

Purlys Dental Practice

Purlys Dental Practice

Inspection Report

Purlys Dental Care
185 Nevells Road
Letchworth Garden City
Hertfordshire
SG6 4TS
01462684350
Tel: 01462684350
Website:

Date of inspection visit: 5 November 2019
Date of publication: 26/11/2019

Overall summary

We carried out this announced inspection on 5 November 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

Purlys Dental Care is a well-established family practice that offers mostly private treatment to approximately 8,000 patients. It is based near Letchworth town centre. The dental team includes five dentists, eight dental nurses, two hygienists and a practice manager.

There is ramp access for people who use wheelchairs and those with pushchairs. There is on street parking directly outside the practice and in nearby public car parks.

Summary of findings

The practice opens Mondays from 8am to 5.30pm; Tuesdays, Wednesdays and Thursdays from 8am to 6pm and on Fridays from 8am to 1pm.

The practice is owned by a partnership 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 is one of the partners.

On the day of inspection, we collected 31 CQC comment cards filled in by patients and spoke with two other patients. We spoke with three dentists, two dental nurses, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Patients were positive about all aspects of the service the practice provided and commented positively on the treatment they received and of the staff who delivered it.
- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.

- Patients' care and treatment was provided in line with current guidelines.
- Patients received clear explanations about their proposed treatment and were involved in making decisions about it.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- There was a clear leadership structure and staff felt supported and valued. The practice proactively sought feedback from staff and patients, which it acted upon.

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

- Review the practice's system for recording, 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 practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Review the availability of an interpreter service for patients who do not speak or understand English.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	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. All staff undertook annual safeguarding training. One of the dentists was the lead for all safeguarding matters and had completed level three training.

We saw evidence that staff received safeguarding training and knew about the signs and symptoms of abuse and neglect, and how to report concerns. The practice manager gave us an example of where staff had referred a child they had had concerns about to the local safeguarding team, demonstrating they took the protection of children seriously. Information about protection agencies was available in staff and patient waiting areas making it easily accessible.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults

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

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. One staff member told us a dentist 'used it for just about everything', not just root canal treatment.

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

The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We viewed files for two recently recruited staff and noted that a disclosure and barring check had only been obtained after they had started working, rather than at the point of their employment, to ensure they were suitable for their role.

All staff received a full induction to their role, which they described to us as thorough. One nurse told us they had shadowed other staff for a whole week and worked with each different dentist in the practice to ensure they became familiar with how each operated.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Records showed that fire detection and firefighting equipment was regularly tested, and staff undertook fire evacuations with patients. The practice manager told us that a recent fire evacuation had highlighted the need to review which exits doors were used by staff. A fire risk assessment had been completed in October 2019 and its recommendation to have fixed electrical wire testing and staff training had been organised.

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

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had the required information in their radiation protection file. The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography. X-ray units had rectangular collimation to reduce radiation exposure to patients.

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.

Staff followed relevant safety laws when using needles, although clinicians were not using the safest type. Sharps bins, although not wall mounted, were sited safely and had been labelled correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

There was a comprehensive 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 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 audits, although not as frequently as recommended. The latest audit showed the practice was meeting the required standards.

The practice had suitable arrangements for cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The practice did not yet have a separate decontamination room, but the partners informed us one would be installed as part of the practice's refurbishment.

Staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We noted that all areas of the practice were visibly clean, including the waiting areas corridors toilets and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. We noted some loose and uncovered items in treatment room drawers that risked aerosol contamination over time. We also noted small tears in two dental chairs, but the practice manager told us plans were in place for them to be re-upholstered.

Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. We

noted they changed out of their uniforms at lunchtime. However, we noted the dentists wore the same trousers for both home and work, therefore compromising infection control.

The practice used an appropriate contractor to remove dental waste from the practice. The external clinical waste bins were locked in an enclosed area at the side of the practice.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out and the most recent audit indicated dentists were prescribing them according to national guidelines.

Prescription pads were held securely, although the practice did not keep a log of all the pads held in stock. The practice's name and address were not included on medicine container labels.

Information to deliver safe care and treatment

We looked at a sample of dental care records to confirm our findings and noted that records were written in a way that kept patients safe. Dental care records we saw were accurate, complete and legible. They were kept securely and complied with The Data Protection Act and information governance guidelines.

Lessons learned and improvements

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints, and staff were aware of formal reporting procedures. Staff told us of new procedures that had been implemented following a patient collapse due to their low blood sugars. However, we noted several incidents recorded in the practice's accident book, including sharps injuries. There was limited evidence to show that these had been fully investigated and discussed with staff to prevent their recurrence.

The practice manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and implemented any action if required. We found staff were aware of recent alerts affecting dental practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 31 comment cards that had been completed by patients prior to our inspection. All the comments received reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it. One patient told us, 'I have always received excellent care and treatment by the dentist and hygienist'.

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken, and the advice given to them. Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. The practice had systems to keep dental practitioners up to date with current evidence-based practice.

The practice had intra-oral cameras, digital X-rays and an orthopantomogram unit to enhance the delivery of care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. Dentists used fluoride varnish for children based on an assessment of the risk of tooth decay. One parent commented, 'I always feel my son gets a thorough check up and clear instructions on how to improve his oral hygiene'.

Two part-time dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss.

