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Kingfisher Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 19 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

Kingfisher Dental Practice is situated in a residential area of Redditch in a converted residential building. It provides NHS and private dental care. The practice has six dentists and seven dental nurses, five of whom also carry out reception duties. There is also a trainee dental nurse/receptionist and another receptionist. The practice has five dental treatment rooms and a decontamination room for the cleaning, sterilising and packing of dental instruments. The reception area and main waiting room are on the ground floor. There is a further waiting area on the first floor.

During 2015 the provider upgraded the practice. They converted two rooms on the first floor to provide two new treatment rooms and completely refurbished a ground floor treatment room.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to tell us about their experience of the practice. We collected 32 completed cards. All the patients we received feedback from were complimentary about the practice and the care and treatment they received. More than half wrote more detailed comments saying how highly they thought of the service they received. Patients commented on being treated with respect and kindness, being put at ease and finding their appointments a relaxed and pleasant experience. Some patients specifically mentioned how the practice had helped them overcome their anxiety about dental treatment and others

Summary of findings

described how caring the dentists were towards their children. Patients could access treatment and urgent and emergency care when required. A quarter specifically mentioned that the practice is safe, clean, and hygienic.

We saw the practice's NHS Friends and Family results for April 2015 to January 2016. Out of a total of 88 responses 95% said they were 'extremely likely' or 'likely' to recommend the practice.

Our key findings were:

- Patients who completed CQC comment cards were all positive about the practice team and the care and treatment provided.
- The practice had a health and safety policy, relevant safety related risk assessments and an accident book. They did not have a policy or an established process for reporting and recording significant events.
- The practice was visibly clean and a number of patients commented on their satisfaction with hygiene and cleanliness.
- The practice had well organised systems to assess and manage infection prevention and control.
- The practice had suitable safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- The practice had recruitment policies and procedures and used these to help them check the staff they

employed were suitable. The practice obtained the correct information for new staff but their written policy and procedures did not fully reflect the requirements of legislation.

- Dental care records provided comprehensive information about patients' care and treatment.
- Staff received training appropriate to their roles and were supported in their continued professional development.
- Patients were able to make routine and emergency appointments when needed.

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

- Establish a policy and processes for reporting and recording significant events to ensure that when incidents happen they are investigated, used to make improvements and recognised as opportunities for shared learning within the team.
- Provide signs on the doors of rooms where X-ray machines are located to identify the presence of radiography equipment.
- Review the practice's recruitment policy to fully reflect the requirements of Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Have arrangements in place for the use of interpreters in situations where patients may not wish to have a relative involved or do not have a suitable person to assist them.

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 took safety seriously and had organised systems to help them manage this. These included policies and procedures for infection prevention and control, clinical waste management, dealing with medical emergencies, maintenance and testing of equipment, dental radiography (X-rays) and child and adult safeguarding. The practice did not have a significant event policy and procedure or records of significant events. Staff assured us no relevant incidents had occurred but had not appreciated the wide range of issues that this might apply to. We confirmed that accidents were appropriately recorded, discussed and acted on.

Are services effective?

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

The practice provided dental care and treatment which took individual patient's needs into account. The dental care records we saw provided comprehensive information about patients' care and treatment. Clinical staff were registered with the General Dental Council and completed continuing professional development to meet the requirements of their professional registration. Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who may lack capacity to make decisions.

Are services caring?

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

We gathered patients' views from 32 completed Care Quality Commission comment cards. These all described positive views about the service. More than half wrote more detailed comments saying how highly they thought of the service they received. Patients commented on being treated with respect and kindness, being put at ease and finding their appointments a relaxed and pleasant experience. Some patients specifically mentioned how the practice had helped them overcome their anxiety about dental treatment and others described how caring the dentists were towards their children.

Are services responsive to people's needs?

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

Some patients we received feedback from told us they had always been happy with their care and treatment at the practice. Several specifically mentioned how the practice had helped them overcome their anxiety about dental care and others said the practice was good with children.

The practice was accessible for patients with disabilities and ensured that patients unable to use stairs had their appointments in a ground floor treatment room. Patients could access treatment and urgent and emergency care when required.

