Chequer Hall Dental Practice Partnership

Chequer Hall Dental Practice

Inspection Report

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Ratings

Overall summary

We carried out an announced comprehensive inspection on 7 January 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Chequer Hall Dental Practice is a mixed dental practice providing both NHS and private treatment to children and adults. It has a standard NHS contract and offers general dentistry services to about 16,000 patients. The practice is part of the Mydentist Group who have a large number of dental practices across the UK.

Summary of findings

The practice employs seven dentists and one dental hygienist. They are supported by eight dental nurses, a practice manager and deputy, and four receptionists. It opens Monday to Thursday from 8.30am to 5.30 pm, and on Fridays between 8am and 4pm.

The practice manager 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.

The practice has six treatment rooms, a decontamination room for cleaning, sterilising and packing dental instruments and a large staff room.

We spoke with three patients during our inspection and also received 37 comments cards that had been completed by patients prior to our inspection. We received many positive comments about the cleanliness of the premises, the empathy and responsive of staff, and the quality of treatment provided. Patients told us they had confidence and trust in the last dentist they saw and appreciated the text service offered, which helped remind them of their appointments .

Our key findings were:

- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation
- Staff received training appropriate to their roles and told us they felt well supported to carry out their work.
- The practice sought feedback from staff and patients and used it to improve the service provided.
- Patients were treated in a way that they liked and information about them was treated confidentially.
- Governance systems were effective and there was a range of audits and patient surveys to monitor the quality of services

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

- Change the direction of the fan in the decontamination room so the air flow is going from the clean to the dirty zone.
- Secure external clinical waste bins to a wall.
- Improve staff's knowledge of the Mental Capacity Act and issues around Gillick competency relevant to dental practice and how this might affect their care of patients who might not able to give consent or who are younger than 16.

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.

There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse and maintaining the required standards of infection prevention and control. The practice carried out and reviewed risk assessments to identify and manage risk. Emergency equipment was available and medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment to meet patients' needs were in use at the practice.

Are services effective?

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

Staff assessed patients' needs and delivered care in line with current evidence based guidance. The practice kept detailed dental care records of the treatment carried out and monitored any changes in the patient's oral health. Patients were referred to other services appropriately.

Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all members of staff.

A range of clinical audits were completed to ensure patients received effective and safe care.

Are services caring?

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

Patients spoke highly of the dental treatment they received, and of the caring and empathetic nature of the practice's staff. Patients told us they were involved in decisions about their treatment, and didn't feel rushed in their appointments. Patient information and data was handled confidentially. Staff worked hard to support and encourage nervous patients.

Are services responsive to people's needs?

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

Appointments were easy to book and appointments slots for urgent or emergency appointments were available each day for patients experiencing dental pain. The practice had made some adjustments to accommodate patients with a disability.

The practice had systems in place to obtain and learn from patients' experiences, concerns and complaints in order to improve the quality of care.

Are services well-led?

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

There was an overarching governance framework which supported the delivery of good quality care. The dentists and practice manager were approachable and the culture within the practice was open and transparent. There was a clear leadership structure and staff were well supported and told us that it was a good place to work. The practice sought feedback from its patients and staff which it acted on.

Chequer Hall Dental Practice

Detailed findings

Background to this inspection

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

The inspection took place on 7 January 2016 and was conducted by a CQC inspector and a dental specialist advisor.

During the inspection we spoke with three dentists, the practice manager, two dental nurses and two members of the reception team. We received feedback from 40 patients about the quality of the service that patients had completed prior to our inspection. We observed two patient consultations, reviewed policies, procedures and other documents relating to the management of the service.

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 practice had a system in place for reporting and recording significant events and we viewed posters around the building, giving staff details of how to report incidents. All incidents were reported to the provider's head office where they were monitored and analysed by its health and safety departments for any trends. Information from incidents was regularly shared via the provider's weekly bulletin that was sent to all practice managers in the company for sharing with staff.

The practice responded to national safety alerts and medicines alerts that affected the dental profession. These were sent regularly from the provider's head office to the practice manager for dissemination to staff.

Complaints and patient feedback from the practice's own surveys, the Friends and Family test or from NHS Choices was regularly discussed at staff meetings so that learning from them could be shared, and improvements to the service made in their light.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies were available to all staff, and clearly outlined who to contact for further guidance if they had concerns about a patient's welfare. Posters were on display in the staff room and reception giving the contact details of relevant agencies involved in protecting people.

Staff demonstrated they understood their responsibilities in relation to safeguarding and all had received training relevant to their role. The practice manager was the lead for safeguarding, however she had not undertaken any additional training for this role. She was able to give us an example of where she had made a referral to the local safeguarding team as she had concerns about a child with serious gum disease who had not attended a number of appointments.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The dentists we spoke with confirmed that they used rubber dams as far as practically possible.

