Simply Smile Manor House Limited

Manor House Dental Practice

Inspection Report

Manor House Dental Surgery
The Street
Long Stratton
Norfolk
NR15 2XJ
Tel: 01508 530514
Website: www.manorhousedentalsurgery.co.uk

Date of inspection visit: 5 December 2017
Date of publication: 08/01/2018

Overall summary

We carried out this announced inspection 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. A CQC inspector, who was supported by two specialist dental advisers, led the inspection.

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

Manor House Dental Surgery is a well-established practice based in the village of Long Stratton. It provides mostly NHS treatment to patients of all ages, although at the time of our inspection, the practice was not accepting any new NHS patients for registration. The dental team includes three dentists, seven dental nurses, three hygienists and two receptionists. A practice manager is in day to day control of the service. It is one of six practices owned by Simply Smile Limited.

Summary of findings

The practice has four treatment rooms and is open on Mondays to Thursdays from 9am to 5.30pm, and on Fridays from 9am to 4.30pm.

There is level entry access for people who use wheelchairs and pushchairs.

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. There are two registered managers at the practice:Susan Wright Practice manager and Mark Ter-Berg dentist.

During the inspection we spoke with the practice manger, the clinical lead, three dentists, three dental nurses and reception staff. We looked at the practice's policies and procedures, and other records about how the service was managed. We collected 47 comment cards filled in by patients and spoke with another five on the day.

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.
- The practice had adopted a process for the reporting of untoward incidents and shared learning when they occurred in the practice
- Risk assessment was robust and action was taken to protect staff and patients.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance. Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- The practice dealt with complaints positively and efficiently.
- The practice proactively sought feedback from patients, which it acted on.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.

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

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.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

No action ✓

Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) and FGDP to guide their practice. For some of the dentists issues around the appropriate frequency of X-ray taking should be reviewed in light of FGDP and IRMER guidance and requirements

The staff received professional training and development appropriate to their roles and learning needs.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals, and referrals were monitored, although there was no checking system in place to ensure that urgent referrals for suspected malignancy had been received.

No action ✓

Are services caring?

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

Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received and of the staff who delivered it. Staff gave us specific examples of where they had gone out their way to support patients. We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action ✓

Are services responsive to people's needs?

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

No action ✓

Summary of findings

Appointments were easy to book and patients were able to sign up for text reminders. Patients could access routine treatment and urgent care when required and told us that it was easy to get through on the phone to the practice.

There was a clear complaints' system and the practice responded professionally and empathetically to issues raised by patients.

Are services well-led?

No action

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

The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were systems in place to monitor and improve quality, and identify risk. The practice proactively sought feedback from patients, which it acted on to improve services to its patients.

Most staff told us they enjoyed their work, although some commented that they did not always feel listened to or appreciated by management. There were examples of staff not necessarily following practice protocols and management being unaware of this.

Manor House Dental Practice

Detailed findings

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. We found that untoward events were recorded and managed effectively to prevent their reoccurrence. For example, following a patient's fall on the stairway, the practice had installed brighter lighting and put tiger tape on the steps to make them more visible. Incidents were a standing agenda item at practice meetings so that learning from them could be shared across the staff team, evidence of which we viewed.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and staff were aware of recent alerts affecting dental practice.

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 and this was available in each treatment room and the reception area. We saw evidence that staff received safeguarding training. The practice manager had undertaken level three training in child protection and was the lead for safeguarding issues in the practice, along with the clinical lead. We found staff had a good knowledge of local protection agencies.

The practice had obtained a disclosure and barring check for all staff to ensure they were suitable to work with vulnerable adults and children

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments that the practice manager reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. We were told that only the dentists handled sharps, however when we spoke to nursing staff they told us they also handled sharps.

Not all 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 it would deal with events that 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, but staff did not regularly rehearse emergency medical simulations so that they had a chance to keep their learning and skills up to date.

Emergency equipment and medicines were available as described in recognised guidance, though the practice did not have a paediatric ambubag or a full set of oropharyngeal airways. We noted that oxygen facemasks had not been bagged to maintain their hygiene and were dusty as a result. 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 procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure and obtained necessary pre-employment checks to ensure staff were suitable for their role. The practice should consider keeping a formal record of staff recruitment interviews to demonstrate they have been conducted in line with good employment practices.

