

NJBB Limited

Ernevale House Dentistry

Inspection Report

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Overall summary

We carried out this announced inspection on 25 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Ernevale House Dentistry is in Spalding, a market town in Lincolnshire. It provides private treatment to patients of all ages.

There is one step to gain access to the premises and a further step inside the premises to access the reception area. The practice has made reasonable efforts, where possible, to accommodate people who use wheelchairs and pushchairs. The practice is however, unable to use a portable ramp because of the physical design of the entrance. Patients with mobility problems are seen in a treatment room on the ground floor.

Summary of findings

Car parking spaces, including those for patients with disabled badges, are available directly outside of the premises on the street and also in a public car park at the rear of the building.

The dental team includes three dentists, (including the principal dentist), four dental nurses (including a trainee nurse), one decontamination assistant, one dental hygienist and one receptionist. A practice manager is also employed and one of the practice owners assists the manager in any aspects of their role.

The practice has four treatment rooms; two of these are on the ground floor. The surgeries have been refurbished and plans are also in place to modernise the staff and public areas.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Ernevale House Dentistry is one of the practice owners.

On the day of inspection we collected 46 CQC comment cards filled in by patients. This information gave us a positive view of the practice. We did not receive any negative feedback about the practice.

During the inspection we spoke with two dentists, two dental nurses, the practice owner and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Tuesday and Thursday 9am to 5.30pm, Wednesday 9am to 6pm, Friday 9am to 2.30pm and Saturday 9am to 2.30pm.

Our key findings were:

- Effective leadership from the provider and practice manager was evident.
- Staff had been trained to deal with emergencies and appropriate medicines and lifesaving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting of untoward incidents and shared learning when they occurred in the practice.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice was aware of the needs of the local population and had taken some of these into account when delivering the service.
- Patients had access to routine treatment and emergency care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice.
- The practice dealt with complaints positively and efficiently.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- Governance arrangements were embedded within the practice.

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

- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

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

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

Staff were qualified for their roles and the practice completed essential recruitment checks.

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

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

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent (including aftercare), first class, efficient, and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 46 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, accommodating and ensured their needs were met. They said that they were given helpful and detailed explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



Are services responsive to people's needs?

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

No action



Summary of findings

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

Staff considered some of their patients' different needs. This included patient toilet facilities on the ground floor. The practice was undergoing refurbishment and the provider was considering installing a lowered desk at reception for the benefit of patients using wheelchairs. The practice did not have a hearing loop or access to interpreter services. The provider told us they would review these current arrangements.

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

Are services well-led?

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

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

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

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

No action 

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice had recorded five accidents since 2016. We noted learning points were discussed amongst staff. We looked at minutes of weekly practice meetings held. These demonstrated that all incidents (including complaints) were discussed and recorded.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. The two practice owners were the leads for safeguarding concerns and we noted they had undertaken appropriate training to undertake this role. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We were provided with an example of a welfare concern reported by a member of the team to an external organisation which resulted in a positive outcome for a vulnerable patient. We noted that safeguarding had also been discussed in a practice meeting to ensure staff knowledge was refreshed.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of reprimand.

The practice protected staff and patients with guidance available on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets

ensured information was available when needed. The practice had nominated the lead nurse for responsibility of COSHH. They had adopted a process for the review of COSHH data annually to ensure their records were up to date.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice. The plan was last reviewed in March 2017.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. We noted that the staff refreshed their knowledge in practice meetings in between annual training.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept weekly records of their checks to make sure these were available, within their expiry date and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure. The practice utilised a regular locum dental nurse. We also looked at their file and found that some information was missing or required review. For example, we did not find evidence of satisfactory conduct in previous employment and a disclosure barring service (DBS) check was dated in 2012. We discussed this with the provider and they made immediate arrangements to obtain further information. We were then sent details of this following our inspection.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Are services safe?

