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Princes Crescent Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 29 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The practice offers NHS primary care dentistry to adult patients and children. The practice is owned by the two principal dentists. There are two dentists, one foundation dentist, three dental nurses, two receptionists and two trainee dental nurses.

The practice is open Monday to Thursday from 8.45am to 5.30pm, and Fridays from 8.45am to 5.00pm. The practice is closed from 12.30pm until 2.00pm to allow staff to have lunch and prepare for the afternoon session.

There is an identified registered person for the practice. 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.

One of the principle dentist acts as the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before the inspection 45 patients provided feedback about the service. All of these were very positive about the practice.

Our key findings were:

- There was an effective complaints system.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There was sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations.

- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- Patients could access urgent care when required.
- The practice was well-led, staff felt involved and supported and worked well as a team.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services they provided.

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

- Introduce a system which ensures that all policies, risk assessments and safety checks are monitored and updated as appropriate.
- Review the procedure for obtaining and storing recruitment documentation and training certificates to enable the review of such documents to take place to identify any gaps.

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 effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, management of medical emergencies and dental radiography.

There was a nominated person in respect of Duty of Candour. The Duty of Candour is a legal duty on health providers to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help patients receive accurate and truthful information from health providers.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and how to report them. Staff had also received training in infection control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs.

Are services effective?

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

Consultations were carried out in line with good practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors noted.

On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was used to plan patient care and treatment. Patients were offered options of treatments available and were advised of the associated risks and benefits. Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved.

Patients were referred to other specialist services where appropriate in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD) activities.

Are services caring?

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the treatment room or in another private room.

Comments on the 45 completed CQC comment cards we received included statements saying the staff were helpful, understanding and pleasant and all staff were excellent.

Are services responsive to people's needs?

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

Summary of findings

Patients could access urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly. However due to the shortage in qualified dentists' patient appointment times did not meet patients' needs and preferences.

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

Are services well-led?

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

Staff were supported through training and offered opportunities for development.

Staff reported that the registered manager was approachable and they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice undertook various audits to monitor its performance and help improve the services offered. The audits included infection control, X-rays, clinical examinations and patients' records.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

Princes Crescent Dental Practice

Detailed findings

Background to this inspection

The inspection was carried out on 29 March 2016 and was led by a CQC inspector. The inspection team also included a dentist specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with four dental nurses, the principal dentist, the registered manager and one patient. We reviewed policies, procedures, and other records relating to the management of the service. We reviewed 45 completed CQC comment cards.

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

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

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered provider. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice manager told us that any accidents or incidents would be discussed at practice meetings or whenever they arose. The practice used their policies and procedures when recording incidents and accidents. The registered manager told us that the policies and procedures were up dated annually or whenever any changes were required.

The practice used a complaints policy to deal with complaints. The policy set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The registered manager told us that any learning from the complaints was shared at practice meetings.

The registered manager was aware of the responsibilities under the duty of candour. There was a nominated person in the practice for duty of candour purposes. We were told us that if there was an incident or accident that affected a patient they would apologise to the patient and engage with them to address the issue in accordance with their practice's policy and procedures governing the duty of candour.

The registered manager told us that they received alerts by mail from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, action taken as necessary and the alerts were stored for future reference.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for child protection and safeguarding vulnerable adults using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The registered manager was the lead for safeguarding. All staff were trained to level two in respect of safeguarding children. The lead role included providing support and advice to staff and overseeing the safeguarding procedures within the practice. We saw that all staff had received training in safeguarding vulnerable adults and children within the last 12 months. Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns and were confident that if they raised any concerns they would be followed up appropriately by the registered manager.

The registered manager told us that all dentists routinely used a rubber dam when providing root canal treatment to patients. The dentists who used a rubber dam were following the guidance issued by the British Endodontic Society. A rubber dam is a small rectangular sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient.

We reviewed a selection of patients' dental records. They were completed in accordance with the guidance provided by the Faculty of General Dental Practice (FGDP) – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. For example, they record that medical histories had been up dated prior to each treatment; soft tissue examinations, diagnosis and consent in addition to other information such as alerts generated by the dentist to remind them that a patient had a condition which required additional care and advice.

The practice had a whistleblowing policy which staff were aware of. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations.

