Dr. Jonathan Poznansky

Tregenna Hill Dental Surgery

Inspection Report

Tregenna Hill
St Ives
Cornwall
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Ratings

Overall rating for this service

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive?	No action ✓
Are services well-led?	No action ✓

Overall summary

We carried out an announced comprehensive inspection on 6 April 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?

Summary of findings

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

Background

Tregenna Hill Dental Surgery is located in the coastal town of St Ives in Cornwall.The surgery is on an upper floor of an end terrace property in St Ives with access via steps and there are also

some steps within the building. There are two treatment rooms and a reception and waiting area.

The practice provides NHS dental services to approximately 4,300 adults and children. The practice offers a range of dental services including routine examinations and treatment, veneers and crowns and bridges.

The surgery is run as an expense sharing partnership between two dentists who are registered as independent providers. The providers share policies, procedures and the majority of support staff. The staff structure of the practice consists of a principal dentist, a dental nurses, and a practice manager/receptionist.

The practice opening hours are Monday from 9am to 12.30pm and 2pm to 5.30pm, Monday to Friday. Outside of these hours a service is available via the 111 out of hour's service. These details are displayed at the entrance to the practice, and are visible from the outside the practice when the practice is closed.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The inspection took place over one day and was carried out by a CQC inspector with telephone access to a dental specialist advisor.

We spoke with three patients who provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly, professional and caring attitude of the dental staff.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Staff knew how to report incidents and how to record details of these so that the practice could use this information for shared learning.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- Governance arrangements were in place for the smooth running of the practice.

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 in place to minimise the risks associated with providing dental services. The practice had policies and protocols, which staff were following, for the management of infection control and medical emergencies. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. We found the equipment used in the practice was checked for effectiveness.

No action ✓

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.

Staff engaged in continuous professional development (CPD) and were meeting all of the training requirements of the General Dental Council (GDC).

No action ✓

Are services caring?

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

We received positive feedback from patients by speaking with three patients on the day of the inspection. Patients felt that the staff were kind and caring; they told us that they were treated with dignity and respect at all times. We found that dental care records were stored securely and patient confidentiality was well maintained.

No action ✓

Are services responsive to people's needs?

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

There were systems in place for patients to make a complaint about the service if required.

Information about how to make a complaint was readily available to patients. Patients had access to information about the service. The practice manager informed us that their had been no formal complaints in the past year.

The practice provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments, which were available on the same day. In the event of a dental emergency outside of normal opening hours patients were directed to the out of hour's service.

Patients who had difficulty understanding care and treatment options were suitably supported.

No action ✓

Summary of findings

Are services well-led?

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

The practice had clinical governance and risk-management structures in place. Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the principal dentist. They were confident in the abilities of the principal dentist to address any issues as they arose

No action 

Tregenna Hill Dental Surgery

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.

We carried out an announced, comprehensive inspection on 6 April 2016. The inspection took place over one day and was carried out by a CQC inspector with telephone access to a dental specialist advisor.

We reviewed information received from the provider prior to the inspection. During our inspection we reviewed policy documents and spoke with four members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. A dental nurse demonstrated how they carried out decontamination procedures of dental instruments.

We spoke with three patients during our inspection. Patients were positive about the care they received from the practice. They were complimentary about the friendly, professional and caring attitude of the dental staff.

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.

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had an incidents and accident reporting procedure. All incidents and accidents would be reported in the incident log and accident books. There had been no accident in the past 12 months; All staff we spoke with were aware of reporting procedures including who and how to report an incident to.

We discussed the investigation of incidents with the principal dentist. They confirmed that if patients were affected by something that went wrong, they were given an apology and informed of any actions taken as a result.

The principal dentist and staff demonstrated a good understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) and had the appropriate documents in place to record if they had an incident. There had been no RIDDOR incidents within the past 12 months.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the named practice lead for child and adult safeguarding. They were able to describe the types of behaviour a child might display that would alert them to possible signs of abuse or neglect. They also had a good awareness of the issues around vulnerable elderly patients who presented with dementia.

The practice had a well-designed safeguarding policy which referred to national guidance. Information about the local authority contacts for safeguarding concerns was held in a file at the reception desk. The staff we spoke with were aware of the location of this file and found it promptly. There was evidence in staff files showing that staff had been trained in safeguarding adults and children to an appropriate level.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, we asked staff about the prevention of needle stick injuries. Following administration of a local anaesthetic to a patient, needles were not re-sheathed using the hands and a rubber needle guard was used instead which was in line with current guidelines. The staff we spoke with demonstrated a clear understanding of the practice policy and protocol with respect to handling sharps and needle stick injuries.

The system for managing medical histories was comprehensive and robust. All patients were requested to complete medical history forms including existing medical conditions, social history and medication they were taking. Medical histories were updated at each subsequent visit.

During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

The practice followed other national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments in line with guidance from the British Endodontic Society. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth).

