

Mr. Siamak Ghasemzadeh Kermanshahi

Garrick Way Dental Surgery

Inspection Report

23 Garrick Way
Ipswich
Suffolk
IP1 6NF
Tel: 01473 741125
Website:

Date of inspection visit: 19 November 2015
Date of publication: 21/01/2016

Overall summary

We carried out an announced comprehensive inspection on 19 November 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive, and well-led?

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

We carried out a comprehensive inspection of Garrick Way Dental Surgery on 19 November 2015. Garrick Way Dental Surgery is a single handed practice and provides both NHS and private dental treatment to patients of all ages. The dentist employs a dental nurse and a trainee dental nurse.

The practice is located on a large housing estate; the surgery is on the first floor within a parade of shops, and access is by a staircase. Free parking is available at the front. It has a reception area, waiting room, one treatment room, and a decontamination room for cleaning, sterilising, and packing dental instruments. There was a segregated area protected from the public for general waste and a locked stock cupboard for consumables at the bottom of the stairs.

The practice is open Monday and Tuesday from 9.00am to 5.00pm, Wednesday and Friday 9.00am to 2.00pm and Thursday 12.00pm to 6.00pm

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

We received feedback from 20 patients. All of the comments reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and tidy; they found the staff very friendly and efficient, and felt the quality of the dentistry to be excellent.

The practice was providing care which was safe, effective, caring, responsive, and well-led in accordance with the relevant regulations.

Our key findings were:

- Staff had received safeguarding training and knew the processes to follow to raise any concerns.
- Staff had been trained to deal with medical emergencies and appropriate medicines and life-saving equipment were readily available and accessible.
- Infection control procedures were in place and staff had access to personal protective equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits, and risks and were involved in making decisions about them.
- Patients were treated with dignity and respect and confidentiality was maintained.

- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice was well-led; staff felt involved and worked as a team.
- Some governance systems needed to be strengthened. Medicines used during patients' treatment had not been recorded. There was a lack of record keeping from medical safety alerts received and meetings held. Staff appraisals had not been undertaken.

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

- Document at appropriate intervals the discussions with staff about their training, learning, and development needs and establish an effective process for the ongoing assessment and supervision of staff members. Ensure that medical safety alerts are documented with required actions and are accessible to all staff.
- Document discussions and outcomes from staff meetings.

Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

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 effective systems and processes in place to ensure all care and treatment was carried out safely. The practice had recorded accidents and was aware of how to record significant events, investigate, and learn/make improvements.

Staff had received training in safeguarding vulnerable adults and children; they could describe the signs of abuse and were aware of the external reporting process. Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times.

Infection control procedures were in place and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice, serviced, and maintained at regular intervals.

Are services effective?

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

Consultations were carried out in line with guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits and options available to them. Staff were supported through training, and opportunities for development. Patients were referred to other services in a timely manner. Staff had received training in the Mental Capacity Act 2005.

Are services caring?

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. We saw that treatment was clearly explained and patients were provided with treatment plans.

Staff explained to us that they recognised they served an area of high need, some patients only attended when in pain. The staff told us that they knew many of these patients and were able to personalise their approach which enabled these patients to access dental care with ease.

Are services responsive to people's needs?

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

Appointments were easy to book and the practice offered extended opening hours one evening a week to meet the needs of those who could not attend during normal opening hours. The practice offered slots each day enabling responsive and efficient treatment of patients with urgent dental needs.

There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area.

Summary of findings

Are services well-led?

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

The practice staff were involved in leading the practice to deliver satisfactory care. Care and treatment records had been audited to ensure standards had been maintained. Staff were supported to maintain their professional development and skills; however, they had not documented this. We found some governance systems needed to be strengthened.

The practice sought the views of patients with questionnaires each time they attended.

Garrick Way Dental Surgery

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 19 November 2015 and was conducted by a CQC inspector and a specialist dental advisor.

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 therefore formed the framework for the areas we looked at during the inspection.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications, and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with the dentist and trainee dental nurse and conducted a telephone interview with a dental nurse. We reviewed policies, procedures and other documents. We reviewed 18 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints. Staff were aware of the reporting procedures and were encouraged to bring safety issues to the attention of the dentist. There had been no significant events or complaints recorded.

The practice received national and local alerts relating to patient safety and safety of medicines. The dentist who received the alerts by email noted and took any action if needed; however, this was not recorded.

