

Rose Cottage Dental Practice

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Inspection Report

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Overall summary

We carried out this announced inspection on 5 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Rose Cottage Dental Practice is in Sleaford, a market town in Lincolnshire. It provides some NHS but mostly private treatment (85%) to patients of all ages. The practice are not currently accepting applications from new NHS patients.

There is level access for people who use wheelchairs and pushchairs. (A portable ramp is available). The practice does not have a car park but public parking facilities are available next to the practice. These include spaces for blue badge holders.

The dental team includes four dentists (including two principals), a visiting implant dentist, six dental nurses,

Summary of findings

three dental hygienists and two receptionists. A trainee practice manager is also employed. The practice has five treatment rooms, two of these are on the ground floor. The practice is currently being refurbished.

The practice is owned by a partnership 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 Rose Cottage Dental Practice is one of the principal dentists.

On the day of inspection we collected 45 CQC comment cards filled in by patients. This information gave us a very positive view of the practice. We did not receive any negative feedback.

During the inspection we spoke with four dentists, two dental nurses, one dental hygienist, a receptionist and the trainee practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday 9am to 7pm, Tuesday to Friday 9am to 5pm.

Our key findings were:

- Effective leadership from the provider was evident.
- Staff had been trained to deal with emergencies and appropriate medicines and most life saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting of untoward incidents and shared learning when they occurred in the practice.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- Staff were aware of the needs of the local population and had deployed some measures in the practice, in response.
- Patients had access to routine treatment and emergency care when required.
- Staff received training appropriate to their roles and were supported in their continuing professional development (CPD) by the practice.
- The practice dealt with complaints positively and efficiently.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- Governance arrangements were embedded within the practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

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 and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

No action



Are services effective?

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

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

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 45 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, understanding and accommodating. They said that they were given very helpful and detailed explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

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 where this was possible. The practice had access to telephone interpreter services and had arrangements to help patients with most special needs requirements.

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.

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 robust 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.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. We noted six accidents had been reported since October 2015 and appropriate action was taken in response. We also noted learning outcomes were recorded when untoward incidents occurred. Discussions took place in staff practice meetings, and minutes of these were held.

The practice was registered to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The provider told us they received alerts and took any action where appropriate. They had not maintained a log of any review or action taken by staff in response to alerts received. We were informed that a log would be implemented.

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. One of the principal dentists was the lead for safeguarding concerns and we noted they had undertaken training required to undertake this role. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy that named two points of contact in the practice who could be approached. Staff told us they felt confident they could raise concerns without fear of recrimination.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data

sheets ensured information was available when needed. The practice had adopted a process for the review of COSHH data annually to ensure their records were up to date.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. The plan was last reviewed in August 2017.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Training last took place in January 2017. We noted that staff did not undertake training scenarios or practice rehearsals in between annual training.

Emergency equipment and medicines were available as described in recognised guidance. We noted that the practice did not hold a child size self-inflating bag with reservoir or child paediatric pads for use with the defibrillator however. The provider told us they would order these items. Our examination of the equipment also identified that a review of individual items such as the syringes was required as these were old and did not contain manufacturer or expiry dates. Staff kept records of the checks on all medicines and other equipment to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files relating to staff more recently employed. These showed the practice followed their recruitment procedure.

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

Monitoring health & safety and responding to risks

Are services safe?

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.

A dental nurse worked with the dentists but not routinely with 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 every year.

The practice had robust 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 audit twice a year. The latest audit in June 2017 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. The latest assessment was undertaken in March 2017.

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

Equipment and medicines

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

The practice had most suitable systems for prescribing, dispensing and storing medicines. We noted whilst prescription pads were held securely, the practice had not adopted a system for the recording of serial numbers of pads when received into the practice. We were informed that the practice did not hold a record of prescription numbers when items were prescribed. This was not in line with national guidance regarding security of NHS prescription pads. The provider told us they would strengthen their existing security measures.

Radiography (X-rays)

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.

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. We looked at records which showed that basic periodontal examinations were carried out. We noted in a small sample of patient records we reviewed that details of risk assessments including caries and periodontal treatment had not been routinely recorded however. 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 information. We looked at the latest audit in May 2017 and noted that more detailed clinical information could have been included for review. Audits were discussed amongst staff following their completion.