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 had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed comprehensive practice risk assessments that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff.

A fire risk assessment had been completed in 2015 and we saw that its recommendations had been implemented,

including changing the types of fire extinguishers available. Two fire marshals had been appointed in the practice, although staff did not regularly practice evacuating the building so they knew what to do in the event of a fire.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for all materials used within the practice.

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

We noted good signage around the practice indicating fire exits, low ceilings, oxygen and radiation hazards to keep patients safe.

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 comprehensive infection control policies in place to provide guidance for staff on essential areas such as hand hygiene, the use of personal protective equipment and decontamination procedures. One of the nurses had been appointed as the lead for infection control.

There were cleaning schedules in place, and we noted that all areas of the practice were visibly clean and hygienic, including the waiting areas, toilets and stairway. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. However, we noted a drawer in one treatment room that was very dirty and dusty and had not been deep cleaned to ensure its hygiene.

Staff's uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination, although one nurse had long fingernails that compromised hand hygiene. We noted that staff changed out of their uniforms at lunchtime. Records showed that all dental staff had been immunised against Hepatitis B.

The practice conducted infection prevention and control audits and results from the latest audit indicated that the practice met essential quality requirements.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We noted however, that instrument delivery trays were not sterilised after each use and instruments were not kept moist until they were decontaminated, as recommended in the guidance.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally in a locked shed. The practice only had one clinical waste bin that was sited in its decontamination room. This meant that staff had to carry contaminated waste from treatment rooms through the practice to the decontamination room.

Equipment and medicines

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

Stock control was good and medical consumables we checked in cupboards and in drawers were within date for safe use.

The practice had suitable systems for prescribing and dispensing medicines and a logging system was in place to account for any issued to patients. No regular overview of antibiotic prescribing was in place to ensure dentists were prescribing appropriately. Following our inspection, the practice manager wrote and told us that an audit of prescribing would be completed by 31January 2018.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file. Rectangular collimation was used on X-ray units to reduce dosage to patients.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. Clinical staff completed continuous professional development in respect of dental radiography and regular radiograph audits were completed for all dentists.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We received 47 comments cards that had been completed by patients prior to our inspection and feedback received reflected that patients were very satisfied with the quality of their dental treatment.

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, although we noted that some were not fully following guidelines in relation to taking X-rays, for example before fitting crowns, or in the frequency of routine X-ray checks.

Dental care records were regularly audited to check that the necessary information was recorded.

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. To facilitate this aim, the practice appointed three dental hygienists and a dental therapist to work alongside of the dentists in delivering preventative dental care**.** One dental nurse had undertaken a course in oral health education and told us she had visited a local primary school to deliver oral health care sessions to pupils there.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. Free samples of toothpaste were available for patients in reception. General information about oral health care for patients was available in the waiting area areas, including information about smoking cessation services.

Staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us there were enough of them for the smooth running of the practice. A dental nurse always worked with the dentists and the hygienists. Dentists told us that although the practice was busy, the appointment book was well organised, with dedicated emergency slots to see patients in need of urgent care.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. Staff told us they discussed their training needs at their annual appraisals.

Working with other services

Staff 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. The practice kept central log of patients' referrals so they could be tracked, although they did not routinely follow up urgent referrals for suspected oral malignancy to ensure their arrival

Consent to care and treatment

Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice had implemented a policy about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. Dental records we reviewed demonstrated that treatment options had been explained to patients. Additional patient consent forms were used for extractions, immediate dentures and tooth whitening.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as caring and empathetic to their needs. One patient told us that staff had comforted them well when they were in pain, and another that one nurse sang which they liked to hear. Patients commented that receptionists were welcoming and friendly, something we also noted during our inspection. Staff gave us specific examples of where they had supported patients such as ringing to check on unwell patients, helping older patients cross the busy road outside the practice and offering to work additional hours to meet patients' needs.

The layout of reception and the separate waiting areas provided privacy when reception staff were dealing with patients. Computers were password protected and screens displaying patient information were not overlooked. Patient paperwork was kept well out of sight. All consultations were carried out in treatment rooms with closed doors, although we noted a glass panel in one door that had not been covered to ensure patient privacy.

