Clacton Dental Care Ltd

Carlton Lodge Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 17 August 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

Carlton Lodge Dental Practice branch is a mixed dental practice providing primarily NHS treatment to adults and children. The practice has five dental treatment rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments. There are also two waiting rooms, large reception area and staff rooms.

The practice is open from 8.45am to 5pm Monday to Friday and, at the time of our inspection, employed two dentists**.** They were supported by appropriate numbers of dental nurses and administrative staff.

The practice's current registered manager was in the process of deregistering and a new manager was about to apply. 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 comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 14 patients. These provided a very positive view of the services the practice provides. Patients commented on the effectiveness of their treatment and the empathetic nature of staff.

Our key findings were:

- We found that the dentists provided patient centred dental care in a relaxed and friendly environment.
- Staff reported incidents and kept records of these which the practice used for shared learning.

Summary of findings

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had some systems in place to help ensure patient safety. These included responding to medical emergencies and maintaining equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation
- Staff had the skills, knowledge and experience to deliver effective care and treatment
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients could access treatment and urgent and emergency care when required.
- Staff had received training appropriate to their roles and were supported in their continued professional development.

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

- Review appraisal and supervision arrangements so all staff, including the practice manager, receive support and monitoring of their performance
- Review systems for the storage and delivery of clean instruments to clinical areas.

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 arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays). 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. Staff had received safeguarding training and were aware of their responsibilities regarding the protection children and vulnerable adults.

No action ✓

Are services effective?

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

Staff assessed patients' needs and delivered care in line with current evidence based guidance. The practice kept detailed dental care records of the treatment carried out and monitored any changes in the patient's oral health. Patients were referred to other services appropriately.

No action ✓

Are services caring?

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

We collected 14 completed patient comment cards and obtained the views of a further four patients on the day of our visit. These provided a positive view of the service the practice provided. Patients commented on friendliness and helpfulness of the staff and told us dentists were good at explaining the treatment that was proposed. Staff provided us with examples of where they had gone above and beyond the call of duty to support and care for patients.

No action ✓

Are services responsive to people's needs?

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

Good information about the practice and its services was available to patients. Emergency appointments were available each day and reception staff used a specific pain triage tool to help assess the type and length of appointment they might need.

Information about how to complain was available and the practice responded in a timely and appropriate way to issues raised.

No action ✓

Are services well-led?

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

No action ✓

Summary of findings

There was a clear leadership structure and staff were supported in their work. The practice had a number of policies and procedures to govern activity and held regular staff meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on to improve services to its patients.

Carlton Lodge 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.

The inspection was carried out on 17 August 2016 by a CQC inspector who was supported by a specialist dental adviser. During the inspection, we spoke with senior members of the management team, one dentist, a dental nurse and reception staff. We reviewed policies, procedures and other documents relating to the management of the service. We received feedback from 18 patients about the quality of the service, which included comment cards and patients we spoke with during our inspection

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.

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice had a policy for reporting and managing any significant events and we were shown the practice's newly introduced events records and event register where all incidents would be recorded. It was clear that the practice learnt from events and we noted that an incident where a patient had been accidently given another's medical history from had been discussed at the practice meeting in November 2015, and measures put in place to prevent it from re-occurring. The practice's current registered manager told us of an incident where an incorrect tooth had been extracted. He stated there had been a lot of learning across all six practices in the group as a result of this incident, and a change in culture whereby dental nurses now felt more empowered to challenge dentists.

Reliable safety systems and processes (including safeguarding)

The practice used a safe system whereby needles were not manually resheathed following administration of a local anaesthetic to a patient and only dentists were responsible for the disposal of used sharps and needles. Sharps' bins were sited safely and had been signed and dated at the start of their use. A practice protocol was in place should a needle stick injury occur and contained details of local health services for staff to contact. One nurse told us of a recent injury that had occurred and it was clear it had been managed well and in line with national guidance.

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All staff had completed level two training in protecting children, and the practice manager had completed level three. Contact details of relevant agencies involved in protecting vulnerable people and a flow chart showing reporting procedures were available in each treatment room and in the staff room. Staff we spoke with demonstrated their awareness of the different types of abuse, and understood the importance of safeguarding issues.