Staff understood the process for accident and incident reporting including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). We reviewed the accident book and noted five entries, none in the past year.

Reliable safety systems and processes (including safeguarding)

The practice had satisfactory child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting, and dealing with suspected abuse. Staff had completed the required training in child protection and described the actions they would take if they were concerned.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The practice showed us that they had rubber dam kits available and used when he could when carrying out endodontic (root canal) treatment.

We noted that there was good signage throughout the premises clearly indicating fire exits, the location of first aid kits, medical emergency equipment, and X-ray warning signs to ensure that patients and staff were protected.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All staff had received basic life support training. The practice did not have a defibrillator (a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). A risk assessment showed that the nearest one available was at the nearest GP surgery 5 minutes away. The local hospital was 10 to 15 minutes away. The dentist told us that he would review the availability of an AED in the local area, enabling access to equipment quicker benefitting the practice and the local community. Staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest.

Emergency medicines and oxygen were readily available if required. This was in line with the Resuscitation Council UK and British National Formulary Guidelines. We checked the emergency medicines and found that most of the recommended type and were all in date. We noted that the practice held midazolam ampoules; there was no procedure for giving this by mouth (buccally) which is the current recommendation in emergency situations. It was highlighted to the dentist who removed these and replaced with the recommended Midazolam 10mg buccal solution which has the correct oral dose measuring equipment with it.

Staff recruitment

The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of identity, checking skills, and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We reviewed the files of the employed staff and found that all the necessary checks had been undertaken and recorded.

The practice had a formal induction system for new staff, this included practice policies been read and we saw that all staff had signed to say that they understood them.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. Staff told us a system was in place to ensure that where absences occurred, they would cover for their colleague.

Monitoring health & safety and responding to risks

Are services safe?

A health and safety policy and risk assessment was in place at the practice. This identified risks to staff and patients who attended the practice.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a Legionella risk assessment and fire evacuation procedures. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.

We noted that staff had not received an annual fire safety refresher however; they were able to describe the actions they would take in the event of a fire. There were sufficient fire extinguishers and they had been serviced April 2015.

Infection control

The practice was visibly clean, tidy, and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. The dentist was the lead for infection prevention and shared responsibility for the decontamination processes with the dental nurses. The practice had systems for testing and auditing the infection control procedures.

Sharps bins were signed dated and not overfilled. A clinical waste contract was in place and waste matter was securely stored within the clinical area.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the essential processes and practices to prevent the transmission of infections. Decontamination of dental instruments took place in a dedicated room in the practice. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

We found that in general the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices.

The equipment used for cleaning and sterilising was checked, maintained, and serviced in line with the manufacturer's instructions. Daily, weekly, and monthly

records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

The practice had a robust sharps management policy which was clearly displayed and understood by all staff. Safer syringe systems were being used in the practice and single use items were used, where practical, to reduce the risks associated with cleaning sharp items such as matrix bands. Dentists were responsible for safely disposing of the sharps that they generated which also reduced the risk of injury to staff. The practice had a record of staff immunisation status in respect of Hepatitis B, and there were clear instructions for staff about what they should do if they injured themselves with a needle or other sharp dental instrument.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. Portable appliance testing (PAT) took place on all electrical equipment in March 2015.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use and these were rotated regularly to ensure equipment remained in date for use. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. We noted that the practice held midazolam ampoules; there was no procedure for giving this by mouth (buccally) which is the current recommendation in emergency situations. It was highlighted to the dentist who removed these and replaced with the recommended Midazolam 10mg buccal solution which has the correct oral dose measuring equipment with it.

Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were displayed in areas where X-rays were carried out.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the

Are services safe?

equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The dentist monitored the quality of the X-ray images on a regular basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. The dental care records contained all the relevant detail including medical history and followed the guidance provided by the Faculty of General Dental Practice. Radiographs were taken at appropriate intervals and in accordance with the patient's risk of oral disease.

The dentist told us that each person's diagnosis was discussed with them and treatment options were explained. Fluoride varnish and higher concentration fluoride toothpaste were prescribed for high risk patients. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice and detailed dental hygiene procedures.

We received feedback from 18 patients comment cards, we also reviewed comments collected from July 2015 by the practice using the Family and Friends test (This is a national programme to allow patients to provide feedback on the services provided). All the comments received reflected that patients were very satisfied with the staff, assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice. Staff told us that they advised patients on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health.