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. We noted that the dentists met during the year to discuss the 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 for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

One of the nurses had completed an oral health education course. One of the dentists and the nurse had visited two local schools within the past year to promote good oral health.

Staffing

We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

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

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly. We noted that patients were not offered a copy of their referral letter.

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 in CQC comment cards that their dentist listened to them and gave them clear information about their treatment.

The practice had implemented a policy about the Mental Capacity Act 2005. The team fully understood their responsibilities under the act when treating adults who may not be able to make informed decisions. We noted that training had taken place and the Act had been discussed amongst staff.

The practice's consent policy referred to Gillick competence and the dentists 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.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were caring, understanding and 'went out of their way to accommodate' their patients' needs. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and listened to them. Staff told us that new patients were asked about nerves/anxiety and their concerns were recorded on to their records.

Patients could choose whether they wanted to register with a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. The practice had a separate waiting area for patients away from the reception desk. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it. The provider told us they had implemented forms for completion if patients were happy for their family members to speak with practice staff. This ensured the practice were compliant with data protection requirements.

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

There was a television in the waiting area and a selection of magazines were available for patients to read. Water was also provided.

Involvement in decisions about care and treatment

The practice mostly offered mostly private dental treatments (85%) The costs for NHS and private dental treatment were displayed in the practice.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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, cosmetic procedures and more complex treatment such as implants and orthodontics.

Visual aids and models were used so the clinical staff could show patients their treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were provided with specific examples. This included seeing a patient with a health condition at a particular time of day which suited their medical needs. We were informed that patients with mobility problems were allocated longer appointment times where required and seen in a treatment room on the ground floor. We were told that extra time could be allocated for patients who had anxiety problems.

Staff told us that they ensured extra time was allocated to patients for after care if they had attended for a difficult procedure. This included inviting patients to sit down and asking how they were feeling.

Patients were sent a text message, email or a telephone call (on request) a day before their appointment to remind them to attend.

We noted that practice staff had recently attended training in dementia awareness during one of their training days. Information about the training and a video produced by Alzheimers Research UK was uploaded on to the practice website.

Promoting equality

The practice made reasonable adjustments for patients with disabilities where these were possible, due to the physical constraints of the building. These included step free access with a portable ramp, a bell at the front entrance, reading glasses at the reception desk and a rail

on both sides of the staircase. The practice had a ground floor toilet, but this was accessible by stepped access. The practice did not have a hearing loop installed at reception. The provider told us they would consider obtaining one.

The practice had access to telephone translation services.

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 where possible.

The practice was committed to seeing patients experiencing pain on the same day and kept two appointments free for same day appointments. These were triaged. The practice took part in an emergency on-call arrangement with four other local practices. NHS patients were directed to the NHS 111 service. The website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. 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. Information posted in the practice explained how to make a complaint. The trainee practice manager was responsible for dealing with complaints. Staff told us they would tell the trainee practice manager or principal dentists about any formal or informal comments or concerns straight away so patients received a quick response.

The trainee practice manager and one of the principal dentists told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these, if appropriate. 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 within the past twelve months. The practice had received one written complaint. Review of the records showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. Patient testimonials were included on the website.

Are services well-led?

Our findings

Governance arrangements

The principal dentists had overall responsibility for the management and clinical leadership of the practice. The trainee practice manager was responsible for the day to day running of the service with ongoing support from one of the principal dentists. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. We were provided with detailed examples which demonstrated staff understanding of the requirements and how they were relevant in the dental care setting.

Staff told us there was an open, no blame culture at the practice. They said the trainee practice manager and principal dentists encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the trainee practice manager and principal dentists were approachable, would listen to their concerns and act appropriately. The trainee 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 monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included

audits of dental care records, X-rays and infection prevention and control. They had records of the results of these audits and the resulting action plans and improvements. We noted that a record keeping audit we reviewed had scope for improvement in the level of the clinical detail recorded however.

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

We noted that the practice supported staff development. For example, the hygienist was undertaking a masters course in dental studies and the trainee practice manager was undertaking a leadership and management course.

Staff told us they completed mandatory 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. We saw examples of suggestions from patients the practice had acted on. For example, more appointments with the hygienist were made available outside of usual working hours to accommodate patients who could not attend during the working day. As a result of patient feedback, the toilet facility was also refurbished.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Results collated since January 2017 showed four responses had been received. Of these, three patients were extremely likely to recommend the practice and one was likely to.