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 dentist we spoke with confirmed that they used rubber dams routinely.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. 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 had received training in how to use this equipment. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. It had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. However, we noted that the temperature of the fridge used to store glucagon was not monitored to ensure it was at the correct level.

The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. However, emergency medical simulations were not regularly rehearsed by staff so that they could be clear about what to do in the event of an incident at the practice

Staff recruitment

We checked recruitment records for two staff which contained evidence of their GDC registration, employment contract, job description indemnity insurance and a disclosure and barring check (DBS). 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 might have contact with children or adults who may be vulnerable. Prospective employees were interviewed by two staff and a standardised set of questions was used to ensure fairness and consistency in their recruitment.

No action

Are services safe?

All staff received an induction to their role and we viewed a comprehensive 16 week trainee dental nurse induction plan.

Monitoring health & safety and responding to risks

There were procedures in place for monitoring and managing risks to patient and staff safety.

We viewed a comprehensive risk assessment dated August 2016 which covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff. Additional risk assessments were available for new and expectant mothers, and trainees to the practice. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.

The practice had up to date fire risk assessments in place and fire detection and firefighting equipment such as extinguishers were regularly tested, evidence of which we viewed**.** Regular fire evacuation drills were undertaken, although these did not include patients so it was no clear how the practice would manage in a fire when patients were present.

A legionella risk assessment had been carried out in August 2016, and the practice was in the process of implementing its recommendations to monitor water temperatures and conduct dip slide testing. Dental unit water lines were managed correctly to reduce the risk of legionella bacteria forming.

The practice had a business continuity plan to deal with any emergencies that might occur which could disrupt the safe and smooth running of the service.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for products used within the practice, and dentists also had access to on-line dental directory data sheets. However we found some cleaning materials in a cupboard for which there were no data sheets available.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice.

We observed that all areas of the practice were visibly clean and hygienic, including the two waiting areas, the toilet, staff room, stairways and corridors. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms and toilet. Hand washing protocols were also displayed appropriately. We checked two treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. However, we noted that horizontal window blinds in the treatment rooms were thick with dust and there was no record of them having been cleaned. We also noted a number of loose and uncovered instruments that had been stored incorrectly in clinical areas. This was rectified during our inspection with a decision to pouch all instruments henceforth.

We noted good infection control procedures during the patient consultation we observed. Staff uniforms were clean, long hair was tied back and their arms were bare below the elbows to reduce the risk of cross infection. We saw both the dentist and dental nurses wore appropriate personal protective equipment and washed their hands prior to treating the patient. The patient was given eye protection to wear. However neither the dentist nor nurse's face mask covered their nose which compromised infection control.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05), decontamination in primary care dental practices, although we noted that the flooring needed resealing around the edges in some places. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. The practice used a system of manual scrubbing for the initial cleaning process. Following inspection with an illuminated magnifier the instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilized, most were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively. Data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of

No action

Are services safe?

Health. We observed that sharps' containers, clinical waste bags and municipal waste were properly maintained in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. This was stored in a separate locked shed to the rear of the property prior to collection by the waste contractor. Waste consignment notices were available for inspection.

Records showed that all dental staff had been immunised against Hepatitis B.

Equipment and medicines

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclaves had been serviced and calibrated in August 2016, and the compressor in October 2015. Portable appliance testing had been carried out and was due again in November 2016.

Medical consumables we checked in the stock room were within date for safe use and there was appropriate equipment in place to deal with mercury and bodily fluid spillages.

There was a system in place to ensure that relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Authority were received and actioned.

The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records.

Radiography (X-rays)

We were shown a well-maintained 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 and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for each X-ray set along with the maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of three years. We saw that the health and safety executive had been correctly notified of the recent change of ownership of the practice.

Dental care records showed that dental X-rays had been justified, reported on and quality assured. We saw training records that showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare.

We saw that dental care records contained a written patient medical history which was updated regularly. Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to them. Our discussion with the dentist showed that they were aware of, and worked to, guidelines from National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. Dental care records evidenced clearly that NICE guidance was followed for patients' recall frequency and that that routine dental examinations for gum disease and oral cancer had taken place. Dental decay risk assessments had been completed for patients.

