Torrington Dental Practice

Torrington Dental Practice

Inspection Report

Tarka House
Halsdon Terrace
Great Torrington
Devon
EX38 8DY
Tel: 01805 62357
Website: www.torringtondental.co.uk

Date of inspection visit: 12 October 2017
Date of publication: 23/11/2017

Overall summary

We carried out this announced inspection on 12 October 2017under 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. NHS England provided us with information about the contracts they hold with the practice.

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

Torrington Dental Practice is in Great Torrington in rural Devon and provides NHS and private treatment to patients of all ages.

Summary of findings

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including spaces for patients with disabled badges, are available near the practice. The practice has six treatment rooms, two of which are located on the ground floor.

The dental team includes eight dentists, one orthodontist, one hygienist, two oral health educators, ten dental nurses, two trainee dental nurses, two sterilisation room assistant, four receptionist/ administrators, one cleaner and a practice manager.

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 Torrington Dental Practice was one of the partners.

On the day of inspection we collected 44 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with six dentists, one hygienist, eight dental nurses, one sterilisation room assistant, three receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday 8.30am – 7pm. Tuesday 8.30am – 5.30pm. Wednesday 8.30am – 5.30pm. Thursday 8.30am – 5.30pm. Friday 8.30am – 5pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We identified an area of notable practice.

- The practice had implemented a number of oral health education initiatives. This included a care of the elderly programme working collaboratively with the practice domiciliary team. This initiative showed a deep commitment to the promotion of oral health in the community.

There was one area where the provider could make improvements. They should:

- Review protocols for domiciliary visits taking into consideration the British Society for Disability and Oral Health – Guidelines for the Delivery of a Domiciliary Oral Healthcare Service. In particular with regard to emergency equipment, emergency procedures and waste transportation.

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?

No action

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 arrangements for dealing with medical and other emergencies.

Improvements could be made to procedures and processes informing domiciliary visits.

Are services effective?

No action

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 first class. 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.

The practice had implemented a number of oral health improvement initiatives in the local community.

Are services caring?

No action

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

We received feedback about the practice from 44 people. Patients were positive about all aspects of the service the practice provided. They told us staff were attentive and reassuring. They said that they were given helpful, honest 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.

Summary of findings

Are services responsive to people's needs?

No action

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

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. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

No action

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.

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.

The practice was research active and was closely involved in a number of research projects aimed at improving the quality of care for patients.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had 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.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

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 with events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted that frequency of checks were not completed in line with guidance from the Resuscitation Council (UK). We discussed this with the practice management team (practice manager and partners), who told us that frequency durations would be reviewed and amended with immediate effect.

We discussed emergency protocols whilst on domiciliary visits. The practice did not have a policy or procedure for this activity, nor risk assessment for when equipment not owned by the practice was used. We were told that a policy, procedure and review of equipment held at the practice for domiciliary visits would be reviewed.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at two staff recruitment files. 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

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, dental hygienists and dental therapists 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.

Are services safe?

The practice had suitable 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, completed in October 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. We noted that weekly flushing of the staff shower as part of the Legionella control measures was not recorded. We raised this with the practice management team, who told us this would be added to the cleaner's work sheet record.

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

We discussed waste management at the practice. Records showed the practice had an appropriate clinical and general waste collection contract, supported by retention of collection notes. We discussed the arrangements for transporting clinical waste generated from domiciliary visits. Improvements could be made, as the practice had not developed a policy and protocol to support this activity.

Equipment and medicines

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

The practice had suitable systems for prescribing, dispensing and storing medicines.

We noted that NHS prescriptions were stored in unlockable areas during practice opening hours, contrary to current guidance. We raised this with the management team who told us that this practice would be revised to ensure that prescription pads were locked away at all times.

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 dentist justified, graded and reported on the radiographs they took.

Clinical staff completed continuous 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. 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 the necessary information.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015 and the recommended Scottish Dental Clinical Effectiveness Guidance (2017).

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

Two dental nurses with appropriate additional training supported dentists treating patients under sedation. The dental nurses' names were recorded in patients' dental care records.

Health promotion & prevention

The practice promoted preventative care and supported patients to ensure better oral health in line with the Delivering Better Oral Health 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 that, where applicable, 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. The practice also had a dedicated oral health contract with NHS England and provided three sessions per week at the practice's dedicated oral health suite. The oral health programme was run by staff with specialist training and qualifications in oral health education. A recent audit at the practice indicated a score of more than 85% reduction in plaque scores of patients who had been attending the in-house oral health education suite.