One of the nurses had put together a display for patients on the amount of sugar in fizzy drinks, which the practice manager told us that patients frequently commented on. There was additional information in patient waiting areas about local smoking cessation services and the number of units in common alcoholic drinks.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed clinicians 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. The team understood their responsibilities under the Act when treating adults who might not be able to make informed decisions. Staff were aware of the need to consider this when treating young people under 16 years of age.

Effective staffing

There was a well-established and stable staff group, many of whom had worked for many years at the practice. Staff told us there were enough of them for the smooth running of the practice, despite three nurses on maternity leave at the time of our inspection. The two hygienists worked without chairside support, and although not best practice, a risk assessment had been completed for this.

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. The practice manager conducted professional registration checks each year to ensure staff were still fit to practice.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Dentists 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

Are services effective?

(for example, treatment is effective)

systems in place for 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 most referrals to make sure they were dealt with promptly, and the practice manager told us they would implement a system so that non-online referrals could be tracked more effectively.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as empathetic and helpful. One patient told us, 'All the staff are super helpful, which makes coming to the dentist less stressful'. Another commented, 'during the last year I have had some comprehensive cosmetic surgery. This was a big project, during all of this time the staff and care has been brilliant'.

Staff gave us specific examples of where they had gone out of their way to support patients. For example, telephoning patients after complex treatments and providing treatment out of hours, so that patients could attend important life events with their dental care completed.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. Patients' notes were stored in lockable shelving behind reception.

Reception staff told us about the practical ways they maintained confidentiality by lowering their voices and offering a separate room if patients wanted to discuss a sensitive issue. Staff password protected patients'

electronic care records and backed these up to secure storage. The practice manager had a good understanding of GDPR requirements and their importance in protecting patients' confidentiality.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy. We noted blinds on downstairs treatment room windows to prevent passers-by looking in.

Involving people 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. One patient told us 'The dentist has been talking me through my treatment for the last 18 months or so. He has explained every step of the process and continues to do so as I carry on the treatment'.

Dental records we reviewed showed that treatment options had been discussed with patients. The dentists used intra-oral cameras, models, X-ray images and leaflets to help patients better understand their treatment options. One dentist commented they frequently used intra oral cameras mid-treatment to let patients view how it was progressing. There was a folder in the waiting area giving patients detailed information about different types of treatment available, and information on gum disease and X-rays use.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a website which gave patients information about the services available, and this was being updated at the time of our inspection. In addition to general dentistry, the practice offered domiciliary visits and facial aesthetics to patients. Each dentist had an area of expertise and could offer patients treatment in relation to root canals, oral surgery or facial aesthetics.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, downstairs treatment rooms, an accessible toilet, knee break dental chairs and a portable induction hearing loop. One patient told us, 'Considering my deafness, my dentist ensures that I do not miss out on any communication misunderstanding by typing out in word from his P.C'. However, there was no information in relation to translation services for patients who did not speak English, and reception staff were not aware of the service.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. Staff told us

that waiting times for both a routine appointment and treatment was about two to three days. Appointments could be made by telephone or in person and the practice operated a text reminder service.

Although there were no specific emergency slots for patients, staff told us that anyone in pain would be seen the same day. Patients confirmed they could make emergency appointments easily and were rarely kept waiting for their appointment once they had arrived. Staff told us they often staggered their lunch breaks, stayed on after hours or came in early to meet patients' appointment needs. The practice offered patients an out of hours emergency service that could be accessed by phone.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in both waiting areas for patients, although could be made more visible to patients

We viewed the practice's complaints log and found that patients' concerns had been investigated and responded to appropriately.

Are services well-led?

Our findings

Leadership capacity and capability

We found the partners had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable and clearly committed to providing a good service to both patients and their staff. Staff told us they were approachable and responsive to their needs.

There were clear responsibilities, roles and systems of accountability to support good governance and management. We noted staff took immediate action to address the minor shortfalls we identified during our inspections, demonstrating their commitment to improve the service.

Culture

Staff said they felt respected and valued and were clearly proud to work in the practice. They told us their suggestions to improve the practice were listened to by the partners. The partners offered flexible working hours to staff so they could meet their caring responsibilities.

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 comprehensive 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.

Although there were no formal recorded practice meetings, staff told us that communication systems were good. There was a staff 'grumbles and suggestion book', that could be completed anonymously. It was monitored closely by the practice manager who typed up any staff issues and presented them to the partners. There was also a communication board in the staff area where the practice manager displayed important forthcoming events, or policies that staff needed to read. A staff 'Whats App' group was used to communicate any key messages quickly if needed. Staff told us they always shared lunch together, which was used as another effective form of communication.

Appropriate and accurate information

We found that all 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.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support high-quality sustainable services. The practice had introduced the NHS Friends and Family Test as a way for patients to let them know how well they were doing. The results were displayed in the waiting room, and those for October 2019 showed that respondents would recommend the practice. There was also a comments book on reception and patients' suggestions for wi-fi and redecoration had been given consideration by the practice. In addition to this, the practice had its own survey and patients were asked for feedback in relation to the quality of appointments, time-keeping and reception.

Staff were encouraged to offer suggestions for improvements to the service and told us these were listened to and acted upon. Their suggestions to introduce a communication log and streamline surgery procedures had been implemented.

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, and infection prevention and control. These audits were undertaken by the nurses to ensure their objectivity. There were also regular staff training days and lunch and learns. One nurse had completed a fluoride application course and two had completed radiography training.

The whole staff team, including the part-time hygienists, had annual appraisals.