We saw a range of clinical and other audits that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, the quality of dental radiographs, infection control, waiting times and non-attendance at appointments. We noted that results of these audits had been discussed at the practice meetings so that learning could be shared from them.

Health promotion & prevention

A number of oral health care products were available for sale to patients including interdental brushes, mouthwash and floss, and free samples of toothpaste were available in reception.

Staff we spoke with were aware of the NHS England publication for Delivering Better Oral Health- an evidence based toolkit to support dental practices in improving their patients' oral and general health, and it was also used as part of the dentists' induction programme.

Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate.

Patients were asked about their smoking and alcohol intake as part of their medical history and there was information about NHS stop smoking services in the patient waiting areas. We were shown

a specific weekly diet sheet that could be given to patients to help them monitor what they ate. Patients had access to an Oral Health Educator who was employed at another of the provider's practices.

The practice regularly participated in National Smile Week and Oral Cancer Action month.

Staffing

We found that the dentists were supported by appropriate numbers of dental nurses, receptionists and other administrative staff to provide care for patients. Staff told us they were enough of them for the smooth running of the practice and a dental nurse always worked with each dentist. At time of our inspection there were three vacancies for dentists and this had impacted on the availability of appointments for patients. Reception staff told us that about 500 appointments had to be cancelled in the previous four months. However, three new dentists had recently been recruited and the practice was just waiting for them to be registered with the national performer's list before they could commence their employment.

Personnel records we reviewed showed all staff were appropriately qualified, trained and where appropriate, had current professional validation. The practice had appropriate Employer's Liability insurance in place

Most staff received an annual appraisal of their performance; however there was no annual appraisal for the practice manager so it was not clear how her performance was monitored.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves. Referrals for suspected oral cancer were always phoned through immediately and then followed up with the appropriate hospital. A central log of referrals was kept and patients were offered a copy of their referral form for reference.

Consent to care and treatment

Patients we spoke with told us that they were provided with sufficient information during their consultation and that

No action

Are services effective?

(for example, treatment is effective)

they always had the opportunity to ask questions to ensure they understood before agreeing to a particular treatment. Dental records we viewed demonstrated clearly that treatment options, and their potential risks and benefits were explained to patients, although these could be more detailed. Evidence of their consent had also been recorded

Records we viewed showed that all staff had undertaken recent training in the Mental Capacity Act 2005 (MCA) to ensure they were aware of their responsibilities. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

During our inspection we noted that a patient with a learning disability accompanied by their carer had come for a check-up. The dentist assumed correctly that the patient had the capacity to make decisions for themselves, and respected their wish not have their carer present during the examination. Following the treatment the dentist sought the patients' explicit consent to share the findings of the examination with their carer. This demonstrated the dentist had a good understanding of patient consent issues.

No action

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection, we sent comment cards so patients could tell us about their experience of the practice. We collected 14 completed cards and obtained the views of a further four patients on the day of our visit. These provided a very positive view of the service the practice provided. Patients commented that staff were professional friendly and caring, and told us their dental treatment was pain free and effective.

Computer screens at reception were not overlooked and all computers were password protected. Patients sat in completely separate rooms to the reception area, allowing for good privacy. All consultations were carried out in the privacy of the treatment rooms and we noted that doors were closed during procedures to protect patients' privacy.

We spent time in the reception area and observed a number of interactions between the receptionists and patients coming into the practice. The quality of interaction was good, and the receptionists were helpful and professional to patients both on the phone and face to face. Staff gave us examples where they had gone out their way to assist patients. For example, in their support of a recently bereaved patient, when they had looked after a driver who had crashed into a nearby wall, and when assisting a patient who had fainted in the waiting room.

Involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment and the practice held a number information leaflets about a range of treatments and oral conditions. Dental care records we reviewed demonstrated that dentists recorded the information they had provided to patients about their treatment and the options open to them, although in some cases this could have been more detailed.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to people. The waiting area displayed a wide variety of information including the practice's patient information leaflet, how to make a complaint and a dental health products fee list. The patient information leaflet explained opening hours, emergency 'out of hours' contact details, NHS treatment charges and how to make a complaint.

