The Parks Dental Practice

The Health Park

Inspection Report

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Overall summary

We carried out an announced, comprehensive, inspection of this service on Wednesday 29 April 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. This was the first inspection of the service.

The Dental Suite at Keynsham Health Park is one of two services operated by the provider, The Parks Dental Practice. It is situated in a modern, purpose built health centre and shares the premises with NHS services including a GP practice, podiatry and maternity services.

The Dental Suite provides a range of NHS and private dental treatments to secure and maintain oral health. Private treatment includes cosmetic dentistry. There are three dentists and a dental hygienist employed in the practice along with a practice manager who also works as a dental nurse.

The practice is open each weekday from 9.00 am until 5.30 pm. It is closed at lunchtime between 1.00 pm and 2.00 pm. The practice is not open on bank holidays. The practice retains a small number of appointments each day for urgent treatment and outside of normal opening hours patients are advised to contact the NHS Out Of Hours service by telephoning 111.

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

During our visit we met the registered manager, practice manager and receptionists. We spoke with seven patients and received 14 completed comments cards. We sent comments cards to the practice so patients could provide feedback anout the service they received. Patients told us the staff were always helpful and friendly, they spent time explaining treatment to them and were respectful. They said the receptionists were friendly, staff were caring and one patient said the dentist they saw was sensitive to their fear of treatment.

The patients we spoke with told us they had a good experience at the practice, the practice was quick to respond to their need for emergency treatment and their fear was alleviated because of the continuity of treatment with the same dentist. One person told us they registered with the practice because of accessibility due to level access throughout the premises.

We found that this practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

Our key findings were:

Summary of findings

- There was a clear understanding and reporting of incidents in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.
- Staff understood their responsibilities to raise concerns, record safety incidents and concerns.
- The provider exercised the duty of candour by telling patients when they were affected by something that had gone wrong, given an apology and informed of actions taken as a result.
- There were sufficient suitably qualified staff.
- Equipment was checked to ensure it was functioning properly and safe to use.
- There was evidence of comprehensive assessment to establish individual treatment options.
- Learning needs of staff were identified.
- Patients told us the dentist or other members of the dental team listened to them and involved them in decisions about their care.
- The premises were appropriate for the services that were planned and delivered.
- There was evidence the provider gathered the views of patients.

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

- The provider should obtain two written references before any new staff commence employment.
- The provider should ensure the equipment and medicines for use in the event of medical emergency are in line with the recommendations of the Resuscitation Council UK.

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 provided safe care and treatment and there were arrangements in place to protect children and vulnerable adults. There were sufficient staff for the smooth running of the practice and the premises and equipment were suitable.

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

The practice provided person centred care and treatment. Patients needs were assessed and they were involved in decisions about their care. Staff received appropriate training to enable them to fulfil their role and when treatment was required to be provided by another service patients appropriate referrals were made.

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

Patients were treated with care, dignity and respect. They were given relevant information to enable them to make informed decisions. Patients spoke about how consultations had helped them explore dental treatment options, being given good explanations and the dentist being informative.

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice was sensitive to the needs of patients, was accessible and there were arrangements in place to deal with emergencies, out of normal surgery hours. The practice responded to complaints and changed practice where appropriate.

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

The partners took lead roles and there were arrangements for communicating with staff. There were good governance arrangements and the practice sought the views of patients.

The Health Park

Detailed findings

Background to this inspection

The practice was inspected by a CQC inspector on Wednesday 29 April 2015. We contacted the provider in advance of our visit and they supplied the information we requested so we could review it before our visit.

We spoke with seven patients and four staff, reviewed the 14 Care quality Commission comments cards completed by patients and looked at various documents during our visit.

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

Reporting, learning and improvement from incidents

The patient safety policy stated the practice aimed to keep incidents affecting patients to a minimum. One of the partners was identified as patient safety officer to lead in this area. When things went wrong patients were given an apology and additional support was considered.

The practice maintained a record of accidents during treatment and had a process in place in line with The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

Reliable safety systems and processes (including safeguarding)

The practice had obtained information relating to child protection and safeguarding vulnerable adults from NHS England and Bath and North East Somerset Council. The practice had a copy of the Department of Health guidance 'child protection and the dental team'.

There was a child protection policy that provided a flowchart for reporting concerns and gave the contact details for a consultant paediatrician and social services. There were similar arrangements for safeguarding vulnerable adults.

One of the partners was lead for child protection and safeguarding vulnerable adults and had attended training to level two. Other staff had completed on-line training.

