

Dr. Richard Linton

Faversham Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 23 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

There are two providers of dental services operating from the premises. They are

Ms. Christine Lupin who is responsible for The Faversham Dental Practice

and

Dr. Richard Linton who is responsible for Faversham Dental Practice.

Each provider is a sole practitioner.

The two providers have shared staff, policies, processes, equipment and accommodation. We inspected both providers at the same time. There is a separate report for each provider.

Faversham Dental Practice is a mixed dental practice providing both NHS and private treatment. The practice caters for children and adults and is situated in the town centre.

The practice provides services on two levels and has three treatment rooms, one of which is unused as it is awaiting refurbishment. There is a decontamination room, a reception and a waiting area. The surgery is up a steep flight of stairs and is unsuitable for wheelchair users.

The provider is the registered person. A registered person is registered with the Care Quality Commission to

Summary of findings

manage the service. 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.

Faversham Dental Practice has one dentist, one dental hygienist who provided preventative advice and treatments on prescription from the dentist working at the practice. The dentist and hygienist are supported by two dental nurses, and a receptionist.

Before our inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of using the practice. We collected 13 cards that referred to Faversham Dental Practice and 42 cards that referred generically to “the practice”. All provided a positive view of the service the practice provides. Patients commented that the staff at Faversham Dental Practice were compassionate and caring. They were efficient and friendly. Patients remarked on the fact that the dentist provided sound advice on preventing dental problems.

There were 42 comment cards that referred to the practice generically. Excellence was a theme that ran through them. Many patients remarked on the high quality of the treatment provided. Patients commented on the cleanliness of the establishment. We talked with two patients whose comments supported this.

Our key findings were:

- Staff were aware of the need to report incidents and there were policies to help ensure that any incidents would be used for shared learning and improvement
- The practice was visibly clean and well maintained
- Patients’ needs were assessed and care and treatment was planned and delivered in line with current guidance.
- The practice had effective safeguarding processes and staff understood their responsibilities for safeguarding vulnerable adults and children.
- The practice placed an emphasis on the promotion of good oral health and provided regular oral health advice to patients.
- Staff had received training appropriate to their role and were supported in their continued professional development.
- Information from the completed comment cards gave us a positive picture of a friendly, caring and professional service.
- The practice took into account comments, suggestions and complaints and used these to make improvements to the service.
- Staff were well supported and were committed to providing a quality service to their patients.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice staff were aware of the need to identify, investigate and learn from patient safety incidents. The practice had suitable arrangements for infection prevention and control, clinical waste management, dealing with medical emergencies at the practice and dental radiography (X-rays). We found that the equipment used in the dental practice was well maintained. 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 adults.

Are services effective?

We found that the 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. The practice used national guidance including that from the National Institute for Health and Care Excellence (NICE). We saw examples of positive team work within the practice and evidence of good communication with other dental professionals. The staff received professional training and development appropriate to their roles and learning needs. Staff who were registered with the General Dental Council (GDC) were supported in their continuing professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

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

We collected 55 completed CQC patient comment cards and spoke with two patients. All of the information from patients was positive about the service. Patients commented on the caring attitude and friendliness of staff. They praised the care and treatment they received and the standards of cleanliness at the practice. Patients, who were nervous of treatment, remarked that the dentist and nurse put them at their ease and carefully explained each step in the procedure. There were thank you letters and cards which supported this.

Are services responsive to people's needs?

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

The practice provided clear information to patients about the costs of their treatment. Whether NHS or private. Patients could access treatment and urgent care when required. The practice was not suitable for wheelchair users and the staff referred such patients to other suitable local services. Staff helped families with prams and pushchairs. There were telephone translation services available.

Are services well-led?

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

The principal dentist worked closely with the staff and the other dental provider to co-ordinate the day to day running of the practice. Staff were aware of the ethos and vision of the dental providers. There was planned approach to succession planning within the practice. The provider used quality assurance processes to assist them to maintain the quality of the service.

Faversham Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This was an announced inspection and was carried out on 23 March 2016 by two CQC inspectors.