The practice was open from 8.45am to 5pm Monday to Friday and did not offer any extended hours opening. An appointment reminder service was available to patients whereby they could receive a phone call or text message 48 hours prior to their appointment. Plans were in place to implement on-line booking and also an automatic recall system. Emergency appointments were available each day and reception staff used a specific pain triage tool to help assess the type and length of appointment they might need.

The practice used the NHS 111 service to give advice in case of a dental emergency when it was closed. This information was publicised on the telephone answering machine and front door when the practice was closed.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to help prevent inequity for patients that experienced limited mobility or other issues that hamper them from accessing services. To improve access the practice had treatment rooms on the ground floor for those patients with limited mobility as well as parents and carers using prams and pushchairs. There was also a disabled friendly toilet. However, there were no specific disabled parking spot near the premises, or chairs at different heights to assist with mobility, despite the practice having large numbers of older patients.

Concerns & complaints

The complaints' procedure was detailed and informed patients of who the lead for handling complaints was within the practice, the timescale within which their complaint would be investigated and also other organisations that the patients could contact if they were unhappy with the practice's response. We noted good information available to patients about how they could raise their concerns in both waiting rooms we viewed, and also the details of external advocacy agencies who could support them in their complaint.

We reviewed the paperwork in relation to three recent complaints and found they had been managed in a professional and empathetic way. We noted that a recent anonymous complaint concerning the alleged 'laziness' of dentists in the practice had been shown to all the dentists and they had signed to say they had read it. In addition to formal complaints, the practice kept a list of verbal complaints that had been resolved within 24 hours so that any themes or issues could be identified.

No action

Are services well-led?

Our findings

Governance arrangements

The practice manager took responsibility for the overall leadership in the practice, supported by a head receptionist. An operations manager and clinical director also visited regularly to assist her in the running of the service. There was a clear staffing structure and we were shown a chart which clearly showed lines of responsibility and accountability within the provider's group of practices.

There was a full range of policies and procedures in use to support the management of the service and guide staff, and these had been reviewed to ensure they were up to date and relevant.

Communication across the practice was structured around monthly practice meetings which were attended by all staff and one of the provider's senior management team. Detailed minutes were kept of these meetings, which we viewed. In addition to this, the practice managers from each of the provider's locations met quarterly to share issues and ensure consistency across all sites.

The clinical director was responsible for appraising the dentists within the practice and also met with them about every six months. However there was no system in place to ensure that practice mangers received regular supervision and appraisal of their performance.

Staff had undertaken training in information governance and each year the practice completed an information governance toolkit to ensure it handled patients' information in line with legal requirements. The practice had achieved 66% on its most recent assessment, indicating it to managed information in an adequate way.

Learning and improvement

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. They told us they met as a team four Saturdays a year, and completed essential training together. The clinical director told us that staff requests for training funding were granted if relevant and appropriate to their job.

Regular audits were undertaken to ensure standards were maintained in a range of areas including radiography, infection control and the quality of clinical notes and any issues arising from these audits were shared. For example, at a meeting in March 2016 feedback from the recent records audits was discussed; at a meeting on January 2016 issues were from the latest radiology audit were shared. The clinical director told us of recent software that had been purchased which let him monitor dentists' practising profiles remotely and identify any outliers. This information could be benchmarked against national and local area profiles and used to monitor and improve performance.

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

The practice encouraged and valued feedback from patients and its staff. The practice had introduced the NHS Friends and Family test as a way for patients to let them know how well they were doing. Results of these were monitored by the practice and were displayed in the reception area. Recent figures showed that 95% of respondents would be likely to recommend the practice. The clinical director told us that a new system had just been implemented whereby patients would also be able to leave feedback about the service by email.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We were given many examples that the provider listened to staff and implemented their suggestions and ideas. For example, as a result of staff suggestions a handover sheet and comprehensive information folder had been implemented in the decontamination room, and specific patient lists had been created for the new dentists who were about to join the practice.