

Mr Ross Cutts

Cirencester Dental Practice

Inspection Report

The Old Post Office
12 Castle Street
Cirencester.
GL7 1QA

Tel: **01285 640248**

Website: <http://www.cirencesterdentalpractice.com/>

Date of inspection visit: 25 April 2017

Date of publication: 11/07/2017

Overall summary

We carried out this announced inspection on 25 April 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.

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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Cirencester Dental Practice is in the centre of Cirencester and is a purpose built practice providing private treatment to patients of all ages.

There is level access from the street for people who use wheelchairs and pushchairs and the practice has a lift to the first floor where all facilities are accessible. Car parking spaces are available near the practice. The practice is well located near a main bus route.

Summary of findings

The dental team includes five dentists, five dental nurses, three dental hygienists, a clinical co-ordinator who is also a registered dental nurse, a receptionist, a practice manager and marketing manager. The practice has four treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

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

During the inspection we spoke with four dentists, five dental nurses, one dental hygienist, the receptionist, practice manager and marketing manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday – Thursday 09.00am -5.00pm and Friday 08.00am -4.00pm. The practice is closed at weekends but the out of hours emergency arrangements are displayed on their website. Contact information is available from the practice telephone answering service.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice used digital radiographs via a patient screen to help explain necessary treatment to patients while in the chair.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

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

Staff were qualified for their roles and the practice completed essential recruitment checks.

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

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as absolutely fantastic; fabulous and painless from nice people. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice was proactive in providing patients with advice about preventative care and supported patients to ensure better oral health in line with Public Health England publication 'Delivering better Oral Health 3rd edition. (DBOH).

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals; however this was not often as they had the facilities to provide most treatments in the practice.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from seven people. Patients were positive about all aspects of the service the practice provided. They told us staff were patient, understanding helpful and nice people. They said they were given clear information with good attention to detail; helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented all staff made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



Summary of findings

Are services responsive to people's needs?

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

The practice appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a 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 and staff.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond to and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. The practice maintained a significant event folder. There had been two incidents in the previous 12 months. We saw the documentation for incident recording included sections for a detailed description, the learning that had taken place and the actions taken by the practice as a result.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

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 upon 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 staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination if this was necessary.

We looked at the practice arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and had completed training in emergency resuscitation and basic life support every year. We saw one member of staff had also completed First Aid at work training.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. The practice had one oxygen cylinder available for emergencies in the practice when offering conscious sedation. Following discussion the principal dentist told us they would review having a second cylinder available to ensure sufficient, and back up, equipment was available when conscious sedation was being provided.

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 four staff recruitment files. These showed the practice followed their recruitment procedure.

The practice manager told us newly employed and agency staff had been taken through an induction process to ensure they were familiarised with the way the practice operated. This was corroborated with documentary evidence which had been signed to demonstrate completion of the process. We were told, and shown evidence, all newly employed staff met with the practice manager to ensure they felt supported to carry out their role.

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 health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

The practice had a comprehensive risk management process, including a detailed log of all risks identified, to

Are services safe?

ensure the safety of patients and staff members. For example, we saw a fire risk assessment which had been completed in 2014 and a practice risk assessment which had been completed in 2017. The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva.

A dental nurse worked with the dentists and dental hygienists when they treated patients.

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.

There was a dedicated decontamination room in the practice which was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in the treatment room and the decontamination room. These arrangements met the HTM01-05 essential requirements for decontamination in dental practices.

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 an infection prevention and control audit twice a year. The latest audit showed the practice was meeting the required standards. In discussion with the lead nurse we identified there was no clear audit process to ensure the dental nurses in each surgery and the cleaner for the practice, were appropriately completing the required tasks. The lead nurse took immediate action to implement such an audit.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We reviewed the last detailed legionella risk assessment report from 2016 which was carried out by an external organisation. The

practice had appropriate processes in place to prevent legionella contamination such as flushing of dental unit water lines with an appropriate disinfectant and monthly testing of the hot and cold sentinel taps in the practice.

We were shown the file in which the recommendations from the report were identified but it was not possible to find documentary evidence these had been addressed. For example training awareness for staff. We corroborated the actions had been undertaken in discussion with staff. The practice manager agreed to review the file to ensure all documentary evidence of actions taken was available.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had mostly suitable systems for prescribing, dispensing and storing medicines which met the relevant legislation. We observed the system for monitoring and dispensing of antibiotics in the practice and saw the system did not fully audit the movement of medicines into and out of the practice.

The practice manager told us they would take action to ensure they could audit and trace and prescription only medicines held and supplied by the practice.