Staffing

Dental staff were appropriately trained and registered with their professional body. The dentist and the dental nurses shared responsibility for managing the reception duties and the dental nurses were responsible for the cleaning of the practice. Staff reported that they were encouraged and supported to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Staff records reviewed confirmed this.

Staff told us that they regularly met with the dentist to discuss training, and their needs; however, these were not recorded. Staff spoken with said they felt supported and involved in discussions about their personal development. They told us that the dentist was supportive, approachable, and always available for advice and guidance.

Working with other services

The practice had a system in place for referring, recording, and monitoring patients for dental treatment and specialist procedures for example root canal treatment, impacted wisdom teeth and orthodontics. A log of referrals was kept to ensure patients received care and treatment needed in a timely manner.

Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient.

Staff were aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. Staff had received Mental Capacity Act 2005 (MCA) training and were fully conversant with the relevance to the dental practice. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for them.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity, respect, and maintained their privacy. The reception area was discrete and conversations could not be heard in the waiting area.

A data protection and confidentiality policy was in place. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that dental care records were held securely.

Patients reported that they felt that practice staff were friendly, helpful, and caring and that they were treated with dignity and respect. Many patients said that staff were always very friendly and professional.

Involvement in decisions about care and treatment

Feedback from patients included comments about how professional the staff were and treatments were always explained in a language they could understand. A patient who was attending for emergency treatment told us that staff were sensitive to their anxieties and needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice information leaflet and information displayed in the waiting area described the range of services offered to patients, the complaints procedure, and information about patient confidentiality. The dentist always worked with a dental nurse present.

Appointment times and availability met the needs of patients. There were appointments available each day with no waiting lists. Patients with emergencies were usually seen the same day.

Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies.

The practice was based on the first floor, making it difficult to access for people using wheelchairs or with push chairs. As a result it was not able to meet the needs of people using wheelchairs or those with limited mobility. However, this was made explicit in the practice's information leaflet and reception staff signposted patients to other practices if needed.

The practice had a low number of non-English speaking patients; the availability of a translator service was advertised in the reception area.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would usually be seen on the same day. Late appointments were available one evening a week to meet the needs of those patients unable to attend during the day.

Patients' feedback confirmed that they were very happy with the availability of routine and emergency appointments.

The practice telephone system informed patients how to access out of hours care, however, this information was not displayed so that it was visible to patients from outside the practice when it was closed.

Concerns & complaints

The practice had a complaint procedure that explained to patients the process to follow. It included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Details of how to raise complaints were accessible in the reception area. Staff we spoke with were aware of the procedure to follow if they received a complaint and would arrange an appointment or telephone call with the dentist.

The practice had not recorded any complaints in the past 12 months. CQC comment cards reflected that patients were satisfied with the services provided.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. The governance arrangements in place needed to be strengthened.

Learning and development needs were not recorded following discussion with staff. The practice had not recorded any actions and details of safety alerts and any actions taken. The dentist and staff met regularly, however, they did not record these discussions for future review, learning and to drive improvements to the service.

Staff we spoke with were aware of their roles and responsibilities within the practice.

There was a full range of policies and procedures in use at the practice. Staff were aware of the policies and they were readily available for them to access.

Leadership, openness and transparency

The culture of the practice encouraged openness and honesty. Staff told us that they could speak with the dentist if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns.

The staff met each day and reviewed patients, appointments and any other concerns or issues. For example if a patient with reduced mobility was booked, the staff were able to be prepared to assist them to climb the stairs.

Management lead through learning and improvement

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. An NHS dental practice advisor undertook a recent visit, with positive outcomes in September 2015.

Clinical audits had taken place such as radiography and infection control to monitor and improve the quality of care provided and staff told us that they were discussed with them. We saw that the practice improvement plan included re decorating the fabric of the building. The practice did not record the detail of these meetings.

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

Staff told us that patients could give feedback at any time they visited. The practice actively collected feedback by asking patients to complete the Family and Friends Test questionnaires at each attendance. The practice had systems in place to review the feedback from patients who had cause to complain. The practice had not received any complaints.

Staff appraisals had not been undertaken, staff told us that they held discussions informally with the dentist but did not have a formal structure and these were not recorded. Staff we spoke with told us that information was shared and that their views and comments were sought informally and generally listened to. Staff told us that they felt part of a team.