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. The practice had an oxygen cylinder, and other related items, such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. An automated external defibrillator (AED) was situated in a nearby location. This was available for the dental practice to use; the staff were aware of its location and how to use it. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. The emergency medicines were all in date and stored securely with emergency oxygen in a location known to all staff. Staff received annual training in using the emergency equipment. The staff we spoke with were all aware of the location of the emergency equipment.

Staff recruitment

The staff structure of the practice consisted of a principal dentist, a hygienist, a dental nurse and a receptionist.

The staff had been in post for a number of years. There was a recruitment policy in place which stated that all relevant

checks would be carried out to confirm that any person being recruited was suitable for the role. This included the use of an application form, interview, review of employment history, evidence of relevant qualifications, the checking of references and a check of registration with the General Dental Council. We reviewed two of the staff files and saw that records had been kept in relation to these checks.

It was practice policy to carry out a Disclosure and Barring Service (DBS) check for all members of staff prior to employment and periodically thereafter. We saw evidence that all members of staff had a DBS check. (The DBS checks 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).

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place. The practice had considered the risk of fire, had clearly marked exits and had an evacuation plan. There were also fire extinguishers situated in the reception area.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified. COSHH products were securely stored.

The practice had a system in place for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS).

There were informal arrangements to refer patients to other practices in the local area, should the premises become unfit for use.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. There was an infection control policy reviewed in November 2015 which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. The dental nurse was the infection control lead.

We observed that the premises appeared clean, tidy and clutter free. Clear zoning demarked clean from dirty areas in all of the treatment rooms. Hand-washing facilities were available, including wall-mounted liquid soap, hand gels and paper towels in each of the treatment rooms, and staff toilet. Hand-washing protocols were also displayed appropriately in various areas of the practice.

We asked the dental nurse to describe to us the end-to-end process of infection control procedures at the practice. The protocols described demonstrated that the practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'.

The dental nurse explained the decontamination of the general treatment room environment following the treatment of a patient. Staff described the process they followed to ensure that the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines. Environmental cleaning was carried out in accordance with the national colour coding scheme by the cleaning staff employed to work throughout the building.

The practice used the treatment room for the process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. Staff demonstrated how they scrubbed each item manually, rinsed it in a separate bowl then put it through a cycle in an ultrasonic cleaner. Following this, the nurse rinsed each item again then checked it under a magnifying lamp. If there were no visible dirt the nurse loaded the instruments into the non-vacuum autoclave to be sterilised. In the clean area, the nurse bagged and dated the sterilised instruments. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

The practice carried out checks of the autoclave to assure themselves that is was working effectively. Periodic checks included the automatic control test and steam penetration test. A log book was used to record the essential daily validation checks of the sterilisation cycles.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained. The

No action

Are services safe?

practice used a contractor to remove dental waste from the practice. Waste was stored in a separate, locked location within the practice prior to collection by the contractor. Waste consignment notices were available for inspection.

Staff files showed that staff regularly attended training courses in infection control. Clinical staff were also required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.)

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice manager described the method they used which was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out by an external contractor in 2016. The practice was following recommendations to reduce the risk of Legionella, for example, through the regular testing of the water temperatures. A record had been kept of the outcome of these checks on a monthly basis.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced. Certificates for pressure equipment had been issued in accordance with the Pressure Systems Safety Regulations 2000. Portable appliance testing (PAT) had been completed in accordance with current guidance. PAT is the name of a process during which electrical appliances are routinely checked for safety every two years as a minimum.

The expiry dates of medicines, oxygen and equipment were monitored using weekly and monthly check sheets to support staff to replace out-of-date drugs and equipment promptly. Dental care products requiring refrigeration, such as adhesives used for bridge work, were stored in a fridge in line with the manufacturer's guidance. The practice monitored the temperature of the fridge daily to ensure that these items were stored at the correct temperature.

Radiography (X-rays)

There was a radiation protection file, which was in the process of being completed at the time of the inspection, in line with the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor as well as the documentation pertaining to the maintenance of the X-ray equipment. We saw that the X-ray equipment had been serviced in August 2013

We saw evidence that the principal dentist had completed radiation training and risk assessment and quality assurance documentation were present. X-ray audits were being conducted on a monthly basis.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The principle dentist carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. The principal dentist described to us how they carried out their assessment. The assessment began with the patient completing a medical history update covering any health conditions, medicines being taken and any allergies suffered. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

The patient's dental care record was updated with the proposed treatment after discussing options with the patient. The dentist used intra-oral photographs of patients' mouths to aid discussions about the condition of the teeth and gums. Treatment plans were available, and always provided for more complex treatments. Information about the costs involved were recorded in the written plans for complex treatments, such as implants. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

We checked a sample of dental care records to confirm the findings. These showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums were noted using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). These were carried out, where appropriate, during a dental health assessment.

Health promotion & prevention

The dentist we spoke with said they provided patients with advice to improve and maintain good oral health, including advice and support relating to diet, alcohol and tobacco consumption and informed patients about the beneficial use of fluoride paste and the ill-effects of smoking on oral health.

