

Orford Hill Limited

Orford Hill Dental Practice

Inspection Report

8 Orford Hill
Norwich
NR1 3QD
Tel: 01603 762900
Website: www.orfordhilldental.com

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Overall summary

We carried out this announced inspection on 21 May 2019 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

Orford Hill Dental Practice is a well-established practice that provides mostly NHS treatment to patients. The dental team includes two dentists, three dental nurses, a clinical manager and a visiting dental hygienist. There are two treatment rooms.

The practice opens on Mondays from 8.30 am to 5 pm; on Tuesdays and Wednesdays 8 am to 5 pm, on Thursdays from 8.30 am to 8 pm, and on Fridays from 8.30 am to 5 pm. The practice is also open one Saturday a month.

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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at the practice is the principal dentist.

On the day of inspection, we collected 50 CQC comment cards filled in by patients and spoke with three other patients. We spoke with the principal dentist, the clinical manager, two dental nurses and the receptionist.

We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Recruitment procedures ensured only suitable staff were employed.
- Access to the service was good with appointments available early in the morning; until 8 pm one evening a week, and one Saturday a month.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- Patients received their care and treatment from well supported staff, who enjoyed their work.

- Members of the dental team were up-to-date with their continuing professional development and were supported to meet the requirements of their professional registration.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice took patients' complaints seriously and responded to them appropriately to improve the quality of care.
- The practice had effective leadership and a culture of continuous audit and improvement.

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

- Review the security of prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's system for investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practices' current Legionella risk assessment taking 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.'

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.

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

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments,

Recruitment procedures ensured only suitable staff were employed. The practice had arrangements for dealing with medical and other emergencies. Although staff recorded untoward events that happened within the practice, there was not always evidence of the learning put in place to prevent their recurrence.

No action



Are services effective?

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

Patients told us they were very happy with the quality of their treatment. Staff had the skills, knowledge and experience to deliver effective care and treatment. The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

No action



Are services caring?

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

We received feedback about the practice from 53 patients. Patients were positive about all aspects of the service and spoke highly of the staff who delivered it. They commented that staff were welcoming, caring and understanding of their needs. Staff gave us specific examples of where they had gone out of their way to support patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action



Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment easily if in pain, and could access appointments outside of usual working hours.

The practice had made some reasonable adjustments for patients with disabilities but should consider providing a hearing loop to assist those with hearing aids.

No action



Summary of findings

Staff took patients views seriously and responded to concerns and complaints quickly and empathetically.

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 staff to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and valued. We found staff had an open approach to their work and shared a commitment to improving the service they provided.

The provider 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

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

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. Information about reporting agencies was easily accessible in the staff area. Staff had received relevant training in safeguarding matters, with one member having achieved a level 5 qualification. They were the appointed lead in the practice and spoke to us knowledgeably about safeguarding issues. All clinical staff had Disclosure and Barring Service checks (DBS) in place to ensure they were suitable to work with vulnerable adults and children.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running.

One dentist did not routinely use dental dams in line with guidance from the British Endodontic Society when providing root canal treatment, although used other safety precautions to protect patients' airways.

The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. Information we viewed for two recently recruited staff showed that appropriate pre-employment checks had been undertaken to ensure they were suitable for the role. One newly appointed member of staff told us their induction had been thorough and they had been made very welcome at the practice.

All clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Records showed that fire detection and firefighting equipment was regularly tested, and all staff, bar one, had rehearsed evacuating the building. The practice had not undertaken a full fire assessment to identify any risks, but the clinical manager informed us that one had been organised for the week following our inspection. We noted there was no signage on the front door to warn that compressed gas was kept on the premises.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file. Regular radiograph audits were completed and clinical staff completed continuing professional development in respect of dental radiography. Rectangular collimation was used on X-ray units to reduce patient exposure.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that 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.