Staff we spoke with were familiar with their responsibility to report any concerns about a child or vulnerable adult. They told us they would report any concerns to the practice lead. Staff told us they had never had to report concerns.

Medical emergencies

Equipment for use in the event of a medical emergency was in line with the minimum equipment list for cardio pulmonary resuscitation in primary dental care provided by the Resuscitation Council UK.

We saw all staff had evidence of attendance at training in dealing with medical emergencies in March 2015.

The practice was able to use the automatic external defibrillator in the Medical Centre. Emergency medicines were held in the practice and we saw these were checked monthly. We noticed one of the medicines was not dispersible as recommended and the practice was awaiting replacements for two of the medicines which had passed their use by date. We saw the oxygen supply had not been serviced as required in January 2014. The partner we spoke with indicated they would attend to this straight away.

Staff recruitment

We saw the recruitment policy was reviewed in April 2015. We looked at seven staff files and saw they copies of the original qualification certificates for the partners, employed dentists, hygienist and dental nurses. There was information relating to their registration with the General Dental Council (GDC), indemnity insurance and immunisation status. We saw checks were carried out with the Disclosure and Barring Service (DBS). However, the self-employed dentist, hygienist and one of the nurses did not have evidence of DBS checks. We also noted the practice had not obtained references for any of its employees. The provider told us they had recognised this as a need since recruiting the newest member of staff and would take up refernces for any newly recruited staff.

Monitoring health & safety and responding to risks

We saw the health and safety policy had been reviewed in April 2015. It included a general statement of arrangements and referred to action to be taken in response to accidents, electrical and fire safety, equipment and the workplace. There was detail about the wearing pf personal protective equipment and clothing (PPE), manual handling and the use of display screen equipment (computers).

The policy drew attention to the hazards associated with infection risk, waste management and radiation protection. There were policies specifically related to these. We saw risk assessments were reviewed in February 2015.

We saw a risk assessment for the safe use of x-ray equipment conducted in September 2014 identified the need for more training for dental nurses and this was provided.

The emergency and business continuity plan described it's purpose and outlined the actions to be taken in the event of loss of the premises, telephone system, essential amenities and supplies, loss of dental records and incapacity of the dentists and other staff. We noted the plan was reviewed in April 2015.

Infection control

The practice conducted an audit of infection control arrangements earlier in 2015 in line with the Infections

Are services safe?

Prevention Society local self assessment process. It considered prevention of blood borne virus exposure, decontamination arrangements, environmental design and cleaning arrangements, hand hygiene and the wearing of personal protective equipment and clothing (PPE). In addition it assessed management of dental medical devices, equipment and dental instruments along with management of waste. The audit identified the practice was compliant with Department of Health Guidance outlined in Health Technical Memorandum 01-05 Decontamination in primary care dental practices (HTM01-05).

We saw the practice infection control policy was supplemented by further guidance relating to dealing with spilt infective materials, mercury management and spillage, clinical waste management and handling specimens. There was also guidance relating to compliance with water regulations, use of the equipment for the decontamination process and latex allergy. There were separate protocols for decontamination of impression devices, prosthetics (dentures) and orthodontic (tooth alignment) appliances. We saw hand hygiene guidance displayed throughout the dental practice. There was guidance for staff for action to be taken in the event of an inoculation injury.

Records showed one of the partners and the practice manager, who was the lead for infection control, had attended relevant training.

Used, dirty instruments were transported from treatment rooms for decontamination in rigid, closed leak-proof containers. There were separate rooms for dirty and clean instruments with a window for clean instruments to be passed through when the decontamination process was completed. We observed the decontamination of dental instruments and saw staff wore personal protective equipment (PPE) throughout the process. Dirty instruments were scrubbed in an enzyme solution and examined. They were placed on trays and passed through to the clean zone for sterilisation. When the process was completed they placed the instruments in bags and date stamped them to be used within one year. We saw the staff member change the PPE before going into the clean zone.

Staff completed daily infection control reports and daily checklists for cleaning in the treatment rooms. Printed strips were kept to show the autoclave was functioning and sterilising dental instruments effectively.

Equipment and medicines

We saw records showed dental equipment had been serviced in March 2014 and there were arrangements for the collection of amalgam and sharp instruments.

There was an installation and maintenance manual for the x-ray equipment and we saw records to show this had been serviced in September 2014.

The practice held prescribing guidance provided by the British National Formulary. It had devised a practice policy for prescribing and dispensing medicines including guidance in relation to the prescription of high concentration fluoride toothpaste.