Information was available for patients at the practice and on the practice website; this included details of how to make a complaint. There was information for patients about the circumstances which would make someone exempt from NHS charges.

Are services well-led?

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

Summary of findings

The practice had arrangements for managing and monitoring the quality of the service including relevant policies and processes. The practice manager understood their responsibilities for the day to day running of the practice. All the staff we spoke with enjoyed working at the practice and felt supported by the dentists and practice manager.

The practice had a warm and friendly atmosphere and we saw that the staff worked well together as a team. The provider and staff were positive about ongoing learning and development to help them maintain and improve the quality of the service.

Kingfisher 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 was carried out on 19 January 2016 by a CQC inspector and a dentist specialist advisor. Before the inspection we reviewed information we held about the provider and information that we asked them to send us in advance of the inspection.

During the inspection we spoke with members of the practice team including dentists, dental nurses, reception staff and the practice manager. We looked around the premises including the treatment rooms. We reviewed a

range of policies and procedures and other documents and read the comments made by 32 patients on comment cards provided by CQC before the inspection. We also looked at the practice's NHS Friends and Family survey results for April 2015 to January 2016.

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 did not have a significant event policy to provide guidance to staff about reporting and recording significant events or to support the practice in learning from these. Staff assured us that there had been no problems, incidents, accidents or complaints which needed to be recorded as significant events. The practice understood the need for a policy and told us they would put one in place. There was an accident book which was used appropriately and showed that very few accidents had taken place; there was only one recorded in 2015 and this had been dealt with appropriately.

The practice had a process for checking and sharing national safety alerts about medicines and equipment such as those issued by the Medical and Healthcare Products Regulatory Agency (MHRA).

Reliable safety systems and processes (including safeguarding)

The practice team were aware of their responsibilities regarding the safety and well-being of children, young people and vulnerable adults. Most members of the practice team completed safeguarding training with an external trainer in December 2014 and a number had completed further training since using computer based training courses. The practice had up to date safeguarding policies and procedures based on local and national safeguarding guidelines and contact details for the relevant safeguarding professionals in Worcestershire. The practice manager and senior dental nurse were the practice's safeguarding leads and staff were aware of this.

There was a whistleblowing policy which included contact details for NHS England and for Public Concern at Work, a charity which supports staff who have concerns they need to report about their workplace.

We confirmed that the dentists at the practice used a rubber dam during root canal work in accordance with guidelines issued by the British Endodontic Society. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

The dentists were working in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013.

Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice had the emergency medicines set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines. The staff kept various daily, weekly and monthly records of the emergency medicines and equipment to monitor that they were available and in date.

Staff had completed first aid and annual basic life support training and training in how to use the defibrillator.

Staff recruitment

We looked at the recruitment records for the two most recently appointed staff and the practice's recruitment policy and procedure. The practice had completed appropriate checks for these staff.

We saw evidence that the practice obtained Disclosure and Barring Service (DBS) checks when appointing any new staff. The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We saw evidence of DBS checks for all members of staff.

Although the practice had a thorough recruitment process to assure themselves of the suitability of staff they employed, the written policy did not fully reflect the requirements set out in Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice manager said they would review the specific content of the regulation and update their policy accordingly.

The practice had a clear process for checking that clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

Are services safe?

Monitoring health & safety and responding to risks

The practice had a comprehensive health and safety policy and risk assessment which both addressed numerous general and dentistry related health and safety topics.

The practice had a fire risk assessment which they had completed. Staff had not completed fire safety training since 2012 but the practice had a course booked in February 2016. We saw comprehensive records showing that staff carried out daily, weekly and monthly tests and checks of the various fire safety precautions. Arrangements were in place with a specialist company for the maintenance and servicing of fire safety equipment.

The practice had detailed information about the control of substances hazardous to health (COSHH). These were well organised and easy for staff to access when needed. The records showed these were scheduled for an annual review in April 2016 although information was also updated if the practice changed any of the products they used.

The practice had a business continuity plan covering a range of situations and emergencies that may affect the daily operation of the practice.

