Mr. Andrew Adamson

Rounds Hill House Dental Practice

Inspection Report

Rounds Hill House Dental Practice
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Website: N/A

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Overall summary

We carried out an announced comprehensive inspection on 15 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

Rounds Hill House Dental Practice is a practice that provides NHS dental treatment to both adults and children. Approximately 85% of the treatments are provided to NHS patients. The practice is situated in converted premises on the outskirts of Bracknell. The practice has four dental treatment rooms and each contains its own facilities for decontamination of dental instruments. There are two treatment rooms on the ground floor and two on the first floor.

The practice is owned by two partner dentists who both work at the practice. They employ two dentists, four dental nurses and a dental nurse in training. The clinical team are supported by a team of three reception staff and two administration staff. Three part time dental hygienists work at the practice and they are self-employed.

The practice is open between 8am and 7pm on a Monday and Tuesday, 8am to 5.45pm on Wednesday and Thursday and 8am to 5.30pm on a Friday. A Saturday morning service is available between 8am and 1pm.

Summary of findings

The partners are responsible for the day to day activities of the practice. One of them, is 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 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 we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We collected 24 completed cards and obtained the views of five patients on the day of our visit. All the patients who offered their feedback on the service were positive both about the care they received and on the access they had to the service. Many patients commented on how thorough the dentists were in their examinations. They also commented that all the dentists and staff were kind, helpful, polite and professional.

We carried out an announced comprehensive inspection on 15 March 2016 as part of our planned inspection of all dental practices. Our inspection was carried out by a lead inspector and a dental specialist adviser.

The practice had been inspected before in 2013 using a different inspection process and regulations that have been superseded.

Our key findings from our inspection in March 2016 were:

- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines
- Patients' needs were assessed and care was planned and delivered in line with general professional and other published guidance.
- The practice was visibly clean and well maintained and infection control procedures were appropriate and followed published guidelines.
- Governance arrangements were in place for the smooth running of the practice and the practice completed the mandatory audits for infection control and radiography.
- Staff received training relevant to their roles and were supported in their continuing professional development.
- Appropriate arrangements were in place to protect patients from the risks posed by exposure to x-rays.

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

- Gain access to NHS Choices website and respond to patient comments recorded there.

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.

The practice took their responsibilities for patient safety seriously and 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 30 CQC comment cards and spoke with seven patients during the visit. All of the patients commented on the quality of care they received.

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 served. Extended opening hours were available 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. Three of 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 providing well-led care in accordance with the relevant regulations.

The dental partners were visible in the practice and staff told us they were approachable. Staff were supported with appropriate training an appraisal. There was an open management style and all staff felt able to contribute to the running of the practice.

Rounds Hill House Dental Practice

Detailed findings

Background to this inspection

Care Quality Commission (CQC) carried out a comprehensive inspection of Rounds Hill House Dental Practice on 15 March 2016. The inspection was undertaken by a CQC lead inspector and a dental specialist advisor.

We informed NHS England area team that we were inspecting the practice.

During the inspection we:

- Spoke with two dentists, a dental hygienist, two dental nurses and two member of the reception staff.
- Also spoke with four patients.
- Undertook a review of records relevant to the management of the service.
- The dental specialist advisor looked at a number of anonymised patient records.
- Carried out observations around the service.

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 a system in place for the reporting and recording of significant events. We noted that there had not been any incidents reported during the last two years. Staff we spoke with were aware of the practice procedure and told us they would not hesitate to report any incidents that had placed, or could have placed, the safety of patients at risk.

We were told that if an incident was reported it would be investigated and that learning from the incident would be shared via staff meetings to ensure that all staff were aware of the measures that should be taken to avoid a recurrence in the future.

The registered manager 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)

We spoke with a number of staff during the inspection including two dentists, two dental nurses, a hygienist and two members of the reception team. All the staff we spoke with were able to describe the types of abuse they might witness or suspect during the course of their duties. Staff records showed us that appropriate training in safeguarding; both children and vulnerable adults had been undertaken by all staff. The practice had a safeguarding protocol in place and one of the dentists was the safeguarding lead for the practice.

Details of the local safeguarding agencies were held both in hard copy and on the practice computer system. 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 some cases of root canal treatment. The dentists we spoke with told us that in some cases patients refused the use of the rubber dam. In these cases the patient's decision was recorded in the dental records. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal treatment.

Staff were able to describe the action they would take if they suffered a needlestick 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 recruitment files of six 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.

Are services safe?

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 were in place. We found that action was taken on any areas for improvement that were identified from the audit.

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 manufacturers recommendations.