We informed NHS England area team and local Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

During our inspection we spoke with three dentists, three dental nurses, one receptionist and the practice manager. We looked around the premises and reviewed operational policies dental care records and staff files.

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 to manage significant events, safety concerns and complaints and staff understood the processes. There had been nine events reported between 2014 and the date of the inspection. They had been well recorded and investigated. Lessons had been learned. For example following one incident, where a patient's denture had broken during a procedure, staff now recorded the fragility of dentures before undertaking a process that might affect them.

There was an accident reporting book. None of the accidents or incidents recorded were sufficiently serious to warrant reporting under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) or to the Care Quality Commission.

The dentist from The Faversham Dental Practice received national and local safety alerts by email. We saw how these were received, shared with this provider, stored and acted upon.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures for safeguarding children and vulnerable adults, which were up to date. The policies were based on professional guidance (from the British Dental Association) and adapted to meet local requirements. They contained the contact details for the local authority safeguarding team both in and out of normal working hours. This information was displayed prominently and all staff were aware of the procedure to follow.

The dentist for The Faversham Dental Practice was the safeguarding lead for both providers. Staff knew who the safeguarding lead was. All staff had completed safeguarding training to the appropriate level. Staff we spoke with were confident when describing potential abuse or neglect and how they would raise concerns with the safeguarding lead.

Staff were aware of the procedure for whistleblowing if they had concerns about any staff member's performance. Staff told us they would be confident about raising such issues with either of the dentists.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. 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 work. The practice showed us that they had rubber dam kits available for use when carrying out endodontic (root canal) treatment.

The practice had processes to make sure that they did not make avoidable mistakes such as extracting the wrong tooth. The dentist told us they always checked and re-checked the treatment plan and re-examined the patient. They said they took particular care with this where they were extracting a tooth on the recommendation of another dentist (such as when carrying out orthodontic extractions). The processes were double checked with the dental nurse assisting them. The dentist was aware that carrying out incorrect dental treatment of any kind would be reportable to CQC.

Medical emergencies

The practice had arrangements to deal with medical emergencies. There was an automated external defibrillator (AED - a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). Staff were trained in its use. The practice had the emergency medicines as advised in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely with emergency oxygen and were accessible to staff. All emergency equipment was regularly checked. All the medicines and equipment we checked were in date and fit for purpose.

Staff recruitment

The practice's written procedures contained clear information about all of the checks required by regulation for new staff. The practice had not recruited any new staff since the enactment of the regulations. However the staff recruitment files contained the relevant information such as educational certificates, photographic identification, General Dental Council (GDC) and professional indemnity certificates (if applicable) and evidence of Hepatitis B vaccination status.

Are services safe?

The Disclosure and Barring Service carries out checks to 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. The practice had obtained DBS checks for all relevant staff.

Monitoring health & safety and responding to risks

There were arrangements to deal with foreseeable emergencies. We saw that there was a health and safety policy. The premises were leased and the freeholder was responsible for assessing the premises for risk of fire. There were fire extinguishers, strategically placed, throughout the building. They had been checked and serviced in accordance with the manufacture's guidelines. There were regular fire evacuation drills.

The requirements of the Control of Substances Hazardous to Health 2002 (COSHH) regulations were met. There was a COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified. Actions were described to mitigate risks and staff were aware of these. COSHH products were securely stored. Staff were aware of the COSHH file and of the strategies to minimise the risks associated with these products.

There were arrangements to refer patients to another nearby practice, should the premises become unfit for use. Emergency arrangements had been considered and there was a business continuity plan with key contacts, such as for electrics or plumbing, which could be referred to in the event of service failures.

Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. This assured us that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices. The dentist for The Faversham Medical Practice had overall lead responsibility for infection prevention and control (IPC).

We saw that dental treatment rooms, decontamination room and the general environment were clean, tidy and clutter free. Patients said that the practice maintained a

good standard of cleanliness. The practice employed a cleaner for general cleaning at the practice and we saw that cleaning equipment was safely stored in line with guidance about colour coding equipment for use in different areas of the building.

