

IDH 324 & 325 Ltd

Peasedown Dental Practice

Inspection Report

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Overall summary

We carried out an announced responsive follow up inspection on 23 November 2016 to ask the practice the following key questions; Are services safe and are they well-led?

Our findings were:

Are services safe?

We found this practice was providing safe 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

Peasedown Dental Practice is a very small building with two dental treatment rooms and a waiting/ reception area located in the village of Peasedown St John, near Bath. It provides general dentistry, including endodontics and restorative services, to NHS patients, but will also treat private patients. The service has two treatment rooms and treats both adults and children.

The practice has two dentists and two locum dentists, who cover for one of the dentists when they are not in the practice, four qualified dental nurses; a practice manager and two part time receptionists.

There was a practice manager in post who is in the process of applying to become 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.

The practice is open Monday to Thursday from 8.45am until 1.00pm and 2.00pm until 5.00pm; Friday 08.45am -1.00pm only.

Since the last inspection the practice had been refurbished throughout to address the environmental and risk areas. The provider had also appointed a new practice manager who had implemented governance systems and processes and worked with the provider to improve the management of the service.

At the last inspection we found the practice was non-compliant and had issued them with requirement notices in respect of staffing and good governance.

We carried out an announced responsive follow up inspection on 23 November 2016 to check the provider had taken action to address the areas of non-compliance

Summary of findings

and was now providing a safe and quality monitored service. The inspection took place over one day and was carried out by a lead inspector with remote specialist dental advice.

We obtained feedback about the practice from three patients we spoke with during the inspection. The patients we spoke with were very complimentary about the service. They told us they liked the newly decorated practice and staff changes. They reported they had experienced good care from friendly and welcoming staff and felt they were treated with dignity and respect.

Our key findings were:

- The patients we spoke with indicated they were treated with kindness and respect by staff and received good care in a clean environment from a helpful practice team. We observed good communication with patients and their families.
- Premises appeared well maintained and visibly clean. Good cleaning and infection control systems were in place. The treatment rooms were well organised and equipped, with good light and ventilation
- The practice was meeting the Essential Quality Requirements of the Department of Health guidance, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)' national guidance for infection prevention control in dental practices.
- The dental practice had effective clinical governance and risk management processes in place; including health and safety and the management of medical emergencies. There were systems in place to learn and improve from incidents or healthcare alerts.
- The practice had a comprehensive system to monitor and continually improve the quality of the service; including through a detailed programme of clinical and non-clinical audits.
- There were systems in place to check all equipment had been serviced regularly, including the air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- Appropriate recruitment processes and checks were undertaken in line with the relevant recruitment regulations and guidance for the protection of patients.
- There were sufficient numbers of suitably qualified staff who maintained the necessary skills and competence to support the needs of patients.
- Staff were supported to maintain their continuing professional development; had undertaken training appropriate to their roles and felt supported in their work.
- The practice had a new proactive practice manager who provided accessible and visible leadership and clear means of sharing information with staff. Staff were up to date with current guidelines and supported in their professional development.

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.

Systems, processes and practices were in place to ensure all care and treatment was carried out safely. The practice had robust arrangements for managing infection prevention and control at the practice. There were clear management processes for identifying, investigating and learning from safety incidents.

There were sufficient numbers of suitably qualified staff working at the practice and appropriate checks about staff prior to employment had been completed. There were systems and processes in place to keep people safe and safeguard them from abuse.

Equipment used in the practice was maintained and serviced appropriately. Potential risks to the service were identified and actions taken to minimise risk for the protection of patients from health and safety hazards within the building.

No action



Are services well-led?

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

The practice assessed risks to patients and staff and carried out a programme of audits as part of a system of continuous improvement and learning. There were clearly defined leadership roles within the practice and staff told us they felt well supported.

The practice had accessible and visible leadership with structured arrangements for sharing information across the team, including holding regular meetings which were documented for those staff unable to attend. Staff told us they felt well supported and could raise any concerns with the principle dentist and practice manager.

The practice had systems in place to seek and act upon feedback from patients who used the service.

No action



Peasedown Dental Practice

Detailed findings

Background to this inspection

We carried out an announced, responsive follow up inspection on 23 November 2016. The inspection took place over one day. The inspection was led by a Care Quality Commission (CQC) inspector with remote dental specialist advice.

We conducted a tour of the practice and looked at the decontamination and governance processes as the practice had been non-compliant in these areas at the last inspection. During our inspection visit, we reviewed policy documents, staff records. We spoke with three patients, five members of staff and the practice manager.

We observed the dental nurses carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area. Patients gave positive feedback about their experience at the 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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Since the last inspection the provider had taken action to address the areas of non-compliance and our findings are outlined below.

Reporting, learning and improvement from incidents

The practice had systems in place to learn from and make improvements following any accidents or incidents. The practice had accident and significant event reporting policies which included information and guidance about the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Clear procedures were in place for reporting adverse drug reactions and medicines related adverse events and errors.

