The Tutbury Dental Practice Limited

Tutbury Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 10 September 2015 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

We carried out an announced comprehensive inspection on 10 September 2015 at Tutbury Dental Practice.

Dental services have been provided from the location since 1971, although in recent years the practice has evolved from a single handed practice to one with six dental treatment rooms offering a wide range of general and cosmetic dentistry.

The practice provides dental care and treatment to registered patients Monday to Friday 8:30am to 5:30pm. At the time of the inspection the practice had around 5,000 patients as part of a private dental treatment plan and a smaller proportion of patients who were NHS funded. The practice has seven dentists working a variety of clinical sessions over a week. A dental therapist, two dental hygienists and seven qualified dental nurses complete the clinical team. The practice manager is a qualified dental nurse and works with the principal dentist and other staff in leadership roles to oversee the day to day running of the practice. There are also two trainee dental nurses employed, both undergoing recognised training leading to professional registration. A treatment coordinator and cleaner assist in maintaining the day to day running of the practice.

Summary of findings

Eighteen patients provided feedback about the practice. All the feedback we received from patients was positive, including access to appointments, their care and treatment and all made complimentary remarks about their overall experience of the practice.

Our key findings were:

- Patients told us that their care and treatment was explained and they felt involved in decisions about their treatment.
- The appointments system met the needs of patients.
- The individual needs of patients groups had been considered when planning services. For example, the practice had regular days for children's appointments. Staff provided fun activities and dressed down to provide a positive experience.
- The practice had effective infection control procedures.
- Patients received clear explanations and written information about their proposed treatment, costs, benefits and risks and were involved in making decisions about them.
- The practice sought feedback from staff and patients about the services they provided.

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

- Adapt the practice significant event policy to include the nature of incidents that should be reported and formalise the sharing of learning from them.
- Establish if all staff have undertaken training in safeguarding children as suggested in the intercollegiate guidance by the Royal College of Paediatrics and Child Health on safeguarding children and young people (March 2014).

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 a policy for recording and investigating incidents and near misses and staff were aware of their own responsibilities in relation to raising these.

Staff knew their individual responsibilities for safeguarding children and vulnerable adults; it was not clear if all staff had received training as suggested in nationally recognised guidance and the practice planned to act upon this.

Infection prevention and control procedures were in place and staff were knowledgeable on good working practice. The practice had trained staff, and had emergency equipment, medicines and procedures in place for emergencies such as fire and sudden illness.

Risks from X-ray and other equipment were mitigated by operating procedures and regular servicing and maintenance of equipment.

Are services effective?

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

Patients received a full assessment of their oral health needs including the taking of a full medical history at each consultation. Records showed that treatments had been relevant to the symptoms or findings, treatment options were explained and timely follow up appointments had been arranged.

A number of extended services were provided in house, for example dental implants and cosmetic smile transformation procedures. Staff had undertaken a high level of training and undertook continuous learning to ensure the procedures were effective.

Patients who used the practice had been given clear information on their treatment. We saw that information to support patients to understand proposed treatments and actions had been explained and recorded.

Staff were supported through training, appraisals and continuous professional development. Patients were referred to other services in a timely manner.

Are services caring?

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

Patients were treated with kindness, dignity, respect and compassion whilst under the care of the practice. Patients who used the practice had been given clear information on their treatment including cost. Issues of urgent dental need and those in pain were responded to in a timely manner. We received highly positive feedback about how practice staff interacted with children.

Are services responsive to people's needs?

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

Services were planned and delivered to meet the needs of patients. Patients said they had good access to appointments at times convenient to them. Facilities within the practice were sufficient and well maintained. The practice sought the views of patients continuously.

The practice operated a publicised complaints system and responded appropriately if complaints were raised.

Summary of findings

Are services well-led?

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

Governance was well managed and we saw a number of examples of specific risks that had been mitigated. The practice had a leadership structure and staff felt well supported by the principal dentist and practice manager. Staff met regularly and they were supported to maintain and enhance their professional development and skills. Patients had the opportunity to give feedback on their experience.

Tutbury 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 took place on 10 September 2015. It was led by a Care Quality Commission (CQC) inspector who was accompanied by a dentist specialist advisor.

We reviewed the information we held about the practice and had no known concerns.

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. Before the inspection we asked the practice to send us information to assist us in our checks. This included a summary of complaints from the previous year, details of staff; their qualifications and proof of professional registration. We also reviewed the information we held about the practice and had no areas of concern.