During the inspection we observed that the dental nurses cleaned the surfaces, dental chair and equipment in treatment rooms between each patient. We saw that the practice had a supply of personal protective equipment (PPE) for staff and patients including face and eye protection, gloves and aprons. There was also a good supply of wipes, liquid soap, paper towels and hand gel available. The decontamination room and treatment rooms all had designated hand wash basins separate from those uses for cleaning instruments.

The practice had a well-defined system which separated dirty instruments from clean ones in the decontamination room, in the treatment rooms and while being transported around the practice. Different boxes were used for the dirty and clean instruments.

There was a separate decontamination room. The dental nurse showed us the full process of decontamination including how staff manually scrubbed and rinsed the instruments. They were checked for debris using an illuminated magnifying glass. An ultrasonic bath and autoclaves (equipment used to sterilise dental instruments) were used to clean and then sterilise them. Clean instruments were packaged and date stamped according to current HTM01-05 guidelines. Dentists and nurses in each treatment room checked to make sure that packs, which had gone past the date stamped on them, were not used. Any packs not used by the date shown were processed through the decontamination cycle again.

The dental nurse showed us how the practice checked that the decontamination system was working effectively. They showed us the paperwork they used to record and monitor these checks. These were fully completed and up to date. We saw maintenance information showing that the practice maintained the decontamination equipment to the standards set out in current guidelines.

A specialist contractor had carried out a legionella risk assessment for the practice and we saw documentary evidence of this. Legionella is a bacterium which can contaminate water systems. We saw that staff carried out

Are services safe?

regular checks of water temperatures as a precaution against the development of Legionella. Regular flushing of the water lines was carried out in accordance with the manufacturer's instructions and current guidelines.

The practice carried out audits of infection control every six months using the format provided by the Infection Prevention Society. The practice also completed an annual IPC report in line with guidance from the Department of Health code of practice for infection prevention and control.

The practice had a record of staff immunisation status in respect of Hepatitis B a serious illness that is transmitted by bodily fluids including blood. The practice had an appropriate policy and used a safe system for handling syringes and needles to reduce the risk of sharps injuries. There were clear instructions for staff about what they should do if they injured themselves with a needle or other sharp dental instrument including the contact details for the local occupational health department.

The practice stored their clinical and dental waste in line with current guidelines from the Department of Health. Their management of sharps waste was in accordance with the EU Directive on the use of safer sharps and we saw that sharps containers were well maintained and correctly labelled. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary required waste consignment notices. There were spillage kits for cleaning hazardous substances such as mercury.

Equipment and medicines

We looked at the practice's maintenance schedule. This showed that they ensured that each item of equipment was maintained in accordance with the manufacturer's

instructions. This included the equipment used to sterilise instruments, X-ray equipment and equipment for dealing with medical emergencies. All electrical equipment had been portable appliance tested (PAT) by an appropriate person.

Prescription pads held by the practice were securely stored. The batch numbers and expiry dates for local anaesthetics were always recorded in the clinical notes. Temperature sensitive medicines were stored in a fridge and the staff kept a record of the fridge temperatures.

Radiography (X-rays)

There was a radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. There were maintenance records which showed that the X-ray equipment had been serviced within the correct timeframes. The file contained a copy of the local rules (a record of the working practices staff at the practice must follow to ensure safety when working with radiation). There was a copy of the local rules displayed in each treatment room.

The practice carried out monitoring of the quality of each X-ray taken to demonstrate that the dental X-rays were graded and quality assured every time. We looked at the radiological quality audit. This assessment systematically analysed the quality of X-rays to identify areas for improvement. Dental care records that we checked contained a record of X-ray quality and written justification for why X-rays were being taken. The dentists from each of the two providers periodically checked each other's audits to help ensure quality.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

All of the patients' comment cards and the patients we spoke with were positive about the practice. Several described the success of their treatment and mentioned the appreciation they had for the improvements this had made to their quality of life.

