

Portman Healthcare Limited

The Ilchester Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 17 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Ilchester Dental Practice is in Ilchester, near Yeovil, Somerset and provides private treatment to patients of all ages.

There is no accessibility for people who use wheelchairs and pushchairs due to stairs upon entry to the practice. The practice does not have a car park. There are local transport services available and free car parks nearby.

The dental team includes a dentist, two dental nurses, two trainee dental nurses, a dental hygienist, a treatment coordinator and two receptionists. The practice has two treatment rooms.

Summary of findings

The practice is owned by a company 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 The Ilchester Dental Practice was the practice manager.

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

During the inspection we spoke with one dentist, two trainee dental nurses, one dental hygienist, a treatment coordinator, the receptionist 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, Wednesday, Thursday and Friday from 8:15am to 5pm
- Tuesdays from 8:15am to 6pm
- Wednesdays there is only reception and emergency dental care cover within the practice
- Out of hours cover is provided by the dentist upon request

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which mostly reflected published guidance. Although some improvements should be made.
- Staff knew how to deal with emergencies. Although training for one clinical member of staff was overdue by seven months. 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 staff recruitment procedures in place. These procedures required improvement to ensure current legislation was met.
- 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.

There were areas where the provider could make improvements. They should:

- Review the training, learning and development needs of individual staff members and have an effective process established for the on-going assessment and supervision of all staff including self-employed staff. This includes regular annual appraisals for all staff and ensuring staff kept up to date with training, particularly in infection control, medical emergencies and child safeguarding.
- Review the practice's infection control procedures and protocols to take into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Review the fire safety risk assessment to ensure all identified areas are addressed to improve fire safety within the practice.
- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

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

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed recruitment checks, although these should be improved upon to ensure they were meeting current legislation.

Premises and equipment appeared clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. Some improvements should be made to ensure they met current guidelines.

The practice had suitable arrangements for dealing with medical and other emergencies. One clinical member of staff's training was out of date and they saw patients out of hours.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, first class and expert. 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. It was noted that training could be improved by ensuring staff received training at appropriate intervals.

No action



Are services caring?

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

We received feedback about the practice from six patients. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, professional and friendly. They said that they received the highest standard of dentistry and service, staff were helpful and said the dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



Summary of findings

Are services responsive to people's needs?

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 having access to telephone interpreter services and considering 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.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had 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 for children and vulnerable adults to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. However, we did not see evidence to confirm one clinical member of staff had completed the relevant amount of training for child protection. 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 reprimand.

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. It was noted that when annual training was missed staff were not followed up within a reasonable time to ensure they were kept up to date. We found training for one clinical member of staff was seven months overdue.

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.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. The policy mostly reflected relevant legislation. It could be further improved to include proof of identity including a photograph and verification of why employment ended for staff who had previously worked with children and vulnerable adults. We looked at three staff recruitment records. Records showed employment history, evidence of qualifications had been sourced and proof of identity taken. We noted that all records reviewed did not have evidence of why employment ended if children or vulnerable adult related, references had not been sourced prior to employment for two out of three clinical staff and written evidence of gaps in employment had not been sourced for one clinical staff member. Risk assessments for two clinical staff had not been completed when Disclosure and Barring Service checks had been sourced after employment had commenced. Since the inspection the practice manager sent us evidence verification of why employment ended for two members of staff, they had requested two relevant references for two members of staff and risk assessments had been completed for staff who had not had a Disclosure and Barring Service check prior to employment.

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 some fire safety procedures in place and some were in progress following the completion of a fire risk assessment on 10 October 2017. The practice manager

Are services safe?

had completed some of the actions from the risk assessment. There were some outstanding areas for completion including; removing flammables from one of the cupboards, adding additional heat and smoke detectors within two areas of the practice, upgrade to fire doors, completion of the gas boiler service and an additional emergency light installed. The practice manager sent us an action plan to ensure all areas were addressed within a reasonable timescale. The practice had the following fire safety checks and procedures in place; electrical installation condition report, fire extinguisher servicing, Portable Appliance Testing, weekly and monthly checks on the fire alarm, escapes, call points and emergency lighting. The practice had a trained fire marshal and staff had completed fire safety training in the last year.

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 dentist and dental hygienist 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 were six months overdue in infection prevention and control training. Training had been arranged for the team in December 2017.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. They should review the process for manual cleaning and pre-clean instructions for the ultrasonic cleaner. The practice manager informed us this was reviewed since the inspection and changes were implemented.

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 audits twice a year. The latest audit showed the practice was meeting the required standards. We noted that there were a number of areas that had not been identified following the last infection control audit. This included not all staff were wearing protective clothing as per company policy. The ventilation of the decontamination room should be reviewed in accordance with the HTM01-05. The practice manager had taken action to address a number of other areas found.

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 saw cleaning schedules and daily checks for the premises. The practice appeared clean when we inspected.

Equipment and medicines

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

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

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

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

Clinical staff completed 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 was in the process of auditing patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice provided preventative care and supported patients in ensuring better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us that where applicable they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for 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.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. Two out three staff records seen showed inductions had been completed. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. We noted that some training was overdue. For example, infection control training had last been completed in June 2016 and practical training had been planned for December 2017 for

all staff. A clinical staff member was overdue on medical emergency training by seven months and at times they saw patients out of hours on an emergency basis. They had been booked on a course for November 2017.

We noted annual appraisals had not been completed for all staff. The practice manager had organised for outstanding appraisals to be completed in November 2017.

Working with other services

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

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 dentist and hygienist were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were excellent, helpful and friendly. 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.

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 and staff did not leave personal information where other patients might see it.

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

There were magazines available in the waiting room. Information folders and thank you cards were available for patients.

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 treatments such as crowns, bridges, inlays, onlays, veneers and implants.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

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

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment. 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 supplying reading glasses for patients with reduced vision. The practice was considering the use of a hearing loop to further improve their accessibility to patients.

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

Access to the service

The practice displayed its opening hours in the premises 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 same day appointments free. Out of hours cover was supplied by the dentist. The website 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 previous year. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

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.

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, no blame culture at the practice. They said the 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 practice manager was 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. These included audits of dental care records, radiograph and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Appraisals were due to take place in November 2017 as some of these were overdue. We were informed appraisals would be completed annually in the future. Appraisals which had been completed discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of a completed appraisal within a staff record.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys, comment cards, verbal comments to obtain staff and patients' views about the service. The practice had implemented a patient survey from September 2017 and we saw there had been five completed surveys, which showed a high satisfaction with the service provided. The practice stayed open later on a Tuesday to become more accessible for working patients.