A sharps risk assessment had been undertaken and the practice followed relevant safety laws when using needles and other sharp dental items. Sharps' bins were sited safely, and labelled appropriately. All staff had been immunised against the risk of Hepatitis B.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year, although did not undertake regular medical emergency simulations to keep their knowledge and skills up to date. Emergency equipment and medicines were available as described in recognised guidance, although we noted the practice only had one EpiPen. The clinical manager assured us she would obtain another one. The practice did not have its own defibrillator but had access to a community one, very close to the premises. Staff had conducted timed rehearsals for accessing it in the event of an emergency.

We noted that all areas of the practice were visibly clean, including the waiting area, toilet and staff area. Hand gel was available on the reception desk for patients to use. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible

Are services safe?

dirt. Staff uniforms were clean and their arms were bare below the elbows to reduce the risk of cross contamination. Full time staff were issued with five separate uniforms to ensure they had enough to wear a clean one each day.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Staff carried out infection prevention and control audits and the latest audit showed the practice was meeting the required standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. Records showed that equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, and records of water temperature testing and dental unit water line management were in place. However, a comprehensive legionella assessment had not been undertaken for the premises so it was not clear if all risks had been adequately identified.

There was a Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for all materials used within the practice.

The practice used an appropriate contractor to remove dental waste and external waste bins were stored securely in a locked area.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines. An antimicrobial prescribing audit had been completed and demonstrated the staff were following current guidelines for antibiotics.

NHS prescription pads were held securely but there was no tracking in place to monitor individual prescriptions to identify any theft or loss.

Lessons learned and improvements

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff were proactive about recording all types of accident and incidents that occurred within the practice. However, there was limited evidence to demonstrate that these incidents had been fully investigated, and any learning actively shared to prevent their recurrence.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were sent directly to the practice manager who actioned them if necessary.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 50 comments cards that had been completed by patients prior to our inspection, and spoke with another three during our visit. All the comments reflected high patient satisfaction with the results of their treatment and their overall experience of it. One patient stated, 'throughout my 20 years of treatment I still have all my own teeth'. Another told us, 'I came in for a tooth extraction, was seen on time and procedure completed in 10 minutes. Dentist talked through all options and after care'.

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Dental care records we reviewed clearly detailed patients' assessments and treatments.

Helping patients to live healthier lives

Staff were aware of the Delivering Better Oral Health toolkit, and provided preventive care and support to patients to ensure their oral health in line with it. Dental care records we reviewed showed that patients had been given advice on smoking, alcohol and diet. The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

A part-time dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. One of the nurses had undertaken additional training in oral health education, and another was in the process of completing the course. The clinical manager told us she had delivered an oral health session to pupils at a local primary school and displayed posters for national oral health care campaigns.

The practice had a selection of dental products for sale and free samples of tooth paste were available. There was a good range of health promotion leaflets to help patients with their oral health.

Consent to care and treatment

Patients confirmed their dentists listened to them and gave them clear information about their treatment.

Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients.

The practice's consent policy included information about the Mental Capacity Act 2005. Staff we spoke with showed an understanding of the Mental Capacity Act (MCA) and Gillick competence guidelines and how they might impact on patients' treatment decisions.

Monitoring care and treatment

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 the practice audited patients' dental care records to check that the clinicians recorded the necessary information.

Effective staffing

The dentists were supported by appropriate numbers of dental nurses and staff told us there were enough of them for the smooth running of the practice and to cover their holidays. A nurse worked with the hygienist to provide chairside support as recommended. Staff told us they had plenty of time for their role and rarely felt rushed in their work. A new associate had recently been employed and was about to start working at the practice.

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.

Co-ordinating care and treatment

Clinicians confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear systems in place for referring and monitoring 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.

Are services effective?

(for example, treatment is effective)

The clinical manager told us she was about to implement a new system whereby all non-NHS referrals could be better monitored to ensure they had been received.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as 'empathetic, friendly and very caring'. One visually impaired patient told us that they had complete confidence in the whole staff team and the help they received at the practice. Staff gave us examples of where they had assisted patients such as delivering dentures to their home and coming in over a week-end to contact patients following the delayed holiday return of one of the dentists. Staff told us of the additional measures they had put in place to enable one young patient with autism to attend their appointment.