Radiography (X-rays)

The radiation protection file identified the legal person and radiation protection supervisor. In addition there was an external radiation protection advisor. There were written procedures and the local rules were displayed in each of the surgeries.

We saw there was a protocol for the prescription and taking of x-rays. The practice followed the National Institute for Health and Care Excellence (NICE) guidelines for the frequency of the taking of x-rays and adopted two yearly x-rays where there was low risk, annually for moderate risk and six monthly when a patient was considered to be high risk.

We saw a re-audit of x-rays conducted in October 2014 showed there was improvement in the quality of images where there was a reduction from five to two images that were of poor quality but still diagnostically acceptable.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We looked at the dental records for three patients selected at random. These were for a patient who had lost a filling, a patient who needed root canal treatment and a patient with a diagnosis of periodontal disease.

Each record showed the dentist had explained their findings after examining the patient's teeth or gums. The options presented to the patient were recorded along with the patient's choice and actions taken. The dental records showed the affected tooth or area and x-rays clearly identified the problem.

Where the dentist used anaesthesia the product name was recorded along with, its batch number, expiry date and the amount used. When there was treatment the name of materials used were recorded.

Patients gums were assessed and periodontal scores were recorded. Medical history forms were scanned into electronic records along with any correspondence relating to referrals to other service providers.

We saw medical history forms asked patients to respond to questions about their health, any medicines they were taking, lifestyle and whether they were a cared for. They were asked to indicate when they were cared for and who was responsible for their care.

Health promotion & prevention

All new patients were required to complete a medical history form at their first appointment, in line with the practice policy. The patient's medical history was then checked at the start of any new course of treatment and any changes were recorded. The medical history forms were stored in patients records.

The practice provided guidance leaflets relating to oral health management, diet and what to do after a tooth extraction.

Staffing

The partners worked in both of their practices, the Dental Suite at Keynsham Healthpark and The Parks Dental Practice, in Keynsham. They had an associate dentist (self-employed) who worked at the Dental Suite on Mondays and a dental hygienist who worked there on Fridays. The associate dentist and dental hygienist also worked at The Parks Dental Practice.

We looked at training records and saw the practice manager and receptionists had received training in fire safety. Dentists and nurses completed role specific training including, maintenance of dental implants, tooth whitening and radiography. The practice manager completed training in infection control and decontamination.

Working with other services

The practice referred patients to other providers when they needed orthodontic (tooth alignment) or oral surgery. When this was necessary they obtained the patient's consent and allowed time for the patient to consider the risks and provided any other information needed. They told patients what would be included in the referral letter.

Consent to care and treatment

The practice had obtained information relating to The Mental Capacity Act 2005 from NHS choices. The consent policy referred to informed consent, voluntary decision making and a patients ability to give consent. It acknowledged Gillick competencies (these are used to assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). We saw there was a flow chart for staff to follow for when best interest decisions were needed to be made on behalf of patients.

When patients needed to be referred to other service providers such as an orthodontist or the dental hospital, for oral surgery, the practice obtained the patient's consent.

The complaints procedure highlighted that if a person was complaining on behalf of someone else they would have to provide written consent from the patient.

Staff we spoke with understood issues around consent and said they always ensured patients understood why they were returning for treatment and what they were signing for.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We saw staff treating patients with respect and in a kind and caring way. We saw the confidentiality policy was included in the practice data protection statement.

The patient information notice board included advice on claiming free dental treatment. The price bands for NHS dental charges were displayed along with the complaints procedure.

Involvement in decisions about care and treatment

We looked at the results of a patient satisfaction survey completed in 2014. It showed 70% of respondents had discussed the frequency of their dental check up with the dentist, 20% were unsure of this and 10% said they had not. In response to a question about explanation of charges prior to treatment 90% of respondents said they had been explained, 6% were unsure and 4% said they hadn't been explained. Asked if their treatment requirements were explained 90% indicted they were, 6% were unsure and 4% said they were not.

During our visit we spoke with seven patients. They spoke about how consultations had helped them explore dental treatment options, being given good explanations and the dentist being informative.

Patients were provided with written treatment plans.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice provided preventative advice and treatment along with routine and restorative dental care. This included root canal treatment, dental hygiene services and surgical treatment. It's other services included dental crowns, bridge work, restorative dentistry and tooth whitening.

The practice developed a protocol for prioritising dental emergencies to assist reception staff. It required the staff to ask the patient if there was any swelling as a result of the emergency. Depending on the response from the patient there were different lines of questions for the receptionist to ask in order to determine whether the patient needed emergency care (within 60 minutes), urgent care (within 24 hours) or routine care (within seven days).

