

Den Dental Group Practice LLP

Clock Tower Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 24 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 provide any information.

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

The practice is in the city centre of Exeter in Devon and provides NHS treatment to patients of all ages.

There are steps to the practice from the street and all surgeries are accessed via stairs. There is a public car park nearby.

The dental team includes four dentists, three dental nurses, three trainee dental nurses, one dental hygienist and three receptionists. There is a practice manager, who is also a qualified dental nurse. The practice has five treatment rooms.

Summary of findings

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 Clock Tower Dental Practice was the practice manager.

On the day of inspection we collected 19 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, two dental nurses, one trainee dental nurse, two receptionists, the practice manager and the company area compliance officer. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday 8am – 7pm.
Friday 8.30am – 5pm. Saturdays 9am – 1pm.

Our key findings were:

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children. .
- The clinical staff provided patients' care and treatment in line with current guidelines.

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice 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.
- Improvements could be made with regard to the practice's staff recruitment procedures.
- The practice had systems to help them manage risk but improvements could be made.

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

- Review the practice's infection control procedures and protocols including undertaking a Legionella risk assessment and implementing the required actions taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and giving due regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

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.

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

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve. However, improvements could be made in the recording of significant events.

Staff were qualified for their roles and the practice completed recruitment checks although improvements could be made to ensure risk assessments were undertaken when references were not received.

The practice staff were following guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Improvements were however required in respect of maintaining safe water lines and storage of dental instruments.

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 prompt, friendly and thorough. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Improvements could be made with regard to training all staff in the workings of the Mental Capacity Act.

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 21 patients. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, kind and courteous. They said that they were given clear and honest explanations about dental treatment, 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.

No action



Summary of findings

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

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 signposting potential patients to accessible services, as the premises were not suitable for people with mobility difficulties. The practice had access to telephone interpreter services.

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 typed and stored securely.

The practice asked for and listened to the views of patients and staff in order to improve services.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn, although improvements could be made.

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. We were told by the practice manager that there had been no significant events in the last 12 months.

Improvements could be made in the recording of significant events. In discussion with the practice manager we were told of two non-clinical significant events that had occurred but had not been recognised as significant events and therefore were not recorded as such. We spoke with the practice manager and company area compliance officer. They agreed for the practice manager to have refresher training in the completion of significant event recording to ensure that all staff understood their role in the process.

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

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

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. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

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.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. We looked at three staff recruitment files.

Improvements could be made to ensure the practice's recruitment procedures were followed suitably in all cases. For example, company policy stipulated for at least one reference to be sourced from a previous health and social care service or two references from a previous employer or a character reference. We found all three files did not have the appropriate references.

We were informed by the practice manager that risk assessments would be completed.

All dental care professionals had their registration checked with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. Policies had been regularly reviewed and signed as read by the staff team. However, these were not consistently dated. The practice manager told us that they would review their systems for ensuring that policy review and staff acknowledgement of reading policies. Policies



Are services safe?

seen covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

There was a fire equipment log indicating that the fire system was in working order and underwent regular testing and servicing. Staff confirmed that fire drills took place on a quarterly basis.

The practice manager said that she would ensure that a record of fire drills at the practice would be immediately implemented. We noticed that a cupboard under the stairs on the main fire exit route posed a risk. We saw that combustible materials such as cardboard had been stored next to ignition sources such as the main electricity panel. We brought this to the attention of the practice manager, who took immediate action to clear the cupboard of all combustible materials.

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

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. Staff completed infection prevention and control training every year. There was a dedicated decontamination and instrument sterilisation room, in which equipment was suitably maintained and daily logs of equipment performance was carried out in line with the manufacturer's guidance.

The practice staff were following guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Improvements were however required in respect of maintaining safe water lines and storage of dental instruments.

We found dental instruments and dental equipment incorrectly and unsafely pouched and/or stored in two of the five treatment rooms. For example, ripped pouches exposing dental instruments or stored past the date stamp expiry dates. Records for four of the five dental treatment rooms of daily checks on cleanliness could not be located during the inspection visit.

We found drawers in one of the treatment rooms where dental instruments were stored to be excessively dusty.

The latest infection prevention and control audit was completed during June 2016. Improvements could be made to ensure the audits were undertaken six-monthly in line with current national guidance.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. There were monthly checks and records maintained of suitable water outlet temperatures. However, there was no practice legionella risk assessment and the practice policy had not been followed. For example, a half-filled water bottle was attached to a dental chair in one of the treatment rooms, which staff confirmed had been in-situ since the treatment room had last been in-use, three days previously. The bottle was removed during the inspection. The practice manager wrote to us following the inspection to state they had booked a specialist company to complete a Legionella risk assessment of the practice within four days of the inspection taking place.

The practice manager told us that new logs for cleaning schedules for the premises and dental treatment rooms were being introduced.

Equipment and medicines

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

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions 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.

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.

Clinical staff completed continuous professional development in respect of dental radiography.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

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 required for their registration with the General Dental Council.

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

of the dentists, who had qualified from overseas, was being mentored by a more experienced dentist. They had identified further training needs and told us that they had opportunities to meet with their mentor to discuss these further training needs.

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

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. Improvements could be made to ensure all staff understood their responsibilities under the Act when treating adults who may not be able to make informed decisions and regarding Gillick competence 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

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were courteous, friendly and kind. We saw that staff treated patients respectfully and appropriately, and were friendly towards patients at the reception desk and over the telephone.

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

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

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

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

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and cosmetic teeth whitening services.



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 no patients for whom they needed to make adjustments to enable them to receive treatment.

Staff told us that they telephoned some older patients 48 hours before their appointment to make sure they could get to the practice. Text reminders were also sent to patients to remind them of their upcoming booked appointments.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. For example, there was a grab rail at the entrance to the practice along a slope. The practice did not have level access and was restricted by the stipulations of the building being Grade 2 listed with making reasonable adjustments to accessibility. The practice manager said that the company had an accessible practice in a nearby village, where patients who had difficulty with stairs were referred to.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services.

Access to the service

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

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

The practice was committed to seeing patients experiencing pain on the same day and kept one to two appointments free for each dentist for same day appointments. The website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

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

We looked at comments, compliments and complaints the practice received over the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.



Are services well-led?

Our findings

Governance arrangements

The registered manager 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 company 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. Improvements could be made in the on-going monitoring of processes to reduce infection control risks presented to patients. Following the inspection the practice manager wrote to use explaining how these monitoring processes would be improved.

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

Leadership, openness and transparency

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

Staff told us there was an open 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 whole staff meetings every two months where staff could raise any concerns and discuss clinical and non-clinical updates. Minutes of staff meetings were maintained. 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 and X-rays. They had clear records of the results of these audits and the resulting action plans and improvements. The last infection prevention and control audit had been completed in June 2016, which meant the guidance for six monthly auditing was overdue. The practice manager said a re-audit would be completed.

The registered manager 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.

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.

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

The practice used patient surveys to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the installation of a new phone system in the last 12 months, following complaints raised by patients that it was difficult to get calls answered at the practice. Recent feedback from patients and from comments received on the day of the inspection from patients and staff was that phone access to the practice had much improved.

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.