

Etwall Dental Practice Ltd

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Inspection Report

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Overall summary

We carried out this announced inspection on 6 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not have any relevant information to share with us regarding this dental practice.

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

Etwall Dental Practice is located in a premises situated in the village of Etwall to the west of Derby and provides both NHS and private treatment to patients of all ages.

Summary of findings

There was stepped access for patients to the front door. . Alternative arrangements were available for people who use wheelchairs and those with pushchairs. Car parking spaces, including for patients with disabled badges, were available opposite the practice at the church.

The dental team includes four dentists; two hygienists; five qualified dental nurses including two receptionists; two trainee dental nurses and one practice manager. The practice has three treatment rooms, two of which are on the ground floor.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Etwall Dental Practice was the principal dentist.

On the day of inspection we collected 11 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

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

The practice is open: Monday: 8:30 am to 5:30 pm; Tuesday: 8:30 am to 6:30 pm; Wednesday: 8:30 am to 6 pm; Thursday: 8:30 am to 6 pm and Friday: 8:30 am to 4:30pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which followed 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 risks in the practice, particularly with regard to health and safety.
- The practice had suitable safeguarding processes and staff had been trained and 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 steps to protect their privacy and personal information.
- The appointment system met patients' needs. Patients said they could get an appointment that suited them.
- 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 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. 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. There was a lead person appointed within the practice for safeguarding matters.

Staff were suitably qualified for their roles on the dental team and the practice completed essential recruitment checks.

The 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 and equipment for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, kind and caring. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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

No action



Are services caring?

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

We received feedback about the practice from 14 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, helpful and professional, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face 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 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 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 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 and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. Every accident (there had been two in the year up to this inspection) had been investigated and the action taken as a result was recorded.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice investigated every significant event and recorded the outcome. There had been five significant events in the year up to this inspection.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and kept for future reference. Records showed the practice received regular alerts and they were analysed by the practice manager.

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. A dental nurse with support from the practice manager was the identified lead for safeguarding in the practice. They had received training in child protection and safeguarding vulnerable adults to level three in March 2017. We saw evidence that all staff had completed safeguarding training to level two and had received regular updates.

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. All staff had received basic dementia awareness training to help them understand the needs of patients who had dementia.

The practice protected staff and patients with guidance for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002 available. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. This included single use matrix bands and safety systems for using injection needles. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We saw the practice had the necessary equipment to use rubber dams available for dentists.

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 completed training in emergency resuscitation and basic life support every year, with the last training completed in September 2016.

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. Equipment included an automated external defibrillator (AED) was available.

The practice had a first aid box and two members of staff had completed first aid at work training during 2016.

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 five staff recruitment files. These showed the practice had followed their recruitment procedure.

We saw that every member of staff had received a Disclosure and Barring Service (DBS) check.

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

Monitoring health & safety and responding to risks

Are services safe?

The practice's health and safety policies and risk assessments were up to date and reviewed annually to help manage potential risk. These covered general workplace and specific dental topics. The practice manager was the lead person with overall responsibility for health and safety at the practice. The practice had current employer's liability insurance which was due to expire on 30 September 2017. The practice manager checked each year that the clinicians' professional indemnity insurance was up to date.

We saw that regular health and safety audits were completed. Following an accident in the practice in 2016 a focussed health and safety audit had been completed which looked at the circumstances of the accident had been completed with an action plan produced.

The practice had an automatic fire alarm system which was serviced regularly; this included automatic fire detection and emergency lighting.

A dental nurse worked with the dentists, dental hygienists and dental therapists 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.

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

The practice carried out infection prevention and control audits twice a year. The latest audit which was completed in December 2016 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been completed on 16 January 2017 by an external contractor.

There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required.

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. This included PAT testing of the electrical equipment in May 2016, servicing of the fire extinguishers in September 2016 and servicing of the compressor which produced the compressed air for the dental drills had been completed in January 2017. This was in accordance with the Pressure Systems Safety Regulations (2000).

The practice had suitable systems for prescribing, dispensing and storing medicines. The practice kept NHS prescriptions securely and kept records of those NHS prescriptions to maintain an audit trail as described in current guidance.

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.

The practice had two intraoral X-ray machines. Records showed the X-ray equipment had last been inspected in March 2017.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation. The last X-ray audit was dated February 2017.