Medical emergencies

The practice had arrangements in place to manage emergencies and records showed that all staff had received training in basic life support in December 2015. Emergency equipment, including oxygen and automated external defibrillators (AED) was available on both floors of the building. Records confirmed that it was checked daily by staff.

Emergency drugs were available to deal with a range of emergencies including angina, asthma, chest pain and epilepsy, and all medicines were within date for safe use.

Emergency medical simulations were regularly rehearsed by staff so that they were clear about what to do in the event of an incident at the practice.

Staff recruitment

We reviewed staff recruitment files and found that appropriate recruitment checks had been undertaken for staff prior to their employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). Both clinical and non-clinical had received an enhanced DBS disclosure check to ensure they were suitable to work with children and vulnerable adults. Notes were kept of all interviews and potential employees were scored against a set criteria to ensure consistency and fairness in the recruitment process.

All staff underwent a thorough induction to their role and dentists attended the provider's national academy for a three day clinical induction which covered record keeping, NHS requirements, patient communication and in delivering better oral health care. Non-clinical staff received a comprehensive 12 week induction which covered the practice's policies, procedures and protocols. New staff had to demonstrate their competency for their role before being signed off by the practice manager.

Professional registration and insurance checks were undertaken each year to ensure dental clinicians were still fit to practice.

Are services safe?

Monitoring health & safety and responding to risks

We looked at a range of policies and risk assessments which described how the practice aimed to provide safe care for patients and staff. These were comprehensive and covered a wide range of areas including display screens, fire safety, infection control, and the use of dental equipment. We found that these assessments were detailed and kept up to date to ensure their relevance to the practice.

The practice maintained a safe environment for patients within the building. We noted that there was good signage throughout the premises clearly indicating fire exits, uneven stair steps, low ceilings and X-ray warning signs to ensure that patients and staff were protected. Fire detection and firefighting equipment such as fire alarms and fire extinguishers were regularly tested, and we saw records to demonstrate this. Fire marshals within the staff team had received appropriate training. There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for products used within the practice. Regular checks of the buildings and their environment were completed to ensure both staff and patients were safe. We viewed evidence in relation to health and safety including hazardous waste, water temperature recording, portable appliance testing and electrical installation, which showed that the practice maintained a safe environment for staff and patients.

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by using a sharps safety system which allowed staff to discard needles without the need to re-sheath them. We saw that sharps bins were securely attached to the wall in treatment rooms and the decontamination room to ensure their safety.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice had a named lead for infection control and also conducted its own comprehensive infection control audits, evidence of which we viewed. The practice has scored 100% in its most recent audit, indicating that good standards were maintained.

The practice had a range of relevant written policies in place for the management of infection control including those for exposure to blood borne viruses, hand hygiene and Legionella management. Training files we viewed showed that staff had received appropriate training in infection prevention and control. One receptionist told us she had received training in how to safely handle dentures that patients might bring in.

We observed that all areas of the practice were visibly clean and hygienic, including the waiting areas, corridors and treatment rooms. Patient and staff toilets were clean and contained liquid soap and electronic hand dryers so that people could wash their hands hygienically. We checked two treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed flooring and sealed work surfaces so they could be cleaned easily. There were posters providing prompts above sinks reminding staff of the correct way to wash their hands. We saw that sharps boxes had been assembled and labelled correctly, and were wall mounted to ensure their safety. There were foot operated bins and personal protective equipment available to reduce the risk of cross infection.

We noted good infection control procedures during the two patient consultations we observed. Staff uniforms were clean, long hair was tied back and staff's arms were bare below the elbows to reduce the risk of cross infection. We saw both the dentist and dental nurse wore appropriate personal protective equipment and patients were given eye protection to wear during their treatment. Following the consultation, we saw that the dental nurse wiped down all areas where there had been patient contact, as well as the dental hand pieces and the lamp.

Dental instruments were cleaned and sterilised in line with published guidance (HTM 01-05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and used the correct procedures. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. However we noted that the air flow in decontamination room needs to be reversed so it flowed in the right direction, going from clean to dirty zones.

A legionella risk assessment had been carried out and we saw that staff carried out regular checks of water temperatures in the building as a precaution against the development of legionella. Regular flushing of the water lines was carried out in accordance with current guidelines. The practice used an appropriate contractor to remove

Are services safe?

dental waste from the practice and we saw the necessary waste consignment notices. Clinical waste was stored safely prior to removal in locked bins outside the building, however the bins themselves were not secured to a wall.

All dental staff had been immunised against Hepatitis B.

Equipment and medicines

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. All equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this.

