

Dedham Dental Surgery

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Inspection Report

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Overall summary

We carried out this announced inspection on 20 September 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 that we were inspecting the practice. They did not provide any information.

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

Dedham Dental Surgery is in Dedham and provides NHS and private dental treatments, (approximately 60% NHS and 40% private) to patients of all ages.

There is no access for patients who use wheelchairs or pushchairs at the practice due to the age and design of the premises. Car parking spaces, including those for patients with disabled badges, are available in a car park approximately 500 yards from the practice. There is some two hour time limited parking on the high street near the practice.

Summary of findings

The dental team includes two dentists, two dental nurses, one dental hygienist and one receptionist. The practice has two treatment rooms, both situated on the first floor of a timber framed listed building in Dedham and accessed via a narrow U shaped or dog legged staircase.

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. At the time of the inspection the practice did not have a registered manager in post. We spoke with the operations manager prior to our inspection who confirmed a new practice manager/registered manager would be joining the practice in early October. In the time prior to this a practice manager from another practice within the company group was supporting the practice and attended the practice along with the CQC lead for the company during the inspection.

On the day of inspection we collected 28 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, two dental nurses, one receptionist, the CQC lead and the supporting 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 to 1pm and from 2pm to 5pm, Tuesday 8am to 1pm and from 2pm to 5pm, Wednesday 8am to 12.30pm and from 1pm to 4.30pm, Thursday from 8am to 1 pm and from 1.30 to 4pm and Friday 8am to 12.30pm. The practice is closed at weekends.

Our key findings were:

- The practice was clean and well maintained. There were no cleaning schedules in place.
- 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. There was scope to ensure risk assessments were undertaken for clinical staff who worked alone with patients and where no DBS had been undertaken.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures. Induction procedures for new staff were not in place.
- The clinical staff provided patients' care and treatment in line with current guidelines. However the dentists did not use rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment, putting patients at unnecessary risk.
- 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 leadership was in the process of change. Staff told us they felt involved and supported and worked well as a team.
- The practice asked patients for feedback about the services they provided. Comments received from patients were wholly positive. Staff appraisals had not been regularly maintained.
- The practice dealt with complaints positively and efficiently. There was scope to ensure verbal complaints were monitored to ensure trends and learning needs were identified.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

Summary of findings

- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

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. However there was scope to extend the range of events recorded to ensure trends and learning needs were identified.

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 dentists did not use rubber dams, they used hypochlorite as an irrigant and alternate methods of isolation had not been risk assessed in line with guidance from the British Endodontic Society when providing root canal treatment, potentially putting patients at unnecessary risk. Following the inspection the practice confirmed that the use of hypochlorite as an irrigant would cease and the dentists had agreed to use rubber dams with safety chains being purchased for each surgery.

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 said they were treated with care and respect and were put at ease. 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.

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 30 people. Patients were positive about all aspects of the service the practice provided. They told us staff were respectful, professional and polite. 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.

No action



Summary of findings

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

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. The practice had made some adjustments to accommodate patients, the practice had access to telephone interpreter services but there was no access to a portable hearing loop.

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.

At the time of the inspection the practice did not have a registered manager in post. We were told a new practice/registered manager would be joining the practice in early October 2017. In the time prior to this, a management team from the provider group were supporting the practice.

The management team were working with the practice to review and implement governance systems and would be supporting the incoming practice manager to ensure effective governance arrangements were embedded in the practice. 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 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. There was scope to improve the systems in place for the supervision for all staff, staff meetings and annual appraisals.

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. The recording of events was limited and could not ensure trends and learning needs were identified. 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 supporting practice manager understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and these were displayed in the practice reception area.

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 were able to give clear examples and discuss their responsibilities and actions with regard to 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, risk assessments were in place for the use of sharps.

The dentists did not use rubber dams, they used hypochlorite as an irrigant and alternate methods of isolation had not been risk assessed in line with guidance

from the British Endodontic Society when providing root canal treatment, potentially putting patients at unnecessary risk. Following the inspection the practice confirmed that the use of hypochlorite as an irrigant would cease and the dentists had agreed to use rubber dams with safety chains being purchased for each surgery.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. The practice had a reciprocal arrangement with a local surgery to manage any disruption of service

Medical emergencies

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

Emergency equipment and medicines were available as described in recognised guidance. The AED and other equipment and medicines for use in an emergency were also checked daily and weekly. This ensured that they would be available, in date, and in good working order should they be required. Staff we spoke with were able to describe where the emergency equipment was kept, and which medicines would be required in specific emergencies. We noted that no syringes or needles were kept with the emergency equipment. We discussed this with the management team who agreed to ensure these were in place.

Bodily fluid spillage, eyewash and spillage kits were available to deal with any incidents.

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 seven staff recruitment files; this included the supporting practice manager. 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 in the process of being reviewed and brought up to date to help manage potential risk. We saw that where policies were reviewed staff signed to say they had read and understood them. These covered general

Are services safe?

workplace and specific dental topics. The practice were in the process of storing these on a central electronic system to ensure staff had access to them at all times. 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. We were told the hygienist worked alone.