During the inspection we spoke with staff including dentists, dental nurses, practice manager, practice coordinator and treatment coordinator. We received feedback from 18 patients who shared their experiences of the care and treatment provided at the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a policy and held reporting forms for recording significant events. Significant events can be described as occurrences that can have a positive or negative outcome for patients. Learning from significant events may help to prevent negative ones reoccurring and encourage the replication of ones that had positive outcomes. The significant event policy did not identify what constituted a significant event, although staff described this as an incident that would be out of the norm. Three incidents had been recorded in the last 12 months, all had received investigation and when necessary procedures had been changed to minimise the chance of reoccurrence. Learning had been shared with staff through discussion. All of the staff we spoke with knew the process for reporting significant events and confirmed learning had been shared informally.

A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Alerts for potential problems with medicines or equipment were received by the principal dentist and disseminated to relevant staff.

The practice had up to date risk assessments in place for the Control of Substances Hazardous to Health (COSHH) 2002. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the lead for safeguarding within the practice. We found that most staff had received training in safeguarding children and vulnerable adults. All of the dentists had received training to the level as suggested in the intercollegiate guidance by the Royal College of Paediatrics and Child Health, on safeguarding children and young people, March 2014. The guidance suggests that dentists and dental care professionals should have level two training as a minimum. It was not clear in practice records if the dental nurses and hygienists had received training to the suggested levels. The practice manager told us they planned to check via staff members continuous professional development (CPD) training records if staff had received the suggested level of training.

We spoke with staff about the actions they would take if they had concerns about a child or vulnerable adult displaying signs of neglect or abuse. Staff were able to describe the appropriate actions they would take and referred to the contact details for local safeguarding agencies that were displayed within the treatment and staff areas of the practice.

We asked how the practice treated the use of instruments which were used during root canal treatment. A dentist explained that these instruments were single use only. They also explained that root canal treatment was carried out using a rubber dam. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. Patients could be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

Staff had considered and mitigated risks for patients from occurrences such as the removal of the wrong tooth by cross checking dental care records and involving the patient. We saw this information was clearly recorded and concise.

Medical emergencies

Appropriate equipment for staff to use in a medical emergency was available and included an automated external defibrillator (AED), suction (to clear an airway) and oxygen. (An AED provides an electric shock to stabilise a life threatening heart rhythm). The equipment provided, with one exception, was aligned to Resuscitation Council (UK) guidance for the type of equipment that should be available in a dental practice. The practice did not have a range of oropharyngeal airways (used to prevent airway occlusion in a patient with impaired coconsciousness). We spoke with the practice manager about this, who ordered a set on the day of our inspection.

Emergency medicines to treat conditions such as anaphylaxis (allergic reaction) and hypoglycaemia (low

Are services safe?

blood sugar) were stored within a secure area of the practice. The medicine used to treat a serious allergic reaction was pre-loaded in a sealed syringe and available in different strengths (including for children). This would reduce the time taken to draw up the medicine to allow timely administration. The medicines were regularly checked and staff we spoke with knew their location. Training records showed that staff had received annual basic life support training.

Staff recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to a staff member commencing employment. For example, proof of identification, references, qualifications and professional registration.

The practice had undertaken criminal records checks through the Disclosure and Barring Service (DBS) on all staff. (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). The practice manager told us this was due to a number of staff having dual roles in both clinical and administrative settings.

Monitoring health & safety and responding to risks

The practice had a health and safety policy and had identified members of staff with responsibility for health and safety. A number of risk assessments had been carried out including fire safety and infection control. Contracts with external specialist companies were in place to test and maintain firefighting equipment.

The practice had a business continuity plan in place to deal with events that may disrupt the operation of services. The plan contained details of actions to take in the event of equipment failure, issues with premises or staffing difficulties.

All staff had been trained in fire safety and the practice carried out regular testing of firefighting equipment and warning systems.

Infection control

Staff were aware of the Department of Health issued guidance called Decontamination in primary care dental practices (HTM01-05). The document gives detailed guidance to minimise the risks of the transmission of infection.

The practice had a dedicated decontamination room for cleaning and sterilisation of instruments. A dental nurse showed us the end to end process from receiving used instruments through cleaning, inspection, sterilisation, packaging and storage of instruments. We saw that the process in use was in line with the essential requirements of HTM01-05 and promoted an organised system to ensure cleaned instruments did not become contaminated.