We overheard a nurse apologising to patients when the dentist was running slightly late.

Privacy and dignity

The practice did not have a separate waiting room, so the reception area was not particularly private. However, staff did not leave patients' personal information where other

patients might see it and reception computer screens were not overlooked. Staff could use the back office if patients wanted to talk privately. Patients' notes were stored on open shelving, however access to the area was restricted and plans were already in place to digitise all records

All consultations were carried out in the privacy of the treatment room and we noted that the door was closed during procedures.

Involving people in decisions about care and treatment

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Many patients told us the dentist answered all their questions. One patient commented, 'my treatment is always explained clearly and communication is good'. One dentist told us he frequently used X-rays to explain treatment to patients.

We noted information leaflets available in the waiting area on a range of dental health matters to help patients make informed choices.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice's waiting area provided good facilities including a patient information board, a water fountain and children's toys.

The practice was on an upper floor of a listed building so was not accessible to wheelchair users, however staff could direct patients with disabilities to a nearby practice with level entry if needed. There was no portable hearing loop to help patients with hearing aids. The practice had a number of patients who did not speak or understand English and provided translation services for them.

Timely access to services

Patients told us they were satisfied with the appointments system and said that getting through on the phone was easy. One patient commented that they were able to get an emergency appointment promptly when their filling came out. Another, that reception staff were always helpful with finding last minute emergency appointments.

The practice offered a text reminder service and there were emergency appointment slots each day for patients experiencing dental pain. Staff told us that waiting times for an appointment was about two to three weeks. At the time of our inspection the practice was not accepting any new NHS patients as it had reached its contracted units of dental activity.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information about how patients could raise their concerns was available in the waiting area, in the patient information leaflet and on the practice's website.

We viewed the paperwork in relation to two recently received complaints and found that they had been investigated appropriately and the patient had been given a professional and timely response. A specific patient complaints audit was completed each year to help identify any common themes or highlight a team member who might be underperforming.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had overall responsibility for the management and clinical leadership of the practice. He was supported by a clinical manager and an HR manager who took on a number of administrative and managerial tasks. We found the clinical manager to be knowledgeable, and well prepared for our inspection. One staff member described the clinical manager as always 'on top of everything'.

The practice had some processes to develop leadership capacity and skills, and there were specific staff leads for areas such as infection control and safeguarding patients.

Culture

Staff told us they enjoyed their work, and felt valued and supported. One staff member told us they were frequently thanked for their work, something which they greatly appreciated. Staff described the principal dentist as approachable and supportive, and told us their morale was good.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

Governance and management

There were clear and effective processes for managing risks, issues and performance. 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 used an on-line clinical governance tool to help with the management of the service.

Communication across the practice was structured around regular practice meetings which staff described as useful.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in

protecting patients' personal information. We found that records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

Engagement with patients, the public, staff and external partners

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. Satisfaction forms and a suggestion box were available at reception. In response to patients' suggestions, the practice had updated their medical history forms and changed the text appointment reminder system.

Patients were also 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. Results from six recently completed cards indicated that 100% of respondents would recommend the practice. The practice actively monitored patient feedback on NHS Choices and responded to comments left. At time of the inspection the practice had scored four and half stars out of five based on 12 reviews,

The practice gathered feedback from staff through meetings, appraisals, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and told us these were listened to and acted upon. For example, their suggestions

for air conditioning in the treatment rooms and for a better computer system had been listened to implemented by the principal dentist.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, antibiotic prescribing, hand hygiene, complaints, and infection prevention and control. These were used to highlight any shortfalls and drive improvement.

The principal dentist paid for staff to receive on-line training to help them keep their continuing professional development up to date. All staff received an appraisal in which their performance was assessed.