Infection control

The practice directly employed someone to carry out the general cleaning in the building which was visibly clean and tidy. The cleaner worked to a written cleaning schedule and kept a record to show they had completed the expected tasks. A quarter of patients who completed CQC comment cards specifically commented on their satisfaction with standards of cleanliness and hygiene.

The practice had an infection prevention and control (IPC) policy and completed IPC audits twice a year using the Infection Prevention Society format.

The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

Decontamination of dental instruments was carried out in two adjoining decontamination rooms; one for cleaning dirty instruments and the other for sterilising, packing and storing clean ones. The separation of clean and dirty areas

in the treatment rooms was clear and staff used diagram style signs to reinforce this. Instruments used in the first floor treatment rooms were transported to and from the decontamination room by the dental nurses in suitable containers. Those used downstairs were transported in sealed pods using a system of enclosed shutters between the decontamination room and the treatment rooms. This system provided an additional safeguard against cross infection and reduced the need for staff to go up and down the stairs. The decontamination rooms were well equipped. The practice used a washer disinfectant for cleaning dirty instruments to minimise handling of dirty instruments by the dental nurse processing them. All clean instruments were stored in the 'clean' decontamination room and were supplied to the treatment rooms at the start of each session or as needed during the day. Clear IPC arrangements were in place for dental work exchanged with dental laboratories.

These arrangements were in line with the HTM01-05 best practice requirements for decontamination in dental practices.

The dental nurse who showed us the decontamination arrangements explained the processes they followed clearly. The practice kept records of the expected processes and checks including those which confirmed that equipment was working correctly.

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available for staff and patient use. The treatment rooms and decontamination room had designated hand wash basins for hand hygiene and liquid soaps and paper towels.

The practice had a Legionella risk assessment carried out by a specialist company in 2014. Legionella is a bacterium which can contaminate water systems. We saw the records staff kept of the routine water system checks they carried out. The practice used an appropriate chemical to prevent a build-up of Legionella biofilm in the dental unit water lines. Staff confirmed they flushed the water lines in accordance with current guidelines. Staff explained that this process was carried out automatically in two of the treatment rooms which had new dental units.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The

Are services safe?

practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Waste was securely stored before it was collected.

The practice had a copy of immunisation guidance from the British Dental Association and a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. This included information for patients regarding having a blood test carried out. The practice manager had a system for monitoring the immunisation status of each member of staff.

Equipment and medicines

We looked at maintenance records which showed that equipment was maintained in accordance with the manufacturers' instructions using appropriate specialist engineers. This included equipment used to sterilise instruments, the emergency oxygen supply, the compressor and the practice boilers. Portable electrical appliances had been tested in October 2015 to make sure they were safe to use. We saw a five year electrical safety certificate for the premises following work carried out in 2014.

Prescription pads were stored securely and the practice kept a record of the blank prescriptions in stock. This record only noted the first prescription on each pad rather than every number. The provider assured us they would

record every number with immediate effect. We saw that the dentists recorded the type of local anaesthetic used, the batch number and expiry date in patients' dental care records as expected.

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The records were well maintained and included the expected information such as the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The records showed that the required maintenance of the X-ray equipment was carried out.

We confirmed that the dentists' continuous professional development (CPD) in respect of radiography was up to date.

The practice had records showing that they audited the technical quality grading of the X-rays each dentist took. Dental records showed that X-rays were justified, graded and reported on to help inform decisions about treatment.

We noted that the rooms where X-ray machines were located did not have signs on the doors to identify the presence of radiography equipment. The practice said they would arrange these as soon as possible.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We confirmed that dentists at the practice were aware of and working in line with published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP).

We saw examples of comprehensive treatment plans for patients which reflected their dental needs. These were well documented, concise and easy to follow. We saw that the dental care records contained expected details of the dentists' assessments of patients' tooth and gum health, medical history and consent to treatment. The practice asked patients to complete a medical history form at the start of each course of treatment. At each visit the dentists asked patients whether there had been any changes.