We found that all staff had not undertaken fire safety training and the practice's fire risk assessment was not dated. The practice manager was able to demonstrate that fire safety training and a complete fire risk assessment had been arranged with a private company for April. The fire

Are services safe?

extinguishers were also checked annually. Fire safety checks were undertaken every Friday but these were not recorded. It was agreed that this would be addressed following the fire safety training.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where the emergency items were kept. We saw that the practice kept records which indicated that the emergency equipment, emergency oxygen and the AED were checked regularly. Emergency medicines were checked daily. We checked the emergency medicines and found that they were of the recommended type and were in date.

Staff recruitment

We saw that the practice followed their recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed three personnel files which confirmed that the processes had been followed.

We saw that all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We saw that all relevant staff had personal insurance or indemnity cover in place.

However we did find that the information pertaining to recruitment was stored in different files making it difficult to monitor that all checks were in place and up to date.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that may arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. However we saw that this policy was not dated so we were unable to confirm it had been regularly updated.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. The practice had a system to update the folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw that the registered manager had a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance. However all documents were not dated.

Infection control

The practice had an infection control policy. Staff told us that they had read the policy and understood the content.

There were cleaning schedules in place for cleaning the premises and cleaning records were maintained. Equipment that was used for cleaning the premises was stored suitably in line with current guidelines.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' areas. There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination of dental instruments. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed to guide staff. Staff told us that they wore appropriate personal protective equipment when working in the decontamination room and when treating patients and this included disposable heavy duty gloves, aprons and protective eye wear. A dental nurse was the lead for infection control.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). A

Are services safe?

dental nurse we spoke with spoke knowledgeably about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification to ensure they were perfectly clean before being sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

All staff were aware of the designated 'clean and 'dirty' areas within the surgeries. These zones were clearly identified in all the surgeries.

We saw that the practice had completed an infection control audit. There were identified concerns raised in the audit. We discussed this with the provider and they told us that failings were due to the décor of the building which they were aware of. We saw that plans were in place for a refurbishment of the practice to address these concerns.

We saw from staff records that all staff had received in hand hygiene techniques. We saw documentation which confirmed all staff were booked into a full infection control training session.

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet. We saw that the sharps bins were being used correctly and located appropriately in the surgeries. Clinical waste was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed that all clinical 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.

The registered manager was the lead for legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. We reviewed the

legionella risk assessment report. Although there were no concerns identified this assessment had not been reviewed since 2011. The practice undertook monthly test of their waterlines. These and other measures were taken to increase the likelihood of any contamination being detected early and treated.

Equipment and medicines

Portable Appliance Testing (PAT) was undertaken annually. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) We saw that the last PAT test had taken place in August 2015. The practice displayed fire exit signage and had appropriate firefighting equipment in place.

However we found that the electrical installation test was due for renewal in October 2015. This had yet to be undertaken.

We saw maintenance records for equipment such as autoclaves and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Local anaesthetics were stored appropriately in each surgery. Other than anaesthetics and emergency medicines, no medicines were kept at the practice.

Radiography (X-rays)

The practice had a radiation policy. The X-ray equipment was located in each of the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which was displayed in each surgery and stated how the X-ray machine should be operated safely; however these rules were not dated to show when they had been drawn up or reviewed. The file also contained the name and contact details of the Radiation Protection Advisor. We saw that the dentists were up to date with their continuing professional development training in respect of dental radiography.

The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. We saw the results of the last annual X-ray audit which was in

Are services safe?

accordance with the Faculty of General Dental Practice (FGDP) guidance. The audit of X-rays showed that the X-rays were graded and the reasons for taking the X-ray were recorded.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information on the patient's electronic dental records for future reference. In addition, the dentists told us that they discussed patients' life styles and behaviours such as smoking and drinking and where appropriate offered them health promotion advice. This was recorded in the patient's records. We saw from the dental records we reviewed, that at all subsequent appointments patients were always asked to review their medical history form. This ensured the dentists were aware of the patients' present medical condition before offering or undertaking any treatment. The records showed that routine dental examinations included checks for gum disease and oral cancer.

The dentists told us that they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. We saw from the dental records that these discussions took place and the options chosen and fees were also recorded.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

Patients requiring specialist treatments that were not available at the practice such as orthodontics were referred to other dental specialists. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice and the fees for treatment. Staff told us that they offered patients information about effective dental hygiene and oral care in the surgeries.