Tackling inequity and promoting equality

The practice disability policy stated the practice was committed to equal opportunities for staff and patients.

Keynsham Health Centre was purpose built and opened in June 2013. It had step free access and designated paring for disabled drivers. There was clear signage to the dental practice. There was a shared waiting area and patients were collected by a member of staff for their appointment.

There were toilets in the Health Centre including an accessible toilet and baby changing facility.

We spoke with seven patients during our visit. One of them described how they had specifically changed their dentist because of the accessibility of the practice within the medical centre for their spouse, who used a wheelchair for mobility.

Access to the service

There was a notice at the entrance to the reception outlining the practice opening times and listing the names of dentists and the hygienist. In addition there was information about obtaining urgent dental treatment. The practice leaflet also gave directions about what to do in an emergency out of the practices normal opening hours.

The practice was open on weekdays from 9.00 am until 5.30 pm however, was closed at lunchtime from 1.00pm until 2.00 pm. The practice leaflet advised patients how to make an appointment during surgery hours and listed the telephone number for contact.

There were a small number of appointments available for emergencies.

Concerns & complaints

The complaints procedure was outlined in the practice leaflet. It identified the lead person who dealt with complaints and advised patients to write to them if they were unhappy with any aspect of the service they received. In addition, it gave advice to NHS and private patients about who they could contact if they were dissatisfied with the response they received from the practice.

The complaints procedure outlined how patients would receive acknowledgement of their complaint within three working days and a response within 10 working days. It highlighted that if a person was complaining on behalf of someone else they would have to provide written consent from the patient.

We saw the practice had received one compliant in August 2014. It led to consultation with the organisation the provider subscribed to for indemnity insurance and guidance for advice. After consultation there was an amendment to practice procedure and we saw there was discussion of the changes at a staff meeting.

We spoke with patients about making a complaint. They responded by telling us they would either speak with the dentist or look for the procedure on the practice website. They told us they had never had cause for complaint.

Are services well-led?

Our findings

Governance arrangements

The statement of purpose indicated the practice aimed to provide dental care and treatment to consistently good quality for all patients, only providing services that met patients needs and wishes. It outlined how the practice would make care and treatment as comfortable and convenient as possible along with, stating it would understand and aim to exceed patients expectations.

The practice leaflet explained how the dentists, dental nurses and reception staff would always aim to provide a high standard of care and service to patients. It named the dental team and gave details of their qualification and date of registration with the General Dental Council.

The partners in the practice had identified lead roles for information governance, handling complaints and radiation protection responsibilities. The practice manager was the lead for infection control arrangements.

The practice followed National Institute for Health and Care Excellence (NICE) guidelines for patient re-calls for consultation and assessment of their oral health. The practice had audited the arrangements for 20 patients to check whether re-call information was recorded. It showed 100% improvement over time as a second audit showed this information had been recorded. This was because re-call information was not included in the records of patients considered in the first audit.

The quality assurance policy showed there was a zero tolerance to rudeness, aggression of violence in the practice.

Leadership, openness and transparency

Staff meetings were held and we saw records to show the last of these took place in December 2014. Staff said they felt able to contribute in meetings.

We saw there was a whistleblowing policy. One member of staff told us they would speak with a colleague if they had concerns about any aspect of their practice and if they did not change they would report them to the partners. Another member of staff said they would whistle-blow if necessary.

Management lead through learning and improvement

The statement of purpose indicated the practice would motivate and invest in the staff team and acknowledge their value and contribution. It stated the practice would encourage team members to participate in the practices objectives. We saw this evidence of this in the staff appraisal and personal development plans and staff told us the practice funded their continuing professional development.

The practice training policy referred to the induction of new staff and gave guidance in relation to the personal development reviews carried out as part of the appraisal system.

There were annual appraisals for staff that identified personal development plans and records showed there was contribution to the appraisal from both the staff member and their supervisor.

Staff told us the provider funded their on line training in order for them to maintain continuing professional development (CPD) requirements.

Staff told us they enjoyed their work, worked well together and felt supported. One member of staff aid they felt the practice ran smoothly and was a lovely place to work.

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

We looked at the results of a patient satisfaction survey completed in 2014. It showed 90% of respondents felt welcomed at reception, 7 % were unsure of this and 3% said they were not. In response to a question about NHS banding charges 85% of respondents said they were aware, 10% were unsure and 5% said they didn't know. Asked if they found it easy to contact the practice 80% indicted they usually did, 5% said they didn't find it easy and 4% said they did.