A number of checks were carried out on the equipment used for decontaminating and sterilising instruments. For example, daily checks to ensure that the equipment used for sterilising instruments had reached the required time, steam and temperature levels to ensure an instrument was sterilised. The practice held records of all of the checks performed. We also saw that all equipment used in the decontamination process had been tested and serviced at regular intervals.

The practice carried out infection control audits at three monthly intervals to ensure that they were complying with infection prevention control guidance.

Staff showed us the processes in place for flushing water lines to help minimise the risk of legionella. Legionella is a bacterium which can contaminate water systems in buildings. The practice had completed a risk assessment for the management, testing and investigation of legionella.

The practice separated and stored waste appropriately. For example, clinical and domestic waste were separated and stored in line with requirements.

There were appropriate hand washing facilities for staff and we saw that suitable amounts of personal protective equipment (PPE) such as gloves, aprons and eye shields were available for staff to use.

Equipment and medicines

We saw suitable records of calibration, testing, servicing and inspection of equipment within the practice. Staff were able to demonstrate the safe and effective use of equipment in operation including X-ray, instrument cleaning and sterilising machines.

Medicines used in dental procedures on site were stored in accordance with manufacturers' guidelines. All of the medicines we checked were in date, correctly stored and their use was recorded and audited. Blank prescription forms were stored securely.

Are services safe?

The number of sterilised instruments available for use was sufficient for patients and sterilised instruments were packaged, dated and stored in accordance with guidance in HTM01-05.

Radiography (X-rays)

The practice had performed risk assessments and had procedures in place to minimise the risk of harm from radiation to staff, visitors and patients. All information had been collated in a radiation protection file. The radiation protection file met legislative requirements although contained a large volume of information that was not all relevant. Contents included the details of a radiation protection supervisor and a copy of the local rules (used to ensure working practices comply with legislative requirements). We did saw that a risk assessment for one x-ray machine was not contained. The practice followed this up and provided us with a copy the day after the inspection.

Audits were undertaken at regular intervals to ensure that X-rays were clinically necessary also that when an X-ray had been taken the quality of the image was acceptable and could be used in diagnosis and development of a treatment plan.

We saw all staff had received training in operating safely in the X-ray area and that those who physically used the equipment had been appropriately trained.

All equipment had been maintained and serviced in line with manufacturer's instructions to ensure it was fit for purpose.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice stored detailed information about the assessment, diagnosis, treatment and advice of dental healthcare professionals provided to patients in computerised health records. We reviewed a selection of dental records covering all dentists who worked at the practice and also spanning the patient need of both planned and emergency dental care provision. We found that an up to date medical history had been taken on each occasion. When an X-ray was required, the reason for undertaking it was valid and had been recorded.

Records showed comprehensive assessment of the periodontal tissues had been undertaken and was recorded using the basic periodontal examination (BPE) screening tool. (BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). Patients with high BPE scores received three monthly reviews and coordinated treatment with the hygienist to promote better outcomes.

We saw that the dentists used nationally recognised guidelines to base treatments and develop longer term plans for managing oral health. Records showed that treatments had been relevant to the symptoms or findings, treatment options were explained and that adequate follow up had been arranged.

Health promotion & prevention

Up to date medical histories were taken on each visit and these were recorded in patient records. Assessments about smoking, alcohol and sugar intake were made. Where appropriate staff promoted preventative measures as part of ongoing oral health. This included advice on reducing sugar intake, regular and effective teeth brushing and smoking cessation advice.

The practice provided fluoride application varnish to all children at intervals no less than twice yearly. Fluoride varnish provides extra protection against tooth decay when used in addition to brushing. We saw evidence that children and their parents/carers had been given advice on the measures to take to prevent deterioration in their oral health.

We saw patients were advised of the importance of continued preventative measures with dental implant surgery, especially continued smoking cessation. This was important as smoking following dental implant surgery carried a much greater risk of failure of the surgery.

Staff at the practice were aware of, and followed, evidence based guidance contained in a document issued by Public Health England called 'Delivering better oral health'. The document is an evidenced based toolkit to support dental teams to improve patient's oral and general health.

Staffing

Staff at the practice had the skills, knowledge and experience to deliver effective care and treatment. A number of staff had completed additional training and held a special interest in providing extended services. One example was a number of dentists provided treatment to enhance a patients smile aesthetically using minimally invasive techniques.