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 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 infection prevention and control audits twice a year the latest audit undertaken was completed in May 2017. The latest audit 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. The latest external report was undertaken 4 May 2017 and found all recommendations were completed and logged as complete.

The practice was clean when we inspected and patients confirmed this was usual. We found there were no cleaning schedules in place or evidence of monitoring of the external cleaning company. We discussed this with the management team who confirmed these would be put in place.

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 prescriptions as described in current guidance. The practice were not always labelling dispensed antibiotics with the practice name and address. We discussed this with the management team who agreed to review this.

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. There was scope to improve the audit process to ensure there was clear evidence of reflection, learning and action taken from any issues identified at audit and the process was 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 audited patients' dental care records to check that the dentists recorded the necessary information.

The practice did not provide sedation services; patients who required sedation were referred elsewhere, which gave them a choice with regard to where they received their treatment. Referrals for NHS orthodontic treatment were made to local orthodontic practices.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. There was a selection of dental products for sale to patients including interdental brushes, mouthwash and toothpaste. We noted information about children's oral health, and leaflets were available on issues such as gum disease, tooth sensitivity and dry mouth.

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 children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments.

Staffing

The practice had recently seen a change of provider and was in the process of recruiting a new practice manager/registered manager. We were told appraisals, staff inductions and staff meetings had not been completed or recorded recently in staff files. The supporting practice

manager and CQC lead told us they were in the process of reviewing all staffing processes and protocols. These would include a period of induction for all new members of staff, regular supervision for all staff, staff meetings and annual appraisals.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role

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. These included referring patients for sedation services and 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, staff 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 pleasant, polite and helpful. We saw that staff treated patients respectfully 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. 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. They stored paper records securely.

There were magazines and a television in the waiting room. Information folders 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. We saw examples in patients' dental care records that demonstrated patients had been involved in discussions about their dental care. Dentists had recorded the treatment options and noted that these had been discussed with patients.

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 restorative dentistry.

The provider was in the process of updating the practice leaflet, we were told this and the NHS Choices pages would provide patients with information about the range of treatments available at the practice. From the NHS choices page we saw these included general dentistry and treatments for gum disease and more complex treatment such as root canal treatment

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options.

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 waiting area provided good facilities for patients including wide and high backed wipeable armchairs, magazines, a television showing current news items and a children's play area.

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 described examples of patients who were nervous and required extra support when visiting the practice. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Patients had access to a text reminder service.

Promoting equality

The practice had two treatment rooms, both of which were on the first floor, and which were accessed by a flight of stairs. Staff had access to language translation services if a patient did not speak English. There was no disabled toilet to accommodate those with mobility problem or a portable hearing loop to assist patients who wore hearing aids. However the toilet on the first floor was wide enough to support the use of some mobility aids.

We saw a poster in the waiting room which advised patients they could ask for information in different formats and languages to meet their individual patients' needs. Staff had access to translation services.

Access to the service

The practice displayed its opening hours in the premises. The management team confirmed the new practice leaflet would include this information.

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 one appointment per dentist free for same day appointments. We were told the practice They took part in an emergency on-call arrangement with some other local practices. The 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. During the recruitment of a new manager the supporting 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. There was scope to ensure verbal comments were recorded to identify trends and any learning needs.

The supporting practice manager told us the practice 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 during 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 was taken over a year ago by a company. At the time of the inspection the practice did not have a registered manager in post. We spoke with the company operations manager prior to our inspection who confirmed a new practice manager/registered manager would be joining the practice in early October 2017. In the time prior to this a practice manager from another practice within the group, the company operations manager and the company CQC lead were supporting the practice.

The supporting practice manager told us that these changes and the recent departure of the previous practice/registered manager, had affected governance systems in the practice. However the management team were working with the practice to review and embed these systems and would be supporting the incoming practice manager to ensure effective governance arrangements were in place. We saw evidence of on-going systems and some already in place. Staff we spoke with knew the management arrangements and were aware of their roles and responsibilities.

The practice policies, procedures and risk assessments to support the management of the service and to protect patients and staff were in the process of being reviewed, we saw staff had signed to say they had read and understood those that had been completed. We were told the practice would also include arrangements to monitor the quality of the service and make improvements.

Staff were aware of the importance of effective governance arrangements in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and apologetic to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the supporting practice manager and

dentists were approachable, 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 management team were approachable, would listen to their concerns and act appropriately. It was clear the practice worked as a team and dealt with issues professionally. However staff meetings had not been held and where staff had met to review and discuss incidents these discussions had not been recorded. The management team confirmed this would be addressed as part of the incoming manager's role.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

We saw evidence of some completed appraisals in the staff folders. These were dated 2013 to 2014. None of the staff had received a recent annual appraisal so it was not clear how their performance was assessed. The management team confirmed this would be addressed as part of the incoming manager's role.

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 a patient suggestion box, patient compliments and staff verbal comments to obtain staff and patients' views about the service. 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. Comments received from patients were wholly positive.