The practice maintained a significant event folder. There had been no 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 manager told us if there was an incident or accident that affected a patient; they would give an apology and inform them of any actions taken to prevent a recurrence. This was corroborated by the practice manager. The practice manager knew when and how to notify CQC of incidents which cause harm. Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty.

The practice responded to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) that affected the dental profession. The practice manager told us they reviewed all alerts and spoke with staff to ensure they were acted upon. A record of the alerts was maintained and accessible to staff.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. The practice had identified a lead professional for safeguarding who was trained in child protection and all staff were aware of the name of the person and who to go to if they were not in the

practice. The policy and procedures included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission.

Staff had completed safeguarding training and demonstrated to us, when asked, their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

The principal dentist confirmed that a latex free rubber dam was used where possible when performing root canal treatments. (A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment). The dentist described what alternative precautions were taken to protect the patient's airway during the treatment when a rubber dam was not used.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments).

Staff files contained evidence of immunisation as recommended by Public Health England (PHE). For example, against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva). There were adequate supplies of personal protective equipment (PPE) such as face visors, gloves and aprons to ensure the safety of patients and staff.

Medical emergencies

The practice held emergency medicines, in line with guidance issued by the British National Formulary, for dealing with common medical emergencies in a dental practice. These medicines were all in date and fit for use. The practice had an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). Oxygen and other related items, such as manual breathing aids, were also available. The emergency medicines and equipment were stored in a central location known to all staff.

Are services safe?

Records showed weekly checks were carried out to ensure emergency medicines were safe to use which included checking the oxygen cylinder was full. Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months and told us they felt confident they could use the equipment effectively.

One member of staff was trained in first aid and a first aid box was available in the practice.

Staff recruitment

The provider had systems in place for the safe recruitment of staff which included seeking references, proof of identity and checking qualifications, immunisation status and professional registration. It was the provider's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Records seen confirmed these checks were in place.

We were told all newly employed staff met with the practice manager to ensure they felt supported to carry out their role. We spoke with newly recruited staff who told us they had received an induction which was comprehensive and ensured they knew how the practice operated. They also said the manager had undertaken regular reviews with them as part of their probationary period which they had found were supportive and helpful. Documents seen for these members of staff corroborated this.

The practice had a system in place for monitoring staff had up to date medical indemnity insurance and professional registration with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date and ongoing.

Monitoring health & safety and responding to risks

The practice had systems to monitor health and safety and deal with foreseeable emergencies. There were comprehensive health and safety policies and procedures in place to support staff, including for the risk of fire and patient safety. Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

The practice had a comprehensive risk management process, including a detailed log of all risks identified, to ensure the safety of patients and staff members. For example, we saw a fire risk assessment and a practice risk assessment had been completed within the last six months. 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.

The practice had a detailed business continuity plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included staffing, electronic systems and environmental events.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste.

The practice had followed the guidance about decontamination and infection control issued by the Department of Health, the 'Health Technical Memorandum 01-05 decontamination in primary care dental practices (HTM01-05)' and complied with the requirements of the DOH publication 'Code of Practice' July 2015. These documents and the practice policy and procedures for infection prevention and control were accessible to staff.

The lead nurse was the infection control lead professional and they ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, use of the ultrasonic bath and where necessary manual cleaning, managing waste products and decontamination guidance.

There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment for the protection of patients and staff members. Patients we spoke with were positive about the cleanliness of the practice.

With the practice being so small decontamination was taking place in the surgeries which was not best practice

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but did meet the essential standards of HTM01-05. One of the dental nurses showed us the procedures involved in rinsing dirty instruments; and in inspecting, cleaning, sterilising, packaging and storing clean instruments.

The practice routinely used an ultrasonic washer to clean the used instruments, then examined them visually with an illuminated magnifying glass to check for any debris or damage before sterilising them in the autoclave (sterilising machine). Staff wore eye protection, an apron and heavy duty gloves throughout the cleaning stages. Sterilised instruments were then placed in sealed pouches with an expiry date.

We were shown the systems in place to ensure the autoclaves used in the decontamination process were working effectively. It was observed the data sheets used to record the essential daily validation checks of the autoclaves were completed thus ensuring safe decontamination of the dental instruments.

Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of according to the guidance.

We looked at the treatment rooms where patients were examined and treated and observed the rooms and all equipment appeared clean, uncluttered and well-lit with good ventilation. Staff told us the importance of good hand hygiene was included in their infection control training. A hand washing poster was displayed near the sink to ensure effective decontamination. There were good supplies of protective equipment for patients and staff members. The practice used latex free disposable gloves for the protection of patients and staff.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines. We saw that a Legionella risk assessment had been carried out at the practice by a competent person in 2014. The recommended procedures contained in the report were carried out and logged appropriately. These measures ensured patients and staff were protected from the risk of infection due to Legionella.