Health promotion & prevention

The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. The dentists confirmed that they checked patients' smoking and alcohol use at check-up appointments and discussed this with them when necessary. There were leaflets and posters at the practice about various topics such as correct brushing technique, obtaining help to stop smoking, fluoride, gum health and mouth cancer. A range of dental care products were available for patients to buy.

The practice routinely provided fluoride applications for children and also for some adults based on an assessment of their tooth decay risk.

Computer screens in each treatment room were used by the dentists to show patients information to help them understand their treatment. This included using small cameras so patients could see the inside of their mouths on screen.

Staffing

The practice encouraged staff members to maintain the skills and training needed to perform their roles competently and with confidence. The practice used annual appraisals to monitor that the clinical team had completed training to maintain the continued professional development (CPD) required for their registration with the

General Dental Council (GDC). All staff, including the dentists, received annual appraisals. There were comprehensive and up to date CPD records for the dentists and dental nurses.

We saw training certificates for staff which showed they had completed a wide range of clinical and health and safety related courses. These included basic life support, first aid, infection control and safeguarding.

The senior dental nurse had completed additional training to equip them to carry out extended duties at the practice. This included radiography training to qualify them to take X-rays and impressions training so they were able to take impressions including for fluoride applications. When we spoke with them they confirmed they were up to date with their CPD and had additional professional indemnity insurance to cover these extended duties.

The practice had a structured induction process which included opportunities for new staff to shadow their more experienced colleagues.

Working with other services

The dentists referred patients as needed to external professionals when they needed complex treatment the practice did not offer. This included referrals for orthodontic treatment and complex gum and root canal treatment. The practice referred patients for investigations in respect of suspected cancer in line with NHS guidelines.

Consent to care and treatment

We saw that the practice recorded consent to care and treatment in patients' records and provided written treatment plans for both private and NHS patients where necessary. The dentists we spoke with understood the importance of obtaining and recording consent and providing patients with the information they needed to make informed decisions about their treatment.

The practice had a written consent policy which referred to guidance from the General Dental Council and covered informed consent, voluntary decision making and the issues to consider when dealing with young people under the age of 16 who may have the maturity to consent. There was also a copy of the Mental Capacity Act 2005 and supporting code of practice. The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services effective?

(for example, treatment is effective)

We discussed consent and the MCA with the practice manager and some of the dentists and dental nurses. They understood the relevance of this legislation to the dental team and had completed relevant training

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We gathered patients' views from 32 completed Care Quality Commission comment cards. These patients were positive about the practice and their experience of being a patient there. Patients wrote that they were very happy with the practice and some described in detail how highly they thought of the service they received. Patients commented on being treated with respect and kindness, being put at ease and finding their appointments a relaxed and pleasant experience. During the inspection we found that staff were welcoming and friendly to patients both in person and on the telephone.

The practice had a confidentiality policy which referred to the General Dental Council standards for the dental team. The waiting room was at the other end of the room from the reception desk which helped ensure that patients had privacy when speaking with receptionists.

Involvement in decisions about care and treatment

Many of the patients we received information from said they felt their dentist listened to them, was happy to answer questions and took time to explain the care and treatment they or their family needed. This approach was reflected in the comprehensive dental care records we saw.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We gathered patients' views from 32 completed Care Quality Commission comment cards. Some of these patients said they had been patients at the practice for a long time and had always been happy with their care and treatment. Some patients specifically mentioned how the practice had helped them overcome their anxiety about dental care and others described how caring they were towards their children.

Patients could access treatment and urgent and emergency care when required. Two patients who filled in comment cards mentioned receiving prompt emergency treatment.

There was information for patients in the waiting room. This included details of NHS and private charges and details of monthly dental payment scheme available to patients. The practice had a payment policy setting out how they would ensure patients had clear information about charges. This included providing written treatment plans and estimates.

Tackling inequity and promoting equality

The practice had equality and diversity and equal opportunities policies. These referred to the Equality Act 2010.

