and processes (including safeguarding)

Staff records showed us that appropriate training in safeguarding; both children and vulnerable adults had been undertaken by all staff. The practice had safeguarding protocols in place including information on how and where to report suspected abuse. Details of the local safeguarding agencies were held in a hard copy. Staff we spoke with knew where to find the protocol and the safeguarding authority contact details and told us they would report any safeguarding concerns in line with the protocol.

Our discussions with dentists and practice staff, and review of dental care records showed that a rubber dam was used in all cases of root canal treatment when possible. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway).

Staff had access to what action to take in the event of a needle stick injury. The dentists took personal responsibility for dealing with used needles used to deliver anaesthetic.

Medical emergencies

The practice had an automated external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. We checked this during the inspection and found that both child and adult pads were available and were in date. Medical oxygen was held at the practice and we found that the cylinder was full with oxygen. There were adult and child masks available and these were within their expiry date. Both the AED and medical oxygen were checked on a regular basis.

The practice held emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. One of the dental nurses was responsible for checking emergency medicines. We saw records to show that the drugs were checked monthly. All medicines were within their expiry date.

Staff recruitment

We reviewed the staff recruitment files of five staff and found that appropriate pre-employment recruitment checks had been undertaken. For example, proof of identity, references and application forms were retained. The practice demonstrated that all staff had completed a Disclosure and Barring Service (DBS) check when they were appointed.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. There were a number of risk assessments that had been completed. For example,

Control of Substances Hazardous to Health. Other assessments included fire safety, radiation, general health and safety issues affecting a dental practice and water quality risk assessments. We also found clinical staff were immunised against the blood borne virus Hepatitis B that could be transmitted from patients because of a contaminated sharps injury.

Infection control

The practice was clean and tidy. Dental surgery rooms were clutter free and the system for disposal of clinical waste from these rooms, including sharps bins, was appropriate. Audits of the processes and procedures to reduce the risk of cross infection had been completed. We found that action was taken on any areas for improvement that were identified from the audits.

Are services safe?

There was a separate decontamination area for sterilising dental instruments. The practice followed national guidance for the decontamination of dental instruments. One of the dental nurses gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). This included manually cleaning instruments, inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry date was clear. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

Clinical waste was disposed of and stored appropriately, prior to being removed by an authorised contractor.

Equipment and medicines

We saw that the practice was well equipped to deal with a wide range of dental treatments. The equipment was well maintained and kept clean. The maintenance records we reviewed showed that servicing of equipment was undertaken in accordance with manufacturer's recommendations.

The practice held stocks of local anaesthetic required for dental procedures. This was held securely and stock recorded. Anti-biotics were also held at the practice and these were in a locked room and within their date of expiry. We noted that the prescription pads were held securely.

We found some materials required in certain dental work were out of date. This included dental cement and bonding. The practice undertook an audit of stock immediately after the inspection and were able to evidence that a comprehensive system of stock checking had been implemented due to our findings. This assured us that there was no risk to patients due to the response of the practice.

Radiography (X-rays)

The practice had arrangements in place that were in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The practice had records that contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment.

One of dentists acted as the Radiation Protection Supervisor. We saw the three yearly maintenance logs and a copy of the local rules. The local rules were also displayed near each piece of X-ray equipment. The maintenance logs were within the current recommended interval of three years. The provider explained that the critical examination test and acceptance testing certificates had been removed from the practice by a previous dentist who had left the practice. They had attempted, unsuccessfully, to regain the certificates.

Dental care records we saw showed when dental X-rays were taken they were justified and, reported upon. The justifications for X-rays were robust and clear. A quality assurance process was in place to document the quality of each X-ray taken by the dentists. The practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients completed a full medical history and asked if there were any changes to medical conditions or medicines taken before any course of treatment was undertaken. The records we reviewed showed medical history had been checked. The two patients we spoke with told us that the dentists and hygienists asked them about their state of health and any medicines they were taking prior to commencing treatment.

The practice used current guidelines when making decisions on treatment and clinical risk. For example the requirement to take x-rays and the frequency of recall was based upon a full oral examination. Each time the patient received a dental check their records were updated and decisions about their future treatment and check-up regime were noted.

Health promotion & prevention

The patient records we reviewed and comments we received on CQC comment cards showed us that oral health and preventative measures were discussed with patients. Appointments with the dental hygienist were offered when appropriate. Products such as toothbrushes and high fluoride toothpaste were available for patients to purchase at the practice. There were health promotion leaflets available in the practice to support patients to look after their oral health. These included information about good oral hygiene.

The dentists working in the practice carried out consultations, assessments and treatment in line with recognised general professional guidelines. We spoke with two dentists on the day of our visit. They described to us how they carried out their assessments. The assessments began with the patient updating a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

Staffing

There were enough staff to support the dentists during patient treatment. It was apparent by talking with staff that they were supported to receive appropriate training and development.

This included training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding and other specific dental topics. Training certificates we saw evidenced that staff attended off site training when this was appropriate. This demonstrated that the provider was supporting the staff to deliver care and treatment safely and to an appropriate standard.

We spoke with members of staff who confirmed they had their learning needs identified through both informal discussions and their annual appraisal and they were encouraged to maintain their professional expertise by attendance at training courses.

We saw evidence of medical indemnity cover for the dentists, hygienists and nurses who were registered with the General Dental Council.