The practice offered a service of providing dental implants using dentists that had undertaken high levels of post graduate training. Two dental nurses had also undertaken training in supporting dental implant surgery.

All staff were up to date with their continuing professional development (CPD) and felt supported to meet the requirements of their professional registration. CPD is a compulsory requirement of registration with the General Dental Council (GDC).

Working with other services

The practice had clear guidelines in place for referring patients to specialist colleagues both inside the practice or external dental services. We saw examples of occasions when patients were referred to other professionals including;

- Orthodontic specialists (to deal with the correction of positional or functional issues with teeth).
- Fast track clinics for oral symptoms that could be suggestive of cancer.
- Patients were referred in house to colleagues specialising in dental implants and endodontics (relating to treatment of the dental pulp, commonly referred to as root canal treatment).

Are services effective?

(for example, treatment is effective)

Referrals were hand written, scanned into patients records and their progress had been tracked. Referral letters contained appropriate information about clinical presentation and findings. A comprehensive medical history was also documented.

Consent to care and treatment

Patients who used the practice had been given clear information on their treatment. We saw that information to support patients to understand proposed treatments and actions had been explained. We received positive accounts in feedback from patients about how their proposed treatment had been explained and that their wishes had always been taken into account.

Treatment costs were clearly displayed within the practice waiting areas. Information about the cost of treatment was also clearly itemised in patients' records.

The options, risks, benefits, complications and costs of proposed dental implant surgery was recorded in a written treatment plan and patients were provided with a copy. Patients were encouraged to take time to understand all factors surrounding the procedure and recorded their consent on a template.

The staff we spoke with were able to explain the key components of the Mental Capacity Act 2005 and other relevant legislation. They gave examples of when patients may require additional support to obtain consent. For example, when a patient was unable to communicate their decision; carers or parents would be involved to arrive at decision in the best interest of the patient. We saw that consent was documented in all of the records we reviewed.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients told us they were treated with dignity and respect at all times whilst receiving care and treatment at the practice.

The practice reception was situated in the main waiting area, with a further waiting area situated upstairs. Patients told us they felt that the practice maintained confidentiality. There was a separate area where patients could discuss confidential issues in private if so desired.

Appointment length was booked with consideration for the proposed examination or treatment. Staff told us this helped to ensure patients did not feel rushed. Patients told us that they did not feel rushed and that staff were reassuring and empathetic when dealing with them. They also told us that when they had urgent needs such as high levels of pain or discomfort they had been dealt with swiftly and with consideration.

The staff we spoke with understood the need for treating patients as individuals. For example, modifying their communication methods and body posture when dealing with children.

We received feedback from 18 patients all indicated staff had responded appropriately when patients were distressed. The comments from patients were wholly positive.

Staff displayed values in keeping with respecting the diversity, and human rights, of patients registered at the practice. Five patients commented on how good practice staff were when dealing with children.

Involvement in decisions about care and treatment

The practice displayed information in the waiting areas to clearly explain the costs of treatment for both NHS and private patients. Staff told us they explained the treatment and cost with each patient. We saw that conversations about treatment options and cost were clearly recorded in patients' records.

Patient feedback we received about involvement in care and treatment decisions was highly positive

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients were able to access information on services provided within a practice booklet, practice website and via posters displayed within the practice. The services included preventative advice and treatment and routine restorative dental care. If patients required services that were not provided at the practice established referral pathways existed to ensure patients' care and treatment needs were met.

Appointments were offered with dentists and allied dental health professionals throughout the working week. Staff told us that arrangements were in place to ensure patients who needed to be seen urgently and aimed for urgent issues to be dealt with within 24 hours. The feedback from patients about the availability of appointments was positive for both urgent and routine appointments. Daily appointments were set aside for those with urgent needs.

The practice had considered the needs of younger patients by providing regular days for dedicated children's' appointments. Staff dressed down from their formal uniform and provided activities such as balloons and drawing material. Staff told us that this was to reduce any potential anxiety in children when visiting the dentist by allowing patients of a younger age able to see their peers attending appointments and taking part in fun activities. Feedback from patients about practice staff interaction with children was highly positive with five parents commenting that practice staff had an excellent approach with children.

On the day of our inspection we saw that patients and visitors were dealt by staff with in a professional and caring manner and received treatment and assessment in a timely way.