Staff told us that they had very few patients who were not able to converse confidently in English. Some patients came with a relative and one member of staff spoke Polish and another spoke Punjabi. The practice did not have details of an interpreting service to assist with communication if they needed this. Staff told us they had no patients who used British Sign Language although a small number were confident lip readers; staff explained they also wrote information down for patients if this was their preference. The practice had an induction hearing loop to assist patients who used hearing aids.

The practice building was in converted residential property. It had been assessed and adapted in respect of access for patients with disabilities. There was a concrete ramp to the front entrance. The reception, waiting room, an accessible patients' toilet and three treatment rooms were on the ground floor. Reception staff told us that patients unable to use stairs had their appointments in a ground floor surgery.

There was a parking space for patients with disabled parking permits next to the entrance and a large accessible toilet with grab rails and sufficient space for patients using wheelchairs.

The practice aimed to be children friendly and we noted that the accessible toilet also had baby changing facilities and was large enough for parents to take a pram or pushchair into.

Access to the service

A number of patients who completed CQC comment cards remarked on how easy they had found it to obtain an appointment when they or their children had been in pain or when they had needed to book an appointment at short notice.

The practice was open Monday to Friday at the following times –

Monday to Thursday – 9am to 6pm

Friday – 9am to 5.30pm

We noted that the opening times listed on the practice website were out of date and said the practice closed 30 minutes earlier each day.

Reception staff confirmed that the lengths of appointments varied according to the type of treatment being provided and were based on treatment plans.

When the practice was closed they provided a recorded telephone message to let their patients know they could access emergency NHS dental treatment by telephoning the NHS 111 number.

Concerns & complaints

The practice had a complaints policy and procedure. There was information about how to complain on the practice website and in the waiting rooms. The complaints procedure explained who to contact if a patient had concerns and how the practice would deal with their complaint. Details of how they could complain to NHS England and the Dental Complaints Service (for private patients) were included.

We looked at the records of the three complaints the practice received during 2015. These were responded to in line with the practice's complaints procedures. The practice used structured forms to help them monitor the progress and outcome of each complaint they received and a form

Are services responsive to people's needs?

(for example, to feedback?)

to provide an overview of all complaints received during each year. The practice could show they had considered the issues raised by each of the three complaints to consider what improvements they needed to make.

Are services well-led?

Our findings

Governance arrangements

The practice had a full time practice manager who supported the provider in the day to day running of the practice.

The practice's statement of purpose outlined their aim to provide high quality dental care and treatment. The practice manager had very well organised policies and procedures to support them and the provider in the management of the practice. These were kept in the practice manager's office but all staff had access to these when needed. There was an annual schedule to monitor the dates when each policy needed to be reviewed and we saw that the most recent review in January 2016 had been carried out in line with this. All the policies we saw were signed and dated by the provider.

The practice carried out a range of audits to assist them to manage and maintain the quality of the service they provided. These included audits of hand hygiene, dental care records, X-rays, patient waiting times and infection control. We noted that there was a clinical governance policy which covered topics such as evidence based practice, clinical audit, peer review and public health.

The practice was a member of the British Dental Association Good Practice scheme. This is a quality assurance programme that allows its members to communicate to patients an ongoing commitment to standards of good practice in respect of professional and legal responsibilities.

Leadership, openness and transparency

We found that the practice felt relaxed, cheerful and professional. The practice was long established and many staff had worked there a long time. The practice team felt supported by the dentists and practice manager. They said the team got on well and that they liked working at the practice. The practice aimed to have monthly staff meetings although during 2015 the frequency had varied and a total of seven were held.

Management lead through learning and improvement

The team were supported in their learning and development. Staff received training and annual appraisals. The practice used staff meetings for training and development as well as for information sharing.

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

The practice used the NHS Friends and Family Test to gather patients' views. We saw the results for April 2015 to January 2016. Out of a total of 88 responses 95% said they were 'extremely likely' or 'likely' to recommend the practice. One said they would be 'unlikely' to recommend the practice (no explanation was provided by them to enable the practice to follow this up) and one said they did not know. Some patients who completed CQC comment cards commented positively on the recent upgrading carried out by the practice.

Staff we spoke with told us they were listened to and would feel able to raise any concerns they might have.