

Ingrid Cubbon Dental Surgery (SW) Ltd

Ingrid Cubbon Dental Surgery (SW) Ltd

Inspection Report

13 Dendy Road
Paignton
Devon
TQ4 5DB
Tel: 01803 556703
Website: ingridcubbondental.co.uk

Date of inspection visit: 2 May 2017
Date of publication: 13/06/2017

Overall summary

We carried out this announced inspection on 2 May 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. NHS England provided some contract information about 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 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

Ingrid Cubbon Dental Surgery (SW) Ltd is in the coastal town of Paignton and provides NHS treatment to patients of all ages. The practice manager told us that approximately 60% of patients were aged over 50.

Summary of findings

There are steps to the front of the building but level access for people who use wheelchairs and pushchairs by request at the rear of the premises, or a portable ramp for use for the front steps. Car parking spaces are available in a nearby public car park or at on-road meters.

The dental team includes one dentist, two dental nurses, one trainee dental nurse, one dental hygienist, a practice manager and one receptionist. There is also a self-employed on-site dental technician. The practice has two treatment rooms.

The practice is owned by a limited 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 Ingrid Cubbon Dental Surgery (SW) Ltd was the principal dentist.

On the day of inspection we collected 28 CQC comment cards filled in by patients and spoke with seven other patients. This information gave us a positive view of the practice.

During the inspection we spoke with all the staff employed at the practice. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday 8.30am – 6pm. Friday 8.30am – 4.30pm. The practice is closed for lunch between 1 - 2pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff assessed patients' care 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.

There were areas where the provider could make improvements. They should:

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting.
- Review arrangements for the storage and preparation for use of local anaesthetics.
- Review the safety and suitability of all areas of the premises and the equipment within it.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- 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.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

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

Staff were qualified for their roles and the practice completed essential recruitment checks. Improvements could be made with respect to assessing any risks associated with lone working.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. Improvements could be made with respect to the storage and preparation for use of local anaesthetics.

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

Improvements could be made with monitoring the safe storage of combustible materials where a gas supply and naked flame is in use.

No action



Are services effective?

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

The dentist and hygienist assessed patients' needs in line with recognised guidance. Patients told us that they were satisfied with the frequency of their appointments.

Patients described the treatment they received as attentive and performed in a way that they did not feel rushed. Patients told us that the dentist discussed any treatment plan fully with them. However, written patient treatment plans, at times, contained only a brief description of the proposed treatment. Improvements could also be made in the consistent recording of patient consent to examinations and treatments.

The practice had clear arrangements when patients needed to be referred to other dental professionals. Improvements could be made to the practice policy on consent to provide a more detailed description of processes and roles under the Mental Capacity Act (2005).

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.

No action



Summary of findings

We received feedback about the practice from 35 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly and helpful. They said that they were given honest explanations about dental treatment, and said the dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

Are services responsive to people's needs?

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to complaints quickly and constructively.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action





Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. There had been no incidents or significant events in the last 12 months.

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 dentist did not use rubber dams. The dentist used alternative methods to ensure the procedure was undertaken safely. The use of rubber dams is recommended in line with guidance from the British Endodontic Society when providing root canal treatment. Following the inspection the practice manager contacted us to confirm that the dentist was reviewing their clinical practice in relation to the non-use of rubber dams.

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. This reflected the relevant legislation. There was low staff turnover and no new staff employed since the last inspection visit.

Clinical staff were qualified and registered 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. These 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.

A dental nurse worked with the dentist when they treated patients. We were told that on occasions the hygienist worked alone.

There was a dental technician working at the practice with their own dedicated work space, which had a separate entrance to the premises. This work space had been risk assessed in terms fire safety as combustible materials like a portable gas canister and a Bunsen burner were used.

We looked at the dental technicians' work area and saw improvements could be made with monitoring the work space to ensure it was suitably managed to reduce the risk of fire. We raised this with the practice manager who took immediate action following the inspection to carry this out.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05:



Are services safe?

Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

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

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

The practice had procedures to reduce the possibility of legionella or other bacteria developing in the water systems, in line with a risk assessment, completed in May 2017.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

The practice was pre-loading local anaesthetics into syringes in the decontamination room, for use on the day of surgeries. The local anaesthetics were also removed from their blister packs when stored. It is recommended that local anaesthetic be loaded into syringes at the time of use and not in advance on the day. Improvements could be made with regard to the storage of local anaesthetics within their blister packs, to maintain sterility. We raised this with the practice manager who discussed this with the dentist. They told us that they would follow the recommended practice from now on.

Equipment and medicines

We saw servicing documentation for the equipment used at the practice. Staff carried out checks in line with the manufacturers' recommendations. Some servicing records were not immediately to hand at the time of the inspection. However, these were forwarded to us immediately following the inspection and we received evidence that any overdue servicing had been booked during May 2017.

The practice had suitable systems for prescribing, dispensing and storing medicines. The practice held stocks of medicines, which we discussed with the dentist. The medicines were only for prescribing out of hours when the dentist provided emergency cover.

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. We looked at a selection of radiographs and patient dental records. Within the records examined there appeared to be a small amount of X-rays not reported on, but no evidence that this had resulted in incorrect treatment.

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. We looked at a selection of dental care records. Overall the records appeared to be of a high quality with few omissions and little variation in the quality of the radiographs.

We observed that audits had been carried out on both patient records and radiographs, demonstrating a high standard.

We were told by NHS England told us that the practice was slightly higher than the local average for three month patient recalls and low provision of fissure sealants. We were told by the dentist that fewer fissure sealants had been provided since the hygienist had reduced their hours to 1.5 days per week.

We discussed the volume of dental activity work with the dentist and hygienist. The practice had a high volume of dental activity target in their annual NHS contract. However, patients told us that they never felt rushed and were happy with the treatment provided. There had been no patient complaints received with regard to denture repair work and one complaint regarding dental work. The dentist and practice manager were working with the complainant to resolve the complaint. We provided feedback to the practice manager in respect to the dental care records we looked at and the recommended dental treatment advised.

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 dentist 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 children based on an assessment of the risk of tooth decay for each child.

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. Two of the dental nurses held the oral health education qualification and in addition had

been booked to undertake a training course relating to fluoride application. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

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.

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 dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

We saw in dental care records and on patient consent forms for dental treatment that improvements could be made to suitably record the treatment plans and discussions with the patients.

We raised this with the practice manager who said that this would be reviewed.

The practice's consent policy included information about the Mental Capacity Act 2005. However, improvements could be made to provide greater detail of the processes and contact organisations to approach should patients appear to not have the capacity to consent to treatment. This would enable the team to be clear regarding their responsibilities under the Act when treating adults who



Are services effective?

(for example, treatment is effective)

may not be able to make informed decisions. The policy also referred to Gillick competence and the dentist was aware of the need to consider this when treating young people under 16.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

Nervous patients said staff were compassionate and understanding.

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. They stored paper records securely.

There were magazines 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. The 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 more complex restorative treatment.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, the dentist's chair was able to tilt to enable the dentist to effectively perform examinations of patients who had limited mobility of their head/neck.

Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access at the rear of the premises, a hearing loop and accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services, which included British Sign Language and braille.

Access to the service

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

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

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

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 in the last 12 months. There was one complaint received during this time. The practice was engaging with the complaint to try to resolve the issue. We were told that on completion the outcome would be discussed with staff to share learning and improve the service.



Are services well-led?

Our findings

Governance arrangements

The principal dentist/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 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.

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 meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

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 and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients/staff the practice had acted on. For example, following patient feedback a mirror was fitted in the patient toilet.

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.