Tackling inequity and promoting equality

The practice had a policy for supporting staff to uphold the provision of providing services that were inclusive for all and respected diversity. Staff told us that discrimination on the grounds of age, disability, gender reassignment, pregnancy and maternity status, race, religion or belief were avoided when making care and treatment decisions.

Access to the service

Doorways and corridors were wide enough to accommodate those who used wheelchairs or prams. The treatment rooms were on different levels within the practice. Staff told us patients with poor mobility were seen in one of the downstairs treatment rooms to avoid them using the stairs.

The practice had a policy for handling complaints for staff with clear guidance about the process for dealing with complaints appropriately. All of the staff we spoke with were able to describe the practice complaints procedure. Information for patients on how to make a complaint and the process on handling complaints was available for patients within the practice booklet and in waiting areas.

We looked at how the practice handled complaints and concerns raised. We reviewed three complaints received within the previous year. All complaints had been responded to within an acceptable timescale. Two had been resolved; one was ongoing with no themes in the complaints received evident.

Are services well-led?

Our findings

Governance arrangements

Governance had been well managed, we saw examples of specific risks that had been mitigated;

- The practice recorded and investigated incidents such as significant events in a standard way. We saw that the policy for staff to follow could include the types of incidents to report.
- Staff had received training and knew how to deal with unplanned events such as medical emergencies.
- Equipment was serviced and maintained in line with manufacturer's instructions. Staff knew their own reasonability for checking equipment was fit for purpose.

Staff told us that the principal dentist took an active lead in the day to day running of the practice. The practice also employed a full time practice manager who was an experienced and qualified dental nurse to ensure the maintenance of service and operations. All the staff we spoke with demonstrated they had a thorough understanding of the day to day operation of the practice.

We saw that the practice had completed a number of audits to identify issues where quality and safety may be compromised. Audits included completeness and accuracy of clinical records, infection prevention, taking of medical history and the quality of radiological images. The audits had all been reviewed and any area that required changes to be made had been actioned

The practice had a schedule of planned maintenance and inspection of all equipment which was well controlled and up to date. The practice also had a number of policies and procedures to provide guidance to staff. All of these policies had been reviewed regularly and the staff we spoke with knew where to locate them.

Leadership, openness and transparency

Staff told us they felt the practice had an open, honest culture where they felt valued and supported. All staff said that the principal and associate dentists were approachable and they felt comfortable making suggestions and raising any concerns.

The practice manager told us about the arrangements for sharing information with staff. This included both informal lunchtime information sharing and formal practice staff meetings. Minutes of practice meetings were taken to assist in sharing information with members of staff who had been absent and to provide an audit trail of communication.

Staff had been selected for leadership roles and the leadership structure was well defined and known throughout the practice. Other leadership roles included a practice co-ordinator and treatment co-ordinator.

Learning and improvement

The practice had strong roots in learning and improvement. Clinical staff took part in at least bi-monthly peer review. This gave opportunity to discuss clinical care and treatment and discuss what went well and what could be improved. Staff commented that this was a useful way of reflecting on and continuously developing their own practice.

A number of staff had undertaken further training post qualifying. The learning areas varied, although provided patients with access to additional services on site including dental implants and aesthetic improvements to the appearance of their teeth and facial area.

We saw that staff had been provided with the necessary training to help ensure a safe environment within the practice. For example, staff attended annual basic life support training.

All dentists and nurses who worked at the practice were registered with the General Dental Council (GDC) and the practice manager had an effective system for ensuring the registration they held was current and recorded. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the UK. Staff we spoke with told us they were supported to maintain their continuous professional development (CPD) with the GDC.

We saw staff had received recent appraisals and spoke with them about how they were supported to learn and improve the way in which they worked. Staff told us that they felt well supported to develop within the practice. One dental nurse told us that they had been supported to undertake further training in undertaking oral impressions and oral photography.

Are services well-led?

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

The practice undertook regular surveys of patients' satisfaction both internally and by promoting the NHS Friends and Family Test. The results of the NHS Friends and Family Test since its introduction at the practice in April 2015 had been wholly positive, with all submissions at least likely to recommend the care and treatment.

Staff had created a poster encapsulating comments from patients and displayed this within the practice waiting room. Feedback was discussed at practice meetings and the practice acted on feedback to make changes following patient comments. Examples included updating magazines and introducing music into the waiting area for patients.

Staff told us that they felt valued and part of a team. They told us that the practice held regular meetings and they attended learning and professional events outside of the practice.