

Thurmaston Dental Practice Ltd

# Thurmaston Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 4 June 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**

The principal dentist established the Thurmaston Dental practice in 1986 and moved into the current purpose built premises in 1996.

The practice is situated close to the centre of Thurmaston village on the outskirts of Leicester. It is located in a large two storey surgery with parking to the rear of the premises. The surgery has wheelchair access and a disabled toilet.

The practice has a principal dentist, three associate dentists, a practice manager, two dental therapists, four dental nurses, a trainee dental nurse, a patient care manager, two patient care co-ordinators and an administrator.

The practice provides primary dental services to both NHS and private patients. The practice is open Monday, Wednesday, Thursday and Friday: 9.00am - 5.30pm, Tuesday: 9.00am - 7.00pm and Saturday by appointment only. It is closed on Sunday's.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. 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.

We viewed 11 CQC comment cards that had been left for patients to complete, prior to our visit, about the services

# Summary of findings

provided. All comment cards reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and hygienic, they found the staff very friendly and approachable and they found the quality of the dentistry to be excellent. They said explanations were clear and made the dental experience as comfortable as possible. We also spoke with two patients during the inspection both of whom provided very positive feedback about the service.

We found the practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

## **Our key findings were:**

- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Infection control procedures were in place and the practice followed published guidance.
- Patient's care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided.

# 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.

There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and adults. The premises and equipment were fit for purpose.

### **Are services effective?**

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

The practice provided person centred care and treatment. The staff received continuing professional training and development appropriate to their roles and learning needs. All staff that were registered with the General Dental Council (GDC) were supported in their continuing professional development (CPD) and met the requirements of their professional registration. When treatment was required to be provided by another service patients appropriate referrals were made.

### **Are services caring?**

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

Patients were treated with care, dignity and respect. We collected 11 completed Care Quality Commission (CQC) patient comment cards. These provided a positive view of the service the practice provided. Patients told us that the practice was clean and described the staff team as friendly, efficient caring, welcoming and always willing to listen. Some patients specifically commented on the professionalism of the team.

### **Are services responsive to people's needs?**

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

The practice provided patients with clear information about the costs of their treatment these were displayed in the waiting rooms and on the practice website. Patients could access treatment and urgent care when required. The practice had a ground floor treatment room that could accommodate patients with mobility difficulties.

### **Are services well-led?**

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

The principal dentist and the practice manager worked closely as a team in the day to day running of the practice. The practice sought the views of patients both with a formal audit and informally. Health and safety risks had been identified, which were monitored and reviewed regularly.

# Thurmaston Dental Practice

## Detailed findings

### Background to this inspection

The practice was inspected by a CQC inspector who had access to remote advice from a specialist advisor on Thursday 4 June 2015. We contacted the provider in advance of our visit and they supplied the information we requested so we could review it before our visit.

We informed NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them.

We spoke with four patients and four staff, reviewed the 11 Care Quality Commission comments cards completed by patients and looked at various documents during our visit.

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

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

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from significant events and complaints. Staff we spoke with were aware of, and had access to, the incident reporting system. They were encouraged to report any issues to the dentists or practice manager. This allowed staff to report all incidents including near misses.

The practice manager understood the procedures regarding the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and their duties in regards to the Health and Safety at Work Act. No reports had been submitted.

### Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. All staff within the practice had been trained in the safeguarding of adults and were able to demonstrate that they understood the different forms of abuse and how to raise concerns. The lead role for safeguarding was the principle dentist and they were able to provide support and advice to staff and to oversee safeguarding procedures within the practice.

The practice had whistleblowing policies. Staff told us that they felt confident that they could raise concerns and knew the procedure for whistleblowing and who to speak with. They were also aware that they could whistleblow directly to outside agencies such as the CQC if necessary.

The practice had deployed universally a rubber dam protocol for root canal treatments by all clinicians. (A rubber dam isolates selected teeth and safeguards the rest of the patient's mouth during treatment). If a rubber dam is not used this must be for a clinical reason only and as such should be documented on the patient record.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received basic life support including the use of the automated

external defibrillator (AED) (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).

All staff we spoke knew the location of all the emergency equipment within the practice and were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest.

Emergency medicines, a defibrillator and oxygen were readily available if required. This was in line with the Resuscitation Council UK guidelines. We checked the emergency medicines and found that they were of the recommended type as per British National Formulary guidance and were all in date. The room where the compressed gases were held were clearly marked with a warning sign. Staff told us that they checked medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order. These checks were recorded.

Patients could access treatment and urgent care when required via the NHS 111 system when the surgery was closed.

### Staff recruitment

The practice had a recruitment policy that described the process when employing new staff which included seeking references, checking qualifications and professional registration. The practice manager told that this included Disclosure and Barring service (DBS) checks for all staff and we saw evidence of this in the staff files looked at.

The practice manager checked the professional registration for clinical staff annually to ensure professional registrations were up to date.

The practice had an induction system for new staff; this was individually tailored for the job role. The practice manager told us that this included a period where new staff were mentored, during which they could familiarise themselves with the practices' policies and procedures.

### Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. The risks to staff and patients had been identified and control measures put in place to reduce them.

# Are services safe?

The practice had procedures in place to assess the risks in relation to the control of substances hazardous to health (COSHH) such as cleaning materials and other hazardous substances. Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the provision of personal protective equipment for staff and patients and safe storage of hazardous materials.

There were other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a legionella risk assessment, and fire evacuation procedures. Processes were in place to monitor and reduce these risks so that staff and patients were safe. Staff told us that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested, and records in respect of these checks were completed consistently.

## Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. The level and frequency of cleaning were detailed and checklists were available for staff to follow. The practice manager told us that they employed an external cleaning company for the premises but dental nurses had set responsibilities in each surgery. The practice had in place systems for testing and auditing the infection control procedures.

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises. Posters describing effective hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities. Sharps bins were suitably located, signed and dated and not overfilled. A clinical waste contract was in place and waste matter was appropriately segregated and stored.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was set out according to the

Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05):

Decontamination in primary care dental practices. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 01-05). A dental nurse demonstrated the decontamination process to us and used the correct procedures in line with the published guidance. The practice cleaned their instruments manually with an ultrasonic bath. Instruments were then rinsed and examined visually with an illuminated magnifying glass and sterilised in an autoclave (a device for sterilising dental and medical instruments). At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that met the recommendations from the Department of Health.

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly.

Staff were well presented and told us they wore clean uniforms daily. Staff told us and we saw that they changed out of uniform when leaving the building at any time. They also told us that they wore personal protective equipment when cleaning instruments and treating people who used the service. Staff files reflected that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. 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.

Records showed a risk assessment process for Legionella had been carried out. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

# Are services safe?

## **Equipment and medicines**

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. Portable appliance testing (PAT) took place on all electrical equipment. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use and these were rotated regularly. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were recorded for evidential and audit purposes.

## **Radiography (X-rays)**

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment

Those authorised to carry out X-ray procedures were clearly named in all files. These files identified the radiation protection advisor (RPA) and radiation protection supervisor (RPS) for

the practice. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The practice monitored the quality of the X-rays images on a regular basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms and the dentist considered each person's circumstance to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients using the basic periodontal examination (BPE) screening tool for the assessment of periodontal tissue. We saw that this had been undertaken and recorded. (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). Patients attending the practice for a consultation had to provide a full medical history that covered any health conditions, allergies or any medicines they were currently taking. The dentists then carried out an assessment of their dental health, after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies.

The dentists we spoke with told us that the results of the examination and consultation were discussed with them and any treatment options were explained in full. If necessary, relevant, preventative dental information was given in order to improve the outcome for the patient. Patient notes were updated on the computerised practice system with the proposed treatment after discussing options with the patient. Patients were then given treatment plans and signed. Patients were reviewed through follow-up appointments and the practice followed NICE (National Institute for Health and Care Excellence) guidance in deciding when to recall patients for review.

Patients requiring specialised treatment such as conscious sedation were referred to other dental specialists. The practice then monitored patients after being referred back to the practice to ensure they received a satisfactory outcome and all necessary post procedure care.

We viewed 11 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. All comment cards reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and hygienic, they found the staff very friendly and approachable and they found the quality of the dentistry to be excellent. They said explanations were clear and made the dental experience as comfortable as possible. We also spoke with two patients during the inspection both of whom provided very positive feedback about the service.

The practice did have a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service

### Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance to have regular dental check-ups as part of maintaining good oral health.

The practice actively promoted the importance of oral health to their patients with a whole chapter on their website dedicated to the subject.

### Staffing

The practice had a principal dentist, three associate dentists, a practice manager, two dental therapists, four dental nurses, a trainee dental nurse, a patient care manager, two patient care co-ordinators and an administrator.

We saw that dental staff were appropriately trained and registered with their professional body. Staff maintained their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration with the General Dental Council (GDC) as a dental professional and its activity contributes to their professional development. Staff files we looked at showed details of the number of hours individuals had undertaken and training certificates were also in place.

Staff training was being monitored and training updates and refresher courses were provided. Records we viewed showed that staff were up to date with this training. Staff we spoke with told us that there were no issues in regards to being supported by the practice in all aspects of their learning and development and to maintain their professional registration.

We saw that the practice had procedures in place for appraising staff performance and we saw from staff records that those appraisals had taken place. Staff said they felt supported and involved in discussions about their personal development. They told us that the principal dentist, who

# Are services effective?

(for example, treatment is effective)

was also the provider, was supportive and always available for advice and guidance. They also spoke highly of the other dentists, the practice manager, senior dental nurse, care manager and the administrator all of whom they would they would also approach for advice and guidance.

The practice had an induction system for new staff. Records we looked at showed that there was an induction checklist with induction to infection prevention and control. We saw that new staff had completed or were on the way to completing a full induction.

## **Working with other services**

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. This included referral for specialist treatments such as conscious sedation or orthodontics.

## **Consent to care and treatment**

The practice had obtained information relating to The Mental Capacity Act 2005. It was also explained how they would obtain consent from a patient if their mental capacity was impaired and they might not be able to fully understand the implications of their treatment. The consent policy referred to informed consent, voluntary decision making and a patient's ability to give consent. It acknowledged the use of Gillick competency in young persons. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge.