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental hygienist when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

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

The practice carried out infection prevention and control audits twice a year. The latest audit in May 2017 showed the practice was meeting the required standards. We saw that the practice had implemented a robust action plan in response to its latest audit findings.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The latest risk assessment was undertaken in October 2017 and all recommendations were being addressed.

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

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. Dental care records we looked at showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the soft tissues lining the mouth and condition of the gums using the basic periodontal examination scores.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

The practice did not provide sedation services for its patients. Patients requiring this were referred to a practice located in Boston.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice website contained information about mouth cancer awareness month and provided other dental health advice.

Staffing

We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed in our comment cards that their dentist listened to them and gave them clear information about their treatment.

The practice had implemented a policy about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. We were provided with examples of capacity assessments undertaken and the processes involved.

The practice's consent policy referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff put them at ease, were helpful and ensured their needs were accommodated. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Comments included that dentists were sympathetic, understanding and a nervous patient's fears had been allayed.

We were provided with specific examples where practice staff considered they had provided care which was beyond patient expectations. The examples reflected a caring and considerate approach adopted by practice staff to patients and their family members.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting area downstairs was open plan; this provided limited privacy when reception staff were dealing with patients. There was a radio played in the waiting area which provided some background noise. A television screen was also used for providing patients with information. Staff told us that if a patient asked for more privacy they would take

them into another room. The practice also had a separate waiting area upstairs. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

There was an information folder, information board, suggestion box and a selection of magazines for patients to read.

Involvement in decisions about care and treatment

The practice provided private dental treatments. The costs for these were contained in the information folder in the practice waiting area.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. We received a large number of positive comments in the our comment cards completed about the care provided.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry, treatments for gum disease and cosmetic procedures.

Patients could be shown videos of treatments (emailed) and also X-rays, photographs and models when treatment options were discussed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were provided with specific examples involving patients who had particular needs and health conditions and the responsive approach taken by practice staff to accommodate these.

We were informed that the practice's demographic was predominantly older people. Practice staff provided additional assistance to these patients, for example arranging taxis for their transport.

Promoting equality

The practice had made some reasonable adjustments for patients with disabilities. These included a toilet with a handrail. Whilst the toilet did not have a call bell, it was situated very close to the reception desk, so staff would be alerted if a patient called for help.

The reception area was due to be refurbished and we were told that the provider was considering installing a partly lowered reception desk to accommodate the needs of wheelchair users

The practice was unable to use a portable ramp at the entrance because of the physical design of the premises. Patients with mobility problems were seen in a treatment room on the ground floor.

We noted that the practice did not have a hearing loop or access to interpreter/translation services. We discussed this with the provider and they told us they would take action to review these arrangements.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum. We looked at appointment availability and found there were appointments available on the day of our inspection as well as the following day.

The practice was committed to seeing patients experiencing pain on the same day and offered patients an emergency appointment if this was required. The provider told us that appointments were usually available daily so they did not need to block these. The practice had an emergency on-call arrangement with some other local practices outside normal opening hours, if a patient required assistance during those times. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these and was supported by one of the practice owners if required. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the previous twelve months. Complaints reviewed showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist and registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice objectives included upholding the principles of good risk management. The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

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

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. The practice scheduled topics for discussion throughout the year. These included matters such as safeguarding patients, infection prevention and control, complaints and clinical audit. Immediate discussions were arranged to share urgent information.

The practice presented their staff with monthly appreciation awards to acknowledge their efforts at work. They included information on their website about those who had been awarded.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and infection prevention and control. They had records of the results of these audits and the resulting action plans and improvements. X-ray audits were also undertaken although we noted there was some scope for improvement in the quality assurance process.

The principal dentist and registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. The practice supported staff in their professional development. For example, one of the dental nurses had undertaken an impression taking course and the receptionist had aspirations to become a dental nurse. We noted that appraisals included many positive comments about individual staff effectiveness and ability.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on. For example, the provider extended their opening hours to include Saturdays as a result of patient feedback received when they took over the practice. A member of staff had suggested a rota be implemented for individual staff members to sign to confirm they had checked areas in the practice for cleanliness.