The principal dentist advised us that they offered patients oral health advice and provided treatment in accordance

with the Department of Health's guidance 'The Delivering Better Oral Health' toolkit. Treatments included applying fluoride varnish to teeth. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay.

Staffing

We saw that all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD), to update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

Staff training was being monitored and recorded by the registered manager. There was no training log in place; this made it difficult for us to evidence what staff had undertaken what training. Records we reviewed showed that all staff had received training in basic life support, hand hygiene and safeguarding children and vulnerable adults.

Staff we spoke with told us that they had staff annual appraisals and thought that they were useful.

Staff told us that they worked well as a team and covered for each other when colleagues were absent for example, because of sickness or holidays.

Working with other services

The dentist explained that they would refer patients to other dental specialists for minor oral surgery and orthodontic treatment when required. The referrals were based on the patient's clinical need. In addition, the practice followed the two week referral process to refer patients for screening for oral cancer.

Consent to care and treatment

Staff we spoke with demonstrated an awareness of the Mental Capacity Act (MCA) 2005 and its relevance to their role. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions. The dentists demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA. We saw that all staff had received an MCA awareness update within the last 12 months.

Are services effective?

(for example, treatment is effective)

Staff ensured patients gave their consent before treatment began. Staff informed us that verbal consent was always sought prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment

commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in a surgery room which was not being used.

Staff we spoke with understood the need to maintain patients' confidentiality. The registered manager was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient records, both paper and electronic were held securely.

Comments on the 45 completed CQC comment cards we received included statements saying the staff were helpful, understanding and provided an excellent service all round.

Involvement in decisions about care and treatment

Comments made by patients who completed the CQC comment cards confirmed that patients were involved in their care and treatment.

The staff we spoke with understood the principles of the Gillick competency test and applied it. The test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. Staff told us that patients with disabilities or in need of extra support would be given as much time as was needed to provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the reception and waiting areas described the range of services offered to patients and the practice opening times. Information was also available explaining the practice's complaints procedure. The registered manager told us that they offered patient information leaflets on oral care and treatments in the surgery to aid patients' understanding if required or requested.

Emergency appointments were available to all patients who suffered pain or discomfort with their teeth. Each dentist kept some appointment times empty each day so they could see any patient in an emergency.

Tackling inequity and promoting equality

The practice was situated in a small shopping area of Morecambe. There were adequate transport arrangements and parking facilities for people with limited mobility. The building was Victorian and therefore facilities were situated over three floors. Patients with limited mobility were seen in the ground floor surgery and the need for this was

flagged up on their dental records. There were no disabled toilet facilities available. People who may require such facilities were advised this when they first enquired about registering with the practice.

Staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services. The practice had access to a translation service for patients with English as a second language who may require assistance.

Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. For patients in need of urgent care out of the practice's normal working hours they were directed by answerphone message to another dental practice which was covering the emergency rota.

Concerns & complaints

The practice had a complaints policy and procedures. The practice made available information in the waiting areas on how to complain. The staff we spoke with were aware of the complaints process and told us that they would refer all complaints to the registered manager to deal with. There had been no complaints received in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, safety policy and an infection control policy. Staff we spoke with were aware of their roles and responsibilities within the practice. All governance arrangements were the responsibility of the registered manager.

Leadership, openness and transparency

There was an open culture at the practice which encouraged candour and honesty. Staff told us that it was a good practice and they felt able to raise any concerns with each other and the registered manager. They were confident that any issues would be appropriately addressed. Staff also told us that they worked well together and supported each other.

Staff who we spoke with told us that they felt fully supported by the provider management team.

Learning and improvement

We saw that training was accessed through a variety of sources including formal courses and informal in house training. Staff we spoke with stated they were given sufficient training to undertake their roles and given the opportunity for additional training.

We saw that staff meetings were held every two months. Minutes from these showed us that staff training was discussed and training needs identified. There was a fire drill at the end of each staff meeting.

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

The provider seeks the views of patients using the NHS Friends and Family Test (FaFT). The NHS FaFT was created to help service providers and commissioners understand whether their patients were happy with the service provided or where improvements were needed.

Results from the FaFT were collated monthly. The practice received 17 responses to the test in March 2016. All comments on the returns were positive and from the 17 cards 16 respondents reported that they were extremely likely to recommend the practice.

The registered manager understands the need to seek patients views from a variety of source and was looking into develop a feedback survey for the practice.