Staff we spoke with told us they had equipment to enable them to carry out their work and the condition of all equipment was assessed each day by staff as part of their daily surgery checklist to ensure it was fit for purpose. However**,** they also told us that when equipment broke down it sometimes took a long time to repair or replace. For example, a scaler lead had broken and had taken over month to be repaired resulting in some patients having to wait for their teeth to be scaled. It had taken over two years for an air conditioning unit to be installed in the compressor room.

There was a system in place to ensure that staff received safety alerts from the Medicines and Health Care products Regulatory Agency. We saw from our review of dental care records that the batch numbers and expiry dates for local anaesthetics were always recorded. Prescription pads were stored securely and tracked to prevent incidents of prescription fraud.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested and serviced. The X Ray machine had been fitted with a additional safety equipment to reduce the radiation dose to patients, as recommended.

Radiation Protection Advisors and Radiation Protection Supervisors had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in the radiation protection folder for staff to reference if needed. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. This protected patients who required X-rays as part of their treatment.

Each dentist carried out an audit of their X-ray every six months. This included assessing the quality of the X-rays which had been taken. The results of the audits confirmed the practice was meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays. However the audits could be of greater value if the dentists carried them out for their peers rather than doing their own, and radiographs were checked against the original grading to ensure their accuracy.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During our visit we found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. We saw that dental care records contained a written patient medical history which was updated for every course of treatment. People's dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to them. Our discussions with the dentists and nurses showed that that they were aware of, and worked to, guidelines from National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. Dental care records we viewed evidenced clearly that NICE guidance was followed for patients' recall frequency and that that routine dental examinations for gum disease and oral cancer had taken place. Dental decay risk assessments had been completed for patients.

We saw a range of clinical and other audits that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, the quality of dental radiographs, and its antimicrobial prescribing.

Health promotion & prevention

The practice had an informative website which provided information about a wide range of dental health topics and there were leaflets in the waiting rooms, giving patients information on a range of dental health treatments. A number of oral health care products were available for sale to patients including interdental brushes, toothpaste and mouthwash.

We were shown a sample of dental care records which confirmed that patients were given advice about dental hygiene, diet, tobacco and alcohol consumption. The dentists were aware of the NHS England publication Delivering Better Oral Health- an evidence based toolkit to support dental practices in improving their patients' oral and general health. During our observations we noted the dentists asked about patients' smoking habits.

One dental nurse told us the practice regularly ran oral health awareness weeks. At an event in September 2015, the practice gave out two minute timers to remind patients how long they should brush their teeth for, as well as a tooth brushing chart with stickers for children.

Staffing

There was a stable and established staff team at the practice, many of whom had worked there a number of years. Staff told us there were generally enough of them to maintain the smooth running of the practice. However, one staff member commented that occasionally there was not adequate cover provided on Friday afternoon, making it very busy for reception staff and difficult to meet patients' needs in a timely way.

We looked at three staff files, training records and revalidation logs. We saw evidence that all staff were appropriately qualified, trained and where appropriate, had current professional validation. Staff had access to the provider's academy, where they could access a range of on-line training for their professional development

There was a structured system for providing staff in all roles with twice yearly appraisals of their work and for planning their training needs. The clinical support manager met monthly with the dentists to discuss any new guidance, initiatives or complex clinical issues.

Succession planning for staff was good and a dentist had already been recruited to replace one who was about to leave the practice.

Working with other services

The practice had a system in place for referring, recording and monitoring patients for dental treatment and specialist procedures. A referrals log was kept which staff regularly reviewed to ensure patients received care and treatment needed in a timely manner. All referrals for oral cancer were by phone, with a paper referral backing this up to ensure it had been actioned.

Consent to care and treatment

Patients we spoke with told us that they were provided with sufficient information during their consultation and that they always had the opportunity to ask questions to ensure they understood before agreeing to a particular treatment. A range of helpful information leaflets was available to patients which described treatment options available to

Are services effective?

(for example, treatment is effective)

them to enable them to give informed consent to which one they preferred. Staff told us that all patients were given a treatment plan, which they then signed to show that they were happy for the treatment to be given. The dentists we spoke with described how they explained their findings to patients and kept detailed clinical records showing that they had discussed the available options with them. Dental care records we viewed demonstrated that patients' consent to their treatment had been obtained and that this was recorded. During our observation we saw that the dentist went through the patient's treatment form with them thoroughly before asking them to sign it.

However some staff were less sure about how to support patients who did not have the mental capacity to agree to their treatment, and it was not clear what training they had received in the Mental Capacity Act 20015 (MCA) The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

In addition to this, not all staff showed a full understanding of Gillick competence. This helps clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 37 completed cards and received many positive comments about the empathetic, caring and supportive nature of the practice's staff.