There had been a number of clinical and other audits carried out during 2015 to help the practice monitor and improve the quality of the service. These included quality of clinical record keeping, quality of dental radiographs, and infection prevention control procedures. The practice had undertaken an audit of patient waiting times and identified areas for improvement. For example the practice had varied the length of some appointments and felt that this had reduced the time patients spent waiting at the practice to be seen. However the practice planned to repeat the audit to check that this had improved. The other audits all showed good results and little or no remedial action had been required regarding these. The practice was planning an audit of patient reported outcomes for root fillings.

The dentist described how they carried out dental assessments. The assessment began with the patient completing a medical history questionnaire covering any health conditions, medicines being taken and any allergies suffered. This was followed by an examination of the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. The medical history was updated at every visit, especially before any treatment was commenced.

The dental care records we saw were well-structured and contained sufficient detail about each patient's dental treatment. We saw detailed entries about the discussions regarding treatment options. The discussions were supported by photographs, which were retained on the patients' files, showing the condition or problem under discussion. Many of the patient comment cards emphasised that patients were satisfied that their dentist had given them sufficient information.

The dentist was aware of various best practice guidelines including National Institute for Health and Care Excellence

(NICE) guidelines and the Faculty of General Dental Practice Guidelines. They discussed with us how they put this guidance into practice in relation to recall intervals, antibiotic prescribing, wisdom tooth extractions and X-ray frequency.

Health promotion & prevention

The practice used the Public Health England "Delivering Better Oral Health" guidelines and were proactive in providing preventative dental care as well as providing restorative treatments. We were told that dentists talked with patients about smoking cessation and eating a healthy diet where required. Many of the comment cards remarked on the quality of health prevention advice that the staff gave.

Staffing

All the staff were well established having been with the practice for a considerable number of years. All employed staff had received an annual appraisal. The appraisals covered performance, training and development needs. There were development plans for staff which had been addressed.

There was evidence that members of the clinical team had completed appropriate training to maintain the continued professional development required for their registration with the General Dental Council. This included medical emergencies in dental practices, infection control, child and adult safeguarding, dental radiography (X-rays), oral cancer and other specific dental topics. The staff recruitment files contained details of confirmation of current General Dental Council (GDC) registration, current professional indemnity cover and immunisation status. Non clinical staff also participated in training such as basic life support, safeguarding and information technology.

Working with other services

The practice had written procedures for receiving and making referrals to other services and a process for following up referrals. The practice could show that it referred patients to other services when necessary and made evidence based decisions about this.

Consent to care and treatment

The practice had a consent policy which was up to date and based on professional guidance. The patients we spoke with confirmed that their dentist gave them clear information about their treatment options so that they could reach an informed decision. Some comment cards

Are services effective?

(for example, treatment is effective)

mentioned the range of information and options that the dentist provided. Dental care records showed patients were, where appropriate, given more than one option and that the information included the benefits and risks of each of these together with details of how much each option was likely to cost. The practice computer system allowed the dentist to quickly prepare detailed and informative costing's for the patient who could see what was proposed.

The Mental Capacity Act 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions. The practice did not generally provide complex treatment for patients where this was likely to apply. However, the dentist had completed MCA training and staff were aware of the basics of the Act and its general implications for dentistry.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The patients who had completed Care Quality Commission (CQC) comment cards were very complimentary about the care and treatment they received at the practice. The staff and in particular the dentist were described as caring and gentle. There were colourful children's decorations hanging in the consulting room which acted as a distraction for nervous young patients. Patients told us that the practice was welcoming and referred to all of the staff as caring, helpful and always willing to listen. Staff told us that there was no distinction between patients who received treatment on the NHS and those treated privately with regard to the time spent with them and access to the practice.

During the inspection we observed members of the team dealing with patients on the telephone and at the reception desk. We heard the staff were polite and helpful. The practice had emergency appointment slots available for patients who were in pain.