The practice had implemented a number of oral health education initiatives. These included; Development, adoption and implementation of a bespoke periodontal pathway to support clinical decision making in advanced periodontal care; A care of the elderly programme working collaboratively with domiciliary team. This included oral health education support and training to residential care homes locally, which reached out to 102 care homes in the practice catchment area through a questionnaire. We received feedback from two care homes who praised the practice in their approach and support for assisting staff to raise oral health awareness in the care homes; Promoting oral health in the community through school visits, youth clubs and early years groups. We were told that in 2017 this included 25 local schools, and reached over 1,500 children/ parents/teaching staff. These initiatives showed a deep commitment to the promotion of oral health in the community.

Staffing

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

Are services effective?

(for example, treatment is effective)

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.

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 their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists and dental nurses 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 patients' diversity and human rights.

Patients commented positively that staff were attentive and reassuring. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw 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. 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. We noticed that one computer screen was not locked when a staff area was left unattended. We raised this with the staff, who acted to ensure the screen was able to be locked. We were told that staff would be reminded to ensure data were not left visible when computers were unattended.

Staff password protected patients' electronic care records and backed these up to secure storage. Most paper records were securely but some were stored in unlockable cupboards. We raised this to the practice manager. They told us that steps would be taken to secure the records.

Music was played in the treatment rooms and there were magazines in the waiting rooms. The practice provided drinking water.

Information folders, patient survey results and thank you cards were available for patients to read.

Involvement in decisions about care and treatment

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 and more complex treatment such as orthodontics, implants, restorative care and conscious sedation services. The practice also held NHS contracts for oral health services from a dedicated oral health suite within the practice and a domiciliary contract for patients who were housebound.

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. Four patients commented that there was a waiting list for routine appointments. The practice confirmed that the NHS list was full and that new patients were not being accepted.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patients who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

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.

The practice was committed to seeing patients experiencing pain on the same day and kept morning and afternoon appointments free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. 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. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. 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 in the last 24 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The practice manager also conducted an annual audit of complaints to identify any themes where revising approaches, procedures or polices at the practice could improve services.

Are services well-led?

Our findings

Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. 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. We noted that the practice fire risk assessment had not considered the specific risks associated with patients under sedation. We raised this with the management team, who told us that the risk assessment would be reviewed and discussed with the staff team.

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.

Staff told us there was an open culture at the practice. They said the partners and practice manager 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 partners and practice manager were approachable, would listen to their concerns and act appropriately. The 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 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. Audits were completed as part of an annual auditing cycle, and were discussed at monthly practice meetings, monthly partners meetings and bi-monthly clinical peer review meetings.

Topics recently audited included; compliance with 2017 sedation guidance, quality of X-ray computed tomography (CBCT) images, quality of (CBCT) reporting, complaints, emergency appointments, clinical record keeping, hygiene referrals, sedation referrals, disability access, infection prevention, treatment room occupancy and patient satisfaction. The practice had clear records of the results of these audits and the resulting action plans and improvements. In discussion with the clinical team audits on quality of radiograph and antimicrobial prescribing were being considered for inclusion in the next annual audit cycle.

The practice team showed a strong commitment to driving original research in dentistry and was closely involved in a number of research projects, aimed at improving the quality of care for patients. Many of these projects involved patient and public engagement to explore patients' views on various aspects of dental care. This included the following research projects recently undertaken at the practice.

- Environmental sustainability in General Dental Practice.
- The use of virtual reality goggles in the dental surgery to reduce dental anxiety.
- The delivery of Person Centred Care in General Dental Practice.
- Factors that NHS general dental practitioners report influence their decision to make referrals from primary dental care to specialist surgical services for the extraction of teeth in North Devon.

Several papers had been published in peer reviewed academic journals as a result of this practice based research.

The partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff 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.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The staff team also completed advanced life support and carried out training scenarios in advanced life support throughout the year, in recognition of the complex services they provided to patients. Staff had also completed

Are services well-led?

dementia awareness training in the past 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 and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients/staff the practice had acted on. For example, in reception staff providing waiting times updates for patients as a result of patient feedback and a review of the phone system and reception arrangements as a result of staff observations to improve patient communication.

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.