We spent time in the reception area and observed a number of interactions between the reception staff and patients coming into the practice. The quality of interaction was good, with staff showing empathy and respect for people, both on the phone and face to face. Reception staff remained polite, patient and professional despite the practice being very busy with constant telephone calls and patients checking in for their appointments.

The quality of interaction between patients and dentists was good. We noted that one dentist took considerable time to explain interdental brushes to an older patient and also wrote down the name of the product to ensure the patient understood.

The main reception area itself was not particularly private, and conversations between reception staff and patients could be easily overheard by those waiting. However, reception staff we spoke with had a good understanding of the importance of patient confidentiality and spoke knowledgably about the practical ways they maintained it. For example, listening to answer phone messages with the volume on low so patients in the waiting area couldn't overhear them, not repeating people's addresses and shredding patients' information regularly. Training files showed that staff had received training in information governance and data protection so they were aware of how to manage patients' information in line with legal requirements.

All consultations were carried out in the privacy of the treatment rooms and we noted that treatment room doors were closed during procedures. However, conversations taking place in some of these rooms could just be overheard.

Staff worked hard to support anxious patients and the practice manager told us she had met informally with one patient several times prior to their treatment, to explain it to them and reassure them.

Involvement in decisions about care and treatment

Patients we spoke with told us that their dental health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations. Patient feedback on the comment cards we received was also positive and aligned with these views. Dentists also frequently gave out information leaflets to patients to help them better understand their treatment and oral health care.

Dental care records we reviewed demonstrated that clinicians recorded the information they had provided to patients about their treatment and the options open to them.

Are services responsive to people's needs?

(for example, to feedback?)

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Are services well-led?

Our findings

Governance arrangements

The practice had a comprehensive list of policies and procedures in place to govern its activity, which were easily available to staff. We looked at a number of policies and procedures and found that they were up to date and had been reviewed regularly. Staff were required to confirm that they had read and understood them.

There was an established leadership structure within the practice with clear allocation of responsibilities amongst the staff. For example there was a lead for infection control, a lead for safeguarding and for reception. Staff we spoke with were all clear about their own roles and responsibilities. The practice manager was supported by an area manager and clinical support manager who visited regularly to assist her and oversee the running of the practice. Staff also had access to the provider's national help desk which could provide advice and support on a range of dental and administrative matters.

Communication across the practice was structured around key scheduled meetings. There were separate monthly nurses, reception staff and dentists meetings, every 2-3 three months the whole practice met together to discuss a range of issues. Minutes from meetings were shared across all the staff groups.

The practice manager received a weekly bulletin from the provider's central operations team outlining any actions they had to take in response to policy updates, operational changes, and health and safety requirements..

Leadership, openness and transparency

Staff clearly enjoyed their work citing good team work, support and training as the reason. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They reported that the practice manager and dentists were very approachable. Although they had not needed to use it, staff we spoke with were aware of the whistle blowing policy and understood when it was appropriate to use.

Feedback from NHS Choices' and Friends and Family test (FFT) was regularly discussed at practice meetings, evidence of which we viewed. Feedback and comments from the FFT were also on display in the staff room.

The provider was aware of the requirements of the Duty of Candour**,** and we viewed a poster about this in the staffroom reminding staff of their responsibility in relation to this.

Learning and improvement

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. Staff told us they had good access to training and the practice monitored it, to ensure essential training was completed each year.

Regular audits were undertaken to ensure standards were maintained in radiography, infection control, the quality of clinical notes and antimicrobial prescribing. The provider had recently introduced a wide ranging 'CQC compliance audit' to ensure that practices met all the legal requirements of the Health and Social Care Act 2008.

Dental staff reported that these audits ensured that good standards were maintained and that their working practices were regularly assessed.

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

The practice encouraged and valued feedback from patients. A box was available by reception allowing patients to leave any comments or concerns, and the provider sent a text message to a sample of patients following their treatment inviting them to complete a survey about their experience. Results of this survey were benchmarked against other practice's and Chequer Hall ranked in the top quarter of all the practices.

We were given examples of where the practice had responded to patients' concerns. For example, a new telephone system had been introduced to allow patients to leave a message when phone lines were busy. The text message service had been improved to show which practice had sent the text.

The practice had introduced the NHS Friends and Family test as another way for patients to let them know how well they were doing. Results of these were shared at staff meetings

Are services well-led?

The practice regularly responded to patients' comments received on the NHS Choices web site, inviting patients to contact them for further discussion about their concerns. At the time of our inspection the practice scored 2.5 stars out of five, based on 36 reviews.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We were given many examples from staff where managers had listened to them, and implemented their suggestions to improve the service. For example, a staff suggestion for a rota system to ensure that the removal of clinical waste was shared between them had been introduced .