There was a good supply of cleaning equipment which was colour coded and stored appropriately. It followed published National Patient Safety Association (NPSA)

guidance about the cleaning of dental care premises. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. The practice manager had a system for monitoring the immunisation status of each member of staff for the safety and protection of patients and staff.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed sharps containers, clinical waste bags and municipal waste were properly maintained and in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. This was stored in a separate locked location adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection.

The practice carried out a range of audits to ensure standards were being maintained and to identify areas for further improvement. For example, the self-assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) had been completed and demonstrated compliance with the essential standards of HTM01-05. This was designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the compressor, autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. A portable appliance test (PAT – this shows electrical appliances are routinely checked for safety) had been carried out annually by an appropriately qualified person to ensure the equipment was safe to use.

The practice had policies and procedures regarding the prescribing, recording, use and stock control of the medicines used in clinical practice. The dentists used the on-line British National Formulary to keep up to date about medicines. These medicines were stored safely and staff

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kept a detailed record of stock in each treatment room. Prescriptions pads were stored securely and details were recorded in patients' dental care records of all prescriptions issued.

Radiography (X-rays)

The practice radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IR(ME)R). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. We found there were suitable arrangements in place to ensure the safety of the equipment and its operation.

X-rays images were stored within the patient's dental care record. We were shown how the practice had a process for ongoing monitoring of the quality of radiographs as required by the IRMER regulations. We also observed in the patient records that radiographs were taken in line with FGDP guidance and the clinicians justified, quality assured and reported upon each radiograph taken. Local rules relating to each X-ray machine were maintained and a radiation risk assessment was in place to ensure patients did not receive unnecessary exposure to radiation.

Staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended appropriate training.

Are services well-led?

Our findings

Since the last inspection the provider had employed a competent practice manager who was in the process of applying to be the registered manager.

Governance arrangements

At this inspection we saw the practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. We saw risk assessments and the control measures in place to manage those risks, for example fire, infection control and environmental health and safety risks. Staff we spoke with were aware of their roles and responsibilities within the practice.

Health and safety and risk management policies were in place including processes to ensure the safety of patients and staff members. We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw risk assessments and the control measures in place to manage those risks for example fire, use of equipment and infection control. Lead roles, for example in infection control and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members.

There were relevant policies and procedures in place to govern activity. There was a full range of policies and procedures in use at the practice and accessible to staff on the practice computers and in paper files. Staff were aware of the policies and procedures and acted in line with them.

These included guidance about confidentiality, record keeping, inoculation injuries and patient safety. There was a clear process in place to ensure all policies and procedures were reviewed as required to support the safe running of the service.

There were monthly practice meetings to discuss practice arrangements and audit results as well as providing time for educational activity. We saw minutes from meetings where issues such as complaints, incidents, infection control and patient care had been discussed and a training topic had been covered at some meetings. Staff told us meetings were interesting and helpful.

Staff told us they were mostly able to attend the meetings, however they all received the minutes of practice meetings

by email and signed to say they had read and understood them. This happened even when they were unable to attend and staff told us this was a good way of communication and being kept informed of things happening at the practice. Documentary evidence seen supported these comments.

There was an effective appraisal system in place and was used to identify training and development needs. Staff we spoke with told us they had accessed specific training in the last six months in line with their professional needs.

For example we spoke with one dental nurse who had been supported by the manager to undertake and extended duty course for dental nurses in fluoride application to improve oral health for children. The manager had worked with the nurse to identify children who required this treatment and had facilitated the practice being open on a Saturday morning for this treatment provision to children.

Leadership, openness and transparency

We saw from minutes of staff meetings, they were at regular intervals and staff told us how much they benefited from these meetings. The practice had a statement of purpose that described their vision, values and objectives. Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the practice manager and / or principal dentist who would listen to them.

We observed and staff told us the practice was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice. Staff felt well supported by the practice manager and principal dentist and worked as a team toward the common goal of delivering high quality care and treatment.

The service was aware of and complied with the requirements of the Duty of Candour. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Are services well-led?

The practice manager encouraged a culture of openness and honesty. Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC). Records showed professional registrations were up to date for all staff and there was evidence continuing professional development was taking place.

We saw there was a comprehensive system to monitor and continually improve the quality of the service; including through a detailed programme of clinical and non-clinical audits. These included for example, audits of record keeping, radiographs, the cleanliness of the environment, and patient waiting times. Where areas for improvement had been identified in the audits, action had been taken or planned. For example through discussion and training at practice meetings.

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

The practice had systems in place to seek and act upon feedback from patients using the service. The practice gathered feedback from patients through company feedback forms the NHS Friends and Family Test (FFT) and NHS Choices, compliments and complaints. The customer rating using the company internal feedback system measuring from 0-5 was 4.6. These demonstrated patients were very satisfied with the service and facilities provided.

The practice regularly asked for patient feedback at the end of treatment. We reviewed the results of recently completed forms and they were very positive.

Staff we spoke with confirmed their views were sought about practice developments through the staff meetings. They also said the manager was approachable and they could go to them if they had suggestions for improvement to the service.