Clinical staff completed continuous professional development in respect of dental radiography as required by the General Dental Council (GDC).

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. Since 2014 the practice had used computerised dental care records.

The dentists assessed patients' treatment needs in line with recognised guidance. Using the basic periodontal examination (BPE) screening tool.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. The last audit had been completed in November 2016.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.'

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

The dentists told us where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. We saw evidence of this in dental care records. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Free samples of toothpaste were also available.

Staffing

The practice had four dentists; two hygienists; five qualified dental nurses including two receptionists; two trainee dental nurses and one practice manager. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development (CPD) required for their ongoing registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals for staff.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence (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.

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere either to a dental practice who provided sedation or to one of the local hospitals who provided this service. Children or patients with special needs who required more specialist dental care were referred to the community dental service. The practice made referrals for NHS orthodontic treatment.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. There was a consent policy which had been reviewed in November 2016. 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. We saw some examples where dentists had recorded this information in dental care records.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence.

We saw that dentists and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spoke with reception staff who were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were kind, caring and treated people with dignity and respect. We saw that staff treated patients with respect, were polite, professional and caring at the reception desk and when speaking on 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. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

A television was available in the treatment rooms and there were magazines and a television in the downstairs waiting room. The practice provided drinking water on request, although consideration was being given to getting a water dispenser.

Information posters and leaflets, patient survey results and thank you cards were available for patients to read.

Involvement in decisions about care and treatment

The practice offered a mixture of private (60%) and NHS treatments (40%)

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.

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

The dentist demonstrated in the patient care records how the treatment options and costs were explained and recorded. Patients were given a written copy of the treatment plan which included the costs.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments including dental implants, cosmetic dentistry and dentures provided by this practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. This included making ground floor treatment rooms available. There were alternative arrangements available for patients who could not physically access the building.

Staff told us that they telephoned some older patients the afternoon before their appointment to make sure they could get to the practice.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included providing ground floor treatment rooms and a hearing loop. The building in which the practice was located presented a number of challenges for patients with restricted mobility. However, the practice was aware of these challenges and had plans to address many of the issues. In the short term patients who were unable to physically access the premises were referred to another local practice which had level access.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to a specialist company who provided 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 by speaking with staff and patients.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments slots free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. 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.

The practice had a website:

www.etwalldentalpractice.co.uk. This allowed patients to access the latest information or check opening times or treatment options on-line.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet also explained how to make a complaint. A detailed procedure was on display in the waiting room which also identified other agencies patients could contact should they remain dissatisfied. The practice manager was responsible for dealing with complaints in the practice. 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 any concerns or complaints.

We looked at comments, compliments and complaints the practice received in the year up to this inspection. The practice had received three complaints and several compliments. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

The practice manager also identified whether the complaint fell under the duty of candour policy and detailed any follow up actions where necessary. The documentation identified that apologies had been given and the practice had handled the complaints in an open and honest manner.

Are services well-led?

Our findings

Governance arrangements

The principal dentist was the registered manager and 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 that policies and risk assessments had been reviewed at various times in the previous year.

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. The practice manager said there had been no examples of where this had needed to be put in to practice.

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 monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Meetings were minuted and those minutes were available to all staff. Immediate discussions were arranged to share urgent 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. The practice was completing a range of audits to assess the quality of the service provided and to identify areas for improvement. These include audits of: dental care records and patient satisfaction.

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 annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. The principal dentist was able to identify a number of improvements made since taking over the practice including introducing digital X-rays and computerised dental care records. There were plans in place to make further improvements including improved access.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

We saw evidence that staff were completing a range of training courses, and this was supported by the practice to ensure the development of staff skills.

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

The practice used a range of means including patient surveys, a comments book and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on, for example the introduction of text messaging. A new computer system had been installed and this would allow text message reminders and they were due to be introduced in the coming weeks.

The practice had a patient participation group which met three times a year. This forum allowed open communication between the practice and its patients.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

Are services well-led?

There were 24 patient reviews recorded on the NHS Choices website, five within the 12 months before this inspection. Reviews were mostly positive, and in many cases the practice had responded to the patient comments.

Patients could also leave feedback through the practice website which followed the FFT format. This was at: www.etwalldentalpractice.co.uk.