

Henfield Dental Surgery Partnership Mydentist - High Dene - Henfield

Inspection Report

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Overall summary

We carried out this announced inspection on 29 June 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information of concern.

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

Henfield Dental Practice is located in Henfield. It provides NHS and private treatment to patients of all ages.

Summary of findings

The practice is located on three floors. There are three treatment rooms on the ground floor and three treatment rooms on the first floor. There is a patient waiting area, a separate decontamination room and a wheelchair accessible toilet. Free parking is available on site. There is level access for people who use wheelchairs and those with pushchairs.

The dental team includes eight dentists, three dental hygienists, five qualified dental nurses, three trainee dental nurses, a decontamination assistant, two receptionists, a treatment coordinator and a practice manager.

The practice is owned by a partnership and is registered with the Care Quality Commission as part of IDH Dental organisation. As a condition of registration the practice must have a person registered with the 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 Henfield Dental Practice was the practice manager.

On the day of inspection we collected 12 CQC comment cards filled in by patients and spoke with four other patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses, the treatment coordinator, the practice manager and one receptionist and the area manager for the organisation. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday from 9am to 6pm, Tuesday from 8am to 7pm, Wednesday and Thursday from 8am to 6pm, Friday from 9am to 5pm and Saturdays from 9am to 4.30pm.

Our key findings were:

- The practice appeared 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.

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 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 suitable arrangements for dealing with medical and other emergencies.

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 efficient and gentle. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice was committed to improving the oral health of children and organised services to increase the uptake of oral health checkups and enhance preventative care.

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.

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 16 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, helpful and caring. They said that dental procedures were explained fully and various options discussed; and said their dentist listened to them.

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 providing facilities for disabled patients and families with children. The practice had access to interpreter services if required.

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 defined management structure and staff felt supported and appreciated.

Improvements were required to ensure the completeness of patients' dental care records.

The practice had a comprehensive schedule in place to monitor 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 had one significant event over the previous 12 months. This was well documented, handled according to practice policies and procedures and learning shared at staff meetings.

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 a rolling programme of training every three months. This included both online training in medical emergencies, practical training in emergency resuscitation and basic life support and practice based simulations.

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 procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at 10 of the 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 yearly to help manage potential risk. These covered general workplace and specific dental topics. We saw clear action plans to reduce the identified risks and documentation that these had been completed. 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 when they treated patients. A dental nurse assisted the hygienist during the completion of certain oral health assessments.

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.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

Are services safe?

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.

We noted that the practice carried out infection prevention and control audits six monthly in line with current guidance. The latest audit showed the practice was meeting the required standards. Action plans were seen and completed.

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 for the premises. The practice had undergone modernising refurbishments in 2016. Patients commented positively on the premises and said they were always clean and well presented.

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.

The practice stored and kept records of NHS and private prescriptions as described in current guidance. The practice also carried out six monthly prescribing audits.

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 graded and reported on the X-rays they took but that the justifications for taking X-rays were not always documented. The practice carried out X-ray audits every six months. We were told that action plans arising from these audits would be implemented to ensure that justifications were recorded.

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 dentists assessed patients' treatment needs in line with recognised guidance. The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. We found that dental care records were inconsistent in the information and detail recorded. Following a recent record keeping audit which had identified this shortfall, actions were underway to improve the completeness of record keeping. The practice completed audits in record keeping on a six monthly basis.

Health promotion & prevention

The practice was providing preventative care and supporting 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 to reduce the risk of tooth decay in line with the toolkit.

The practice demonstrated a commitment to health promotion and prevention in children and provided oral health education sessions to children in a local school twice a year. Children received gift bags from the practice containing tooth brushes, timers and age appropriate information on 'good and bad foods'. Additionally, the practice organised kids clubs; free appointments held during school holidays to all children under the age of 16 to provide oral health check-ups and fluoride applications if needed.

The practice kept a number of resources on site for children such as oral health education books for various age ranges. A smart phone application was available for children as a means of providing education on how poor diet can affect teeth and to provide a method of entertaining children in the waiting area.

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. 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 during one-to-one discussions with the practice manager throughout the year and at appraisals. We saw evidence of completed appraisals and personal development plans.

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 and carried out six monthly referral audits.

Consent to care and treatment

The practice team understood the importance of obtaining patients' consent to treatment although we noted that this was not always documented. 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 most of 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 people's diversity and human rights.

Patients commented positively that staff were helpful and caring. We saw that staff treated patients in a considerate and kind manner and were friendly towards patients at the reception desk and over the telephone.

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 information leaflets and magazines available for patients to read in the waiting area. A television was on display.

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 reassuring 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 root canal fillings and implants.

Staff used various methods to discuss and explain treatment options such as photographs, X-ray images and models of the teeth and mouth.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 that they had enough time during their appointment and did not feel rushed.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff told us that they telephoned some patients on the morning of their appointment to make sure they could get to the practice. The practice also assisted in organising transportation from the practice where patients required this. Staff also ensured that patients could be seen in a downstairs treatment room if this was required.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and an 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 if required. They had access to interpreter/translation services if required.

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 cancellations to a minimum.

The practice was open six days a way and was committed to seeing patients experiencing pain on the same day. Out of opening hours patients were directed to the NHS 111 helpline. This information was available on the practice answerphone. Patients confirmed they could make routine and emergency appointments easily.

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 received within the previous 12 months. 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 practice manager had overall responsibility for the management and clinical leadership of the practice; and 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

Most 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 they 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 a comprehensive programme of audits carried out in multiple areas; record keeping, infection prevention and control, radiography, referrals and prescribing. They had clear records of the results of these audits and the resulting action plans.

The practice manager 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 personal development plans and all staff other than dentists received appraisals. They discussed learning needs, general wellbeing and aims for future professional development.

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 utilised a text message patient satisfaction survey. Results were collated and discussed on a monthly basis at team meetings. Verbal comments were also logged. We saw examples of suggestions from patients the practice had acted on. For example, patients gave feedback on the exterior of the practice. As a result the practice hired gardeners to make improvements. Additionally, patients commented on the difficulty in making appointments to see a dental hygienist. The practice recruited an additional dental hygienist and is now able to offer this service six days a week. Due to patient feedback the practice extended its opening hours to offer private dental appointments on Saturdays.

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. All patients who had responded to the survey had said they were "extremely likely" or "likely" to recommend the practice to their friends and family.

Staff were encouraged to give feedback via an open door policy as well as at staff meetings and annual appraisals. Staff satisfaction surveys were completed on a yearly basis. Staff told us that they felt involved in the running of the practice through being given opportunities to suggest ideas and implement changes to bring about improvements.