Involvement in decisions about care and treatment

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

The practice's website provided patients with information about the range of treatments available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was easily accessible and had free parking nearby. The practice had its own website that provided general information about its services and patients had access to an email address for general enquiries. The waiting areas provided good facilities for patients including interesting magazines and leaflets about various oral health conditions and treatments. Photographs of staff, including their name, were on display in reception.

Patients told us they were satisfied with the appointments system and that getting through on the phone was easy. The practice ran a text reminder system. Four 15-minute emergency slots were available each day for patients experiencing dental pain. Plans were in place to open the practice two Saturdays a month to better meet patient demand and increase access.

Information about out of hours' services was available on the practice's answer phone, although not on the entrance door should a patient come when the practice was closed.

Promoting equality

The practice had made reasonable adjustments for patients with disabilities, given the building was listed and over 300 years old. There was level access entry for wheelchair users at the rear of the property and two downstairs treatment rooms. Although there was a downstairs toilet, it was not suitable for wheelchair users. One surgery had a knee break chair to assist those with limited mobility. Staff were aware of translation services and these were advertised in the reception area.

The practice did not have a portable hearing loop to assist patients with hearing aids, nor information about its services in other languages or formats.

Concerns & complaints

The practice had a policy that clearly outlined the process for handling complaints, the timescale within which they would be responded to, and details of external agencies that patients could contact if unhappy with the practice's response. Details of how to raise complaints was available in the waiting areas, along with Healthwatch's complaints guidance for patients.

The practice kept a comprehensive log of all patients' concerns and complaints. We viewed details of recent complaints raised in the last year that showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Complaints were a standing agenda item at each practice meeting, evidence of which we viewed.

Are services well-led?

Our findings

Governance arrangements

The practice manager had overall responsibility for the management and day to day running of the practice. She had 45 years of dental experience and was an examiner with the National Examining Board for Dental Nurses. She was supported by the company's clinical lead who visited regularly to offer advice and guidance. There was a clear staffing structure within the practice with specific staff leads for areas such as nursing and infection control.

The practice had comprehensive 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. We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Each year the practice completed an information governance self-assessment and the most recent result showed that it managed patient information in line with legislation.

Communication across the practice was structured around regular practice meetings that most staff attended. The meetings were always held on a Monday, meaning that one of the receptionists had never been able to attend them, as they did not work that day.

Leadership, openness and transparency

We received mixed feedback about the quality of leadership within the practice. Some staff told us they enjoyed, and were supported in, their work. Others did not, and felt that senior staff did not listen, or take action, to address their concerns. The practice had recently conducted a staff survey that indicated that team morale was good overall. However, it also raised concerns that some staff did not undertake their fair share of work, that staff felt pressured in their work and were unhappy about how they were spoken to by some colleagues.

We also noted that some practice protocols were not always being followed by staff. For example, we were told that only dentists handled sharps; that instruments were always kept moist whilst awaiting decontamination, and that manual cleaning only occurred if the ultrasonic was out of action. However, we found that nurses also handled sharps, instruments were kept in dry boxes and manual cleaning was being done routinely. This indicated that senior staff did not always have full oversight of what was happening on the ground. Following our inspection the practice manager wrote and told us action had been taken to address these shortfalls.

The clinical lead told us that he had directed the practice's dentists to undertake antibiotic prescribing audits and had repeatedly asked them to user rubber dams in line with national guidance. Despite his requests, no audits had been done and the dentists did not use rubber dams.

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

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits on of dental care records, X-rays and infection prevention and control. The quality of these audits was good and there were clear records of their results and action plans.

All staff received an annual appraisal of their performance and we saw evidence of completed appraisals in staff folders. The practice manager was appraised by the company's operations manager. There was also a regular staff award scheme, where staff members could nominate their peers to recognise their outstanding contribution.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. One nurse was doing a team leadership course, with a view to completing further management courses. Another nurse had trained as an oral health educator, although told us she had not been given the time to implement her newly acquired skills.

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

The practice used surveys and verbal comments to obtain patients' views about the service. The survey asked patients for feedback on a range of issues including waiting and opening times, the quality of their dental treatment and the helpfulness of staff. The practice had introduced

Are services well-led?

the NHS Friends and Family test as another way for patients to let them know how well they were doing. We saw examples of suggestions from patients the practice had acted on such as providing colouring books for children in the waiting room; improving signage and increasing the light on stairways.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussions. They also held an annual staff survey that asked staff what they liked and disliked about their job, and what improvements could be made.