The practice held stocks of local anaesthetic required for dental procedures. This was held securely and stock recorded. When local anaesthetic was administered the batch number was recorded in the patient's dental record. No other medicines were held at the practice. If a patient required a medicine this was prescribed by the dentist and the prescription was taken by the patient to a pharmacy of their choice. We noted that the prescription pads were not held in a secure drawer or safe and that the prescription pads were not logged out to the dentists. We discussed this with the lead dentist and the senior dental nurse. They took immediate action to secure the prescription pads and to institute a record of the prescription pad serial numbers and when the pads were issued to each dentist. The security of blank prescriptions was improved immediately based on our inspection findings.

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 the partner dentists acted as the Radiation Protection Supervisor. We saw the critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of three years.

Dental care records we saw showed when dental X-rays were taken they were justified and, reported upon. 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 dental care records we reviewed showed medical history had been checked. The seven patients we spoke with all 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 dental care 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 and patients were given the option of taking up the offer. 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 support 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 also 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'dental care records. These 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. Systems had been put into place by local commissioners of services and secondary care providers whereby referring practitioners would use bespoke designed referral forms. This helped ensure the patient was seen in the right place at the right time.

When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring. There was a system in place to ensure the information received from other services was entered in the dental care records to ensure the dentist saw this when they next treated the patient.

Consent to care and treatment

All the patients we asked said the 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. Two dentists we spoke with

Are services effective?

(for example, treatment is effective)

explained how they would take consent from a patient who suffered with any mental impairment, which may mean they might be unable to fully understand the implications of their treatment. The dentists explained if there was any doubt about the patient's ability to understand or consent to the treatment, then treatment would be postponed. They explained they would involve relatives and carers to ensure the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005.

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 avoided repeating patient names when taking telephone calls to avoid other patients in the waiting room overhearing. 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 30 patients who completed comment cards and those that took part in practice services were all positive about the dentists and hygienist treating them with care and concern. We noted that two of the dentists preferred not to have parents present during the treatment of younger patients. Their rationale was explained to patients in feedback to the patient survey which was displayed on the practice noticeboard. Parents and children who wished to have their parents with them were encouraged to discuss their preference with the dentists.

Involvement in decisions about care and treatment

Information to enable patients to make decisions about their treatment was available in written formats. However, we were told by the dentists, and patients confirmed, that the emphasis was on verbally advising patients of the treatment proposed or options available. We saw that NHS 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 seven 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 at 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. When this was not possible they were able to see one of the other dentists.

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 large car park with two designated bays for disabled parking close to the entrance. There was a system in place for patients requiring assistance to alert reception to their arrival. The reception staff were then able to assist the patient gain entry to the practice. There was lowered entrance to the reception area where a patient using a wheelchair could locate themselves to speak with the reception staff. The main waiting room had sufficient space for a wheelchair or for pushchairs and prams. Dental surgery rooms were located on both ground and first floors. The dentists were able to use the ground floor rooms to treat patients who had difficulty getting up and down stairs.

The practice had access to online or telephone translation services. We were told this service had not been used because the few patients that required assistance with translation were able to bring a relative or friend to support them.

Carers who accompanied patients were able to enter the treatment rooms with the patient to support them during their examinations and treatments. We received comments from patients that told us appointments were available outside of school hours.

Access to the service

The practice was open between 8am and 7pm on a Monday and Tuesday, 8am to 5.45pm on Wednesday and Thursday and 8am to 5.30pm on a Friday. A Saturday morning service was available between 8am and 1pm. We saw this gave opportunity for patients who found it difficult to attend during the traditional working day 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.

Concerns & complaints

The practice had a complaints procedure. One of the dentist partners was responsible for investigating and responding to any complaints the practice received. The complaints procedure was displayed in the waiting room and in the patient leaflet. Staff we spoke with were clear in their understanding of the practice procedure and how they would support a patient who wished to lodge a complaint. We reviewed the one complaint the practice received in the last 12 months. This showed us that an investigation had been carried out. The patient received an honest and open response in a timely manner and an apology was given.

We reviewed the NHS choices website for the practice. This showed us that nine patients had posted comments in 2015/16 about the service they received. Seven of the comments were positive but two contained complaints about the service. We noted that the practice had not taken the opportunity to respond to patient comments on NHS choices.

Are services well-led?

Our findings

Governance arrangements

One of the dentist partners was responsible for the day-to-day management of both the clinical and administrative functions of the practice. The dentist was assisted in the day to day management of the practice by the senior dental nurse.

The partners 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. Records were kept of the meetings. 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 dentists. 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 Society audits were undertaken in accordance with current guidelines.

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

The practice undertook daily patient satisfaction surveys to gain patient feedback on the services provided. We saw that the practice analysed the comments from the surveys on a monthly basis. The results were discussed at monthly team meetings. A response to issues raised was displayed on the notice board in the main waiting room. The practice demonstrated that they took action on what patients told them. For example, when patients requested access to hygienist appointments in the afternoon the practice added an additional hygienist session.