The dental team provided advice to patients about the prevention of decay and gum disease including advice on tooth brushing technique and oral hygiene products. Information leaflets on oral health were available. There were a variety of different information leaflets available in the reception areas.

Staffing

Staff told us they received appropriate professional development and training. We checked the staff files and saw that this was the case. The training covered all of the mandatory requirements for registration issued by the General Dental Council. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years]. This included responding to emergencies, safeguarding, infection control and X-ray training.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients.

The principal dentist and reception staff explained how they worked with other services, when required. The dentist was able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. For example, the practice made referrals to other specialists for implants and more complicated extractions.

We reviewed the systems for referring patients to specialist consultants in secondary care. All referrals were received and sent by post using a standard proforma or letter. Information relating to the patient's personal details, reason for referral and medical history was contained in the referral. Copies of all referrals received and sent were kept in the patient's dental care records.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. We spoke to the principal dentist about their understanding of consent issues. They

No action

Are services effective?

(for example, treatment is effective)

explained that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were asked to sign formal written consent forms for specific treatments.

All of the staff were aware of the Mental Capacity Act 2005. (The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and. The principal dentist could describe scenarios for how they would manage a patient who lacked the capacity to consent to dental treatment. They noted that they would involve the patient's family, along with social workers and other professionals involved in the care of the patient, to ensure that the best interests of the patient were met.

No action

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The three patients we spoke with, all made positive remarks about the staff's caring, professional and helpful attitude. Patients indicated that they felt comfortable and relaxed with their dentist and that they were made to feel at ease during consultations and treatments. We also observed staff were welcoming and helpful when patients arrived for their appointment or made enquiries over the phone.

Staff were aware of the importance of protecting patients' privacy and dignity. The treatment room was situated away from the main waiting area and we saw that the door was closed at all times when patients were having treatment. Conversations between patients and the dentist could not be heard from outside the rooms, which protected patient's privacy.

Staff understood the importance of data protection and confidentiality and had received training in information governance. Patients' dental care records were stored in a paper format in locked filing cabinets..

Involvement in decisions about care and treatment

The practice displayed information in a practice information leaflet available in the reception area, which gave details of NHS dental charges or fees.

We spoke with the dentist and the receptionist on the day of our inspection. The staff told us they worked towards providing clear explanations about treatment and prevention strategies. We saw evidence in the records that the dentist recorded the information they had provided to patients about their treatment and the options open to them.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' dental needs. The dentist decided on the length of time needed for their patient's consultation and treatment according to patient need. The feedback we received from patients indicated that they felt they had enough time with the dentist and were not rushed.

Staff told us that patients could book an appointment in good time to see the dentist. The feedback we received from patients confirmed that they could get an appointment when they needed one, and that this included good access to emergency appointments on the day that they needed to be seen.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. We did not see any evidence of discrimination in offering appointments or providing treatment.

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Access to the service

The practice opening hours were Monday from 9.00am to 5.30pm, Monday to Friday. Outside of these hours a service was available via the 111 out of hour's service. These details were displayed at the entrance to the practice, and were visible from the outside the practice when the practice was closed.

The receptionist told us that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, were seen on the same day that they alerted the practice to their concerns.

A steep lane beside the practice gave access to the side door. There were three steps at this entrance and further steps within the building. New patients were advised of the access before they registered.

Concerns & complaints

Information about how to make a complaint was displayed in the reception area. There was a formal complaints policy describing how the practice handled formal and informal complaints from patients. It included the contact details for organisations that support patients in making complaints and the Parliamentary and Health Service Ombudsman who could help them should they be dissatisfied with the response from the provider. The practice manager told us that no formal complaints had been received.

Patients were also invited to give feedback through a suggestions box in the reception area.

No action

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements and a management structure. There were relevant policies and procedures in place. Staff were aware of these and acted in line with them. Staff were supported to meet their continuing professional development needs.

The practice had a programme of audits in place. Various audits that had been completed over the past 12 months including audits on infection control, record cards and X-rays.

We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. Findings were summarised with actions identified.

There were arrangements for identifying, recording and managing risks through the use of risk assessment processes.

Leadership, openness and transparency

The provider worked well with his own staff. However, communication with the other provider at this location was limited. The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the principal dentist. They felt they were listened to and responded to when they did so.

We found staff to be hard working, caring towards the patients and committed to the work they did. Staff told us they enjoyed their work and were supported by the principal dentist. They understood the systems for staff appraisal and were focused on meeting high standards.

Learning and improvement

The principal dentist had processes in place to ensure the dental nurse was supported to develop and continuously improve; A yearly appraisal was also carried out. This process included setting objectives and highlighting areas for development. Training such as safeguarding, infection

control and life support was arranged by the principal dentist. Other training opportunities were available on-line for the nurse and this was usually identified through the appraisal process.

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

We saw that the practice had put processes in place to act on patient feedback and make improvements. For example, a patient feedback and suggestion box was situated in the waiting room.

The dental nurse we spoke with confirmed their views were sought about practice developments. They also said that the principal dentist was approachable and they could go to them if they had suggestions for improvement to the service.