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. It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. X-rays were digital and images were stored within the patient's dental care record.

We found there were suitable arrangements in place to ensure the safety of the equipment and its operation. We were shown how the practice had a process for ongoing monitoring of the quality of radiographs as required by the IRMER regulations.

We observed in the patient clinical records that radiographs were taken in line with The Faculty of General Dental Practice (FGDP) guidance and the clinicians justified,

Are services safe?

quality assured and reported upon each radiograph taken. Local rules relating to each X-ray machine were maintained; a radiation risk assessment was in place to ensure patients did not receive unnecessary exposure to radiation.

We saw evidence the dentists justified, graded and reported upon the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuing 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 reviewed the information recorded in patient dental care records to corroborate information received from the dentists. We found they provided comprehensive information about patients' oral health assessments, treatment and advice given.

Medical history checks were updated at every visit and patient care records we looked at confirmed this. This included an update about patients' health conditions, current medicines being taken and whether they had any allergies. Comments received via CQC comment cards reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

We saw the practice audited patients' dental care records to check the dentists recorded the necessary information.

The practice carried out conscious sedation for patients who would benefit from this treatment. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with

current guidelines. The records showed staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

Two dental nurses supported dentists treating patients under sedation. The dental nurses' names were recorded in patients' dental care records. Not all the dental nurses supporting the delivery of conscious sedation had undertaken the additional training. The practice manager took immediate action to address this issue.

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. The dental hygienist provided oral health education and appointments for this which were offered over two days a week.

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.

The practice provided health promotion information to support patients in looking after their general health using leaflets, posters, a patient information file and via their noticeboard situated in the waiting room. This included making patients aware of the early detection of oral cancer. Patients reported they felt well informed about every aspect of dental care and treatment pertaining to the health of their teeth and dental needs. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

The practice manager kept a record of all training completed by staff to ensure they had the right skills to carry out their work. Mandatory training included basic life support and infection prevention and control had been completed by all staff within the last 12 months. New staff to the practice had a period of induction based on a structured programme to familiarise themselves with the way the practice ran. Dental nurses received day to day supervision from the dentists and support from the practice manager.

Are services effective?

(for example, treatment is effective)

Staff had access to policies which contained information that further supported them in the workplace.

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at their annual appraisal. We saw evidence of completed appraisals. Staff we spoke with told us they had accessed specific training in the last six months in line with their professional needs.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. The practice completed a detailed proforma and referral letter to ensure the specialist service had all the relevant information required.

Referrals included patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Dental care records contained details of the referrals made and the outcome of the specialist advice.

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 consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists and dental nurses were aware of the need to consider this when treating young people under 16 years of age. 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 absolutely fantastic; fabulous and nice people. We saw staff treated patients professionally, respectfully and in a kindly manner and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us 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.

Music was played in the treatment rooms and there were magazines and television in the waiting room. The practice provided drinking water, tea and coffee.

Information folders, patient survey results and thank you cards 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 staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. Dental care records we looked at corroborated and reflected this.

Patients were given a copy of their treatment plan and associated costs. This gave patients clear information about the different elements of their treatment and the costs relating to them. They were given time to consider options before returning to have their treatment. Patients signed their treatment plan before treatment began.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as dental implants and complex restorative dentistry.

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. Patients' feedback demonstrated they had flexibility and choice to arrange appointments in line with other commitments. Patients booked in with the receptionist on arrival and they kept patients informed if there were any delays to appointment times.

The practice had an efficient appointment system to respond to patients' needs. Staff told us patients who requested an urgent appointment were seen the same day. Patients we talked with advised they had been able to obtain emergency treatment when needed and we observed space was left daily in the appointment book of clinicians so they could provide urgent care when required. 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 told us they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff told us they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place and provided training to support staff in understanding and meeting the needs of patients.

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing

loop, and accessible toilet with hand rails and a call bell. Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter and translation services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept some appointments free for same day appointments. The website, information leaflet and 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 complaint policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received during the last 12 months and evidenced there had been no formal complaints. 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 principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. We saw risk assessments and the control measures in place to manage those risks, for example fire and infection control.

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

Leadership, openness and transparency

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

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates.

Immediate discussions were arranged to share urgent information. Minutes of meetings seen demonstrated staff meetings were held with staff from the principal dentist's other practice which ensured all staff working at either practice received the same information.

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 were told the practice had not audited their sedation records and dental implant treatments but this was planned.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had an annual appraisal. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

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 continuing professional development. Staff told us the practice provided support and encouragement for them to do this.

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

The practice used patient surveys, comment cards, verbal comments and a compliments book to obtain staff and patients' views about the service.