Working with other services

We discussed with the dentist how they referred patients to other services. Referral letters and responses were held in the patients' records and if requested shared with the patient. The practice ensured patients were seen by appropriate specialists. Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice.

Consent to care and treatment

Patients who provided us with feedback informed us that dentists involved them in decisions about their care and treatment. The dentists we spoke with had a clear understanding of consent issues. They stressed the importance of ensuring care and treatment was explained to patients in a way and language patients could understand. We saw consent was recorded where appropriate.

Dentists we spoke with were clear on their responsibilities in regards to providing treatment to patients who may lack capacity to consent. Staff told us consent and the Mental Capacity Act 2005 was discussed in team meetings.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We saw that staff made significant effort to maintain the confidentiality of patient information. For example, reception staff made efforts to protect patient information when taking calls and speaking with patients. The dentists or dental nurses came to greet patients from the waiting room and take them to the dental treatment rooms for their treatment. The treatment rooms were situated so that conversations between patients and dentists could not be overheard by others in the waiting room. The computers in the practice were password protected and those at reception were positioned so that patients could not see the information on the screens.

The 47 patients who completed comment cards and those we spoke with were all positive about the dentists and hygienist treating them with care and concern. This was also reflected in the practice's own feedback cards.

Involvement in decisions about care and treatment

Information to enable patients to make decisions about their treatment was available in written formats. We saw that treatment plans were used to confirm the treatments proposed and that these were signed by patients. Dental care records we reviewed showed us that options were documented.

The two patients we spoke with and comments contained on CQC comment cards told us that patients felt they had sufficient time with the dentists and that the dentists took time to ensure treatment was fully explained along with oral health advice to help avoid future dental problems.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information on the range of treatments available from the practice was available in the practice leaflet and displayed in the waiting room along with the opening times of the practice. The treatments were also displayed in the reception area and the prices for both NHS and private treatment were detailed alongside the treatments.

The practice provided continuity of care to their patients by ensuring they saw the same dentist each time they attended, where possible.

Patients new to the practice were required to complete a patient questionnaire so that the practice could conduct an initial assessment and respond to their needs. This included a medical history form. The dentists undertook a full examination when patients attended for their first appointment and this was documented in the patient record. Decisions relating to the frequency of recall and the need for x-rays were based upon the findings of the initial assessment and then documented in the patient's records.

Tackling inequity and promoting equality

The practice was accessible to patients in wheelchairs and those with walking difficulties. The practice provided a car park where a space could be arranged for a patient with mobility difficulties, although there were no designated disabled bays. There was also street parking immediately outside the practice. There was level access to the ground floor. Dental surgery rooms were located on the ground floor. There was no Disability Discrimination Act premises assessment undertaken but there was an accessibility policy and staff were aware of the measures required to support patients with additional needs. The practice had access to online or telephone translation services.

We spoke with one young person during the inspection who was attending with a guardian and they told us they were treated well by dentists and communicated with appropriately. We received comments from patients that told us appointments were available outside of school hours.

The opening hours were Monday to Thursday 8am – 5.30pm Friday 9am – 4.30pm, with out of hours appointments available on request. This gave opportunity for patients who found it difficult to attend during the traditional working day an opportunity to book appointments.

None of the patient comment cards, patients we spoke with or those who completed the practice satisfaction surveys expressed any concerns about difficulty accessing appointments. There was very positive feedback regarding accessibility of appointments.

Concerns & complaints

The practice had a complaints procedure. The complaints procedure was displayed in the patient leaflet and information was also available on the website. There were no complaints received in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The provider and practice manager were responsible for the day-to-day management of both the clinical and administrative functions of the practice. There were clear processes for managing staff and ensuring all tasks required to provide good quality services were undertaken and monitored.

The practice had an appropriate range policies and procedures in place to govern the practice. For example, control of infection, health and safety and training and development.

We noted that management policies were kept under review and had been updated in the last year. Staff were aware of where policies and procedures were held and we saw that these were easily accessible if the dentist or senior dental nurse were absent from the practice.

Leadership, openness and transparency

The practice had a statement of purpose. There was a strong ethos of providing safe, personal treatment and we saw that staff were committed to the ethos. Communication in the team was underpinned by team meetings which covered a wide range of topics. Staff we spoke with told us they were encouraged to put forward ideas and they told us they were well supported to carry out their roles and responsibilities. Staff had job descriptions and were clear on the duties that were expected of them.

Staff we spoke with told us the practice had an open culture and that they would have no hesitation in bringing any errors or issues of concern to the attention of the provider or manager. None of the staff we spoke with recalled any instances of poor practice that they had needed to report.

Learning and improvement

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Training was completed through a variety of media and sources. Staff were given time to attend local training seminars and sourced other training opportunities online or through professional journals.

We found there were a number of clinical and non-clinical audits taking place at the practice. These included infection control, clinical record keeping and X-ray quality. There was evidence of repeat audits at appropriate intervals and these demonstrated standards and improvements were being maintained. For example, infection prevention and control audits were undertaken in accordance with current guidelines.

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

The practice undertook ongoing surveys to gain patient feedback on the services provided. We saw that the practice analysed the comments from the surveys every three months. There were very few areas identified for improvement. One minor concern raised by patients was overrunning appointments. This was in the process of being monitored by the practice. The practice demonstrated that they took action on what patients told them.