This dentist did not provide implants and referred patients who needed this treatment to another provider. The dentist

often accompanied the patients to this treatment so that patients did not go for a major procedure to a dentist they did not know without having a familiar professional with them.

Involvement in decisions about care and treatment

Many of the CQC comment cards specifically commented on being involved in decisions about treatment and the professionalism of all staff at the practice. Responses in some of the comment cards described how much patients appreciated the care taken to explain the treatment to them.

We looked at dental care records and saw recorded information about discussions and explanations provided to patients about the care and treatment they needed. This included different options and the risks and benefits of each option discussed. Patients were allowed enough time to consider which treatment option, if any, they wanted. This was particularly important where the treatment was complex and the patient had been supplied with a lot of information.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided both NHS and private treatment from which patients could choose. The practice provided information about all the types of treatment available and their costs, this was on display in the waiting rooms and patients could view the information on the electronic record.

Care and treatment was planned and delivered by trained, registered and qualified staff. A detailed medical history was taken for each patient. This was updated each time a patient attended for a consultation. The electronic record system that flagged up any health risks, such as an allergies, when the patient's file was accessed. This helped to ensure that patients with health conditions were given the most suitable treatment for their needs.

Tackling inequity and promoting equality

There were telephone translation services available. The surgery was located on the first and second floors and there were steep stairs to it. It was not suitable for wheelchair users and this was made clear in the practice leaflet. The reception referred people who were not able to use the practice to nearby services that were suitable.

Access to the service

The practice was open from 9am to 7pm on Mondays, 9am to 6pm on Tuesdays and Thursdays and 9am to 5pm on Wednesdays and Fridays. It was open on Saturday mornings from 9am to 1pm. Appointments could be booked by telephone or e-mail.

The practice provided same day emergency access during opening hours and provided an on call arrangement for when the practice was closed. Information about the out of hours service was available in the practice, on the answer phone message and in the practice leaflet. The practice also provided details on how to access the NHS emergency out of hours care.

Concerns & complaints

The practice had a complaints process which was available at the practice. This contained information about relevant external bodies that patients could contact about their concerns if they were not satisfied with how the practice dealt with them.

We looked at information about comments, compliments and complaints. No complaints had been received during the period under review.

Are services well-led?

Our findings

Governance arrangements

We saw and discussed audits that had been carried out at the practice. There was a commitment to clinical governance and all aspects of the service provided were scrutinised through audit activity. The two dental providers periodically scrutinised aspects of each other's clinical practice made changes if necessary. The provider of Faversham Dental Practice was part of an informal peer group which met to discuss difficult or interesting cases and these were shared with the provider of The Faversham Dental Practice.

Audits covered areas such as radiation protection, health and safety, patient records and infection control. We noted that an auditing system was used to ensure that all emergency medicines had not expired and that equipment, such as oxygen cylinders were effective and in good working order.

Leadership, openness and transparency

The practice had a strong leadership structure which was led by the provider of The Faversham Dental Practice. Staff were experienced, suitably qualified and worked closely as a team. We saw that the staff formed an effective team who worked in a relaxed, but professional, atmosphere. There was virtually no staff turnover, the newest staff member had been with the practice for over 10 years. Staff told us

that they felt supported and a team ethos was encouraged. For example the entire staff went away together for a day to complete mandatory training. The provider supported regular social "away days" for the whole team. Staff felt they could raise any issues with each other or with either of the dentists.

Learning and improvement

The practice recognised the value of developing the staff team through learning and development. We found that the clinical staff had all undertaken the necessary learning to maintain their continued professional development which is a requirement of their registration with the General Dental Council (GDC). The practice held staff meeting on a monthly basis and staff were encouraged to participate.

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

The practice carried out a patient surveys. For example there had been a survey of patient satisfaction which highlighted some concerns over the amount of time patients spend waiting at the practice to be seen. As a result the practice had made changes to the structure of the practice day which had helped to reduce patients' waiting times.

We saw examples where staff had raised issues, such as the timing of emergency appointments and refurbishment of some areas of the practice, which the provider had listened to and acted upon.