When patients needed to be referred to other service providers such as an orthodontist or the community clinic the practice obtained the patient's consent.

Staff we spoke with understood issues around consent and said they always ensured patients understood why they were returning for treatment and what they were signing for.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate care and treatment. The reception and waiting room were open plan but we were told by reception staff that they considered conversations held at the reception area when other patients were present. They also confirmed that should a confidential matter arise, they would take the patient to a private area that was available for use. We observed the interaction between staff and patients within the reception and waiting room area and found that confidentiality was being maintained and that patients were treated with dignity and respect. Staff members we spoke with told us that they never asked patients questions that related to personal information at reception.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of, and the secure handling of patient information. We saw that patient records, both paper and electronic were held securely.

### **Involvement in decisions about care and treatment**

We spoke with two patients on the day of the visit. All the comments were of a positive nature these included how clean the practice was, how friendly all the dentists and staff were, how all aspects of treatment were explained including the cost and ease of appointments

Care Quality Commission (CQC) comment cards completed by patients included comments about how they found the staff very friendly and approachable and they found the quality of the dentistry to be excellent. They said explanations were clear and made the dental experience as comfortable as possible.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice provided preventative advice and treatment along with routine and restorative dental care. This included root canal treatment, dental hygiene services and surgical treatment. Other services included dental crowns, bridge work, restorative dentistry, invisible braces, veneers and tooth whitening.

The practice had a patient base of 80% NHS and 20% private. Private patients were given the opportunity of using the practice payment plan.

Staff told us that the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff said they did not feel under pressure to complete procedures and always had enough time available for consultations and then to prepare for the next patient.

### Tackling inequity and promoting equality

The practice had considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. The building had step free access to assist patients with mobility issues, using wheelchairs or mobility scooters and parents with prams or pushchairs. The premises also had a disabled toilet and baby changing facilities.

Staff members told us that longer appointment times were available for patients who required extra time or support, such as patients with learning disabilities.

### Access to the service

Staff were knowledgeable about how to deal with patients for whom English was not their first

language. This included the use of an on-line interpretation service.

The practice had a low rate of patients who failed to attend for appointments at 5-7%. Patients could book appointments on line, by telephone, text or in person. The appointment diary was at the time of the inspection populated at 92%.

The surgery on the ground floor was large enough to accommodate wheelchair access.

### Concerns & complaints

The practice had a complaints procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Details of how to raise complaints were included in the practice leaflet given to all new patients and accessible in the reception area and on the practice website. Staff we spoke with were aware of the procedure to follow if they received a complaint.

From information received prior to the inspection we saw that 10 complaints had been received within the practice in the past 12 months. We could see that all the complaints had been addressed in line with the practice's policy and decisions recorded. Those complaints were discussed at practice meetings and any lessons learnt were discussed.

Care Quality Commission (CQC) comment cards and the patients we spoke with reflected that patients were satisfied with the services provided.

We also viewed the NHS Choices website and saw that there were four comments left three of which praised the practice highly and one that did not.

# Are services well-led?

## Our findings

### **Governance arrangements**

The principal dentist established Thurmaston Dental practice in 1986 and moved into the current purpose built premises in 1996.

The practice had arrangements in place for monitoring and improving the services provided for patients. There were robust governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice.

There were systems in place for carrying out clinical and non-clinical audits taking place within the practice. These included assessing the detail and quality of patient records, oral health assessments and X-ray quality. Health and safety related audits and risk assessments were in place to help ensure that patients received safe and appropriate treatments.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality and recruitment. Staff were aware of the policies and they were available for them to access via the practice computer system. Staff were able to discuss many of the policies and this indicated to us that they had read and understood them. The practice also used a dental patient computerised record system and all staff had been trained to use it.

### **Leadership, openness and transparency**

The culture of the practice encouraged candour, openness and honesty. Staff told us that they could speak with the principal dentist or practice manager if they had any concerns. We were told that the delivery of high quality care was integral to the running of the practice.

Staff told us that there were clear lines of responsibility and accountability within the practice and that they were prompted to report any safety concerns.

We were told by the members of staff we spoke with that they felt well cared for, respected and involved with monthly staff meetings and that alerts were e-mailed to them of current changes.

### **Learning and improvement**

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. Staff were aware of the practice values and ethos and demonstrated that they worked towards these. There were a number of policies and procedures in place to support staff improve the services provided.

We saw that the dentists reviewed their practice and introduced changes to practice through their learning and peer review. A number of clinical and non-clinical audits had taken place where improvement areas had been identified. These were cascaded to other staff if relevant to their role.

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

The practice manager and staff told us that patients could give feedback at any time they visited.

The practice had systems in place to review the feedback from patients who had complained. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

The practice held regular staff meetings and staff appraisals had been undertaken. Staff we spoke with told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted. Staff told us that they felt part of a team.

We saw numerous thank you cards from patients the practice shared these with all the staff to promote the positive feedback they had received.