

Clark Dental Studio Limited

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 21 October 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 practice is close to the centre of Skegness in Lincolnshire. It is a modern surgery with a central decontamination suite, and a spacious patient waiting room with children's play area. At the rear of the practice is a free car park. There are ground floor surgeries for easy access and provide disabled parking spaces at the front of the building.

There are four dentists, and seven dental nurses, four of whom are also radiographers. There are also two hygienists/dental therapists and a practice manager and deputy practice manager.

The practice provides private dental treatment services to both adults and to children. The practice is open Monday to Friday from 8.30am to 5.30pm other than Friday when the practice closes at 5.00pm. Saturday is by appointment only.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission 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 17 CQC comment cards that had been left for patients to complete, prior to our visit and spoke with three patients about the services provided. All of the

Summary of findings

comment cards reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and tidy, they found the staff very friendly and efficient 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

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

Our key findings were:

- The practice recorded and analysed significant events and complaints and cascaded learning to staff.
- Staff had received safeguarding 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 deal with medical emergencies and appropriate medicines and life-saving equipment were readily available and accessible.
- Infection control procedures were in place and staff had access to personal protective equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about them.

- 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.
- There was an effective complaints system.
- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective however clinical and non-clinical audits could have been used more to monitor the quality of services.

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

- Re-site sharps bins so they are out of the reach of small children
- Use the bowl for rinsing in the decontamination process
- Ensure audits of various aspects of the service, such as radiography and dental care records are undertaken at regular intervals to help improve the quality of service. Practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Risk assessment to complete in relation to lack of coved flooring in three surgeries.

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 care which was safe in accordance with the relevant regulations. The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. The practice had recorded significant events and accidents and there were processes in place to investigate and analyse these then improvement measures were implemented where appropriate.

Staff had received training in safeguarding vulnerable adults and children, and they could describe the signs of abuse and were aware of the external reporting process. Staff were appropriately recruited and suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

Infection control procedures were in place and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice and serviced and maintained at regular intervals.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. Patients received an assessment of their dental care needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits and options available to them. Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner. Staff had not received training in the Mental Capacity Act 2005 and were not fully conversant with the principles contained within it.

Are services caring?

We found that this practice was caring in accordance with the relevant regulations. Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. We saw that treatment was clearly explained and patients were provided with treatment plans. Patients with urgent dental needs or pain were responded to in a timely manner, often on the same day.

Are services responsive to people's needs?

We found that this practice was providing effective care in accordance with the relevant regulations. Consultations were carried out in line with guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits, and options were explained.

Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner. Not all staff were aware of Gillick competency in relation to children under the age of 16.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations. The practice staff were involved in leading the practice to deliver satisfactory care. Care and treatment records had been audited to ensure standards had been maintained. Staff were supported to maintain their professional development and skills. Clinical audits were taking place however the practice had not effectively used audits clinical or non clinical to monitor and improve the quality of care provided. The practice sought the views of patients with a suggestion box and survey.

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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 21 October 2015 and was conducted by a CQC inspector and a specialist dental advisor.

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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with a number of staff working on the day. We reviewed policies, procedures and other documents. We reviewed 17 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

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 were aware of the reporting procedures and were encouraged to bring safety issues to the attention of the dentists and management. The practice had a no blame culture and policies were in place to support this. For example an incident had been recorded that a patient had arrived to have a procedure but the laboratory work had not arrived. This resulted in the patient's time being wasted. Following the review of this there is now a protocol in place that the nurse checks the next day's lists and confirms all laboratory work has been received and is in place the day before.

From information reviewed during the inspection we saw that the practice had received two complaints during the last 12 months which had been investigated and shared at a practice meeting with all staff.

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. Staff we spoke with were aware of these policies and who to contact and how to refer concerns to agencies outside of the practice should they need to raise concerns. They were able to demonstrate that they understood the different forms of abuse and how to raise concerns. From records viewed we saw that staff at the practice had completed safeguarding training on line in safeguarding adults and children. The practice manager and deputy practice manager had a lead role in safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. No safeguarding concerns had been raised by the practice.

The practice had whistleblowing policies. Staff spoken with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All staff had received basic life support training including the use of the

defibrillator (a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.). Staff we spoke with 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 and British National Formulary Guidelines. We checked the emergency medicines and found that they were of the recommended type and were all in date. 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.

Staff recruitment

The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We saw that not all staff had received a Disclosure and Barring Service check. There was a risk assessment in relation to this in place that documented the reason for this, as the staff were not left on their own with a patient at any time.

The practice had a formal induction system for new staff, this included practice policies been read and we saw that all staff had signed to say that they understood them. Staff that we spoke with showed us that they each had a staff handbook and told us that each time a new staff member joined fire drills and emergency procedures were practiced.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. Staff told us a system was in place to ensure that where absences occurred, they would cover for their colleagues.

Monitoring health & safety and responding to risks

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

There were also other policies and procedures in place to manage risks at the practice. These included infection

Are services safe?

prevention and control, a Legionella risk assessment and fire evacuation procedures. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.

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 we saw 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. We were told that the dental nurses had their responsibilities in each area within the practice and the practice also employed a cleaner. The practice had systems for testing and auditing the infection control procedures. Three of the surgeries did not have 'coved' flooring, to prevent the accumulation of dust and dirt in the crevices; however the manager informed us that this had been noted and there was a programme to refurbish these rooms in the future. There were no dates in place for this work nor did the practice have a risk assessment in relation to this.

We found that there were adequate supplies of liquid soaps and paper hand towels in dispensers throughout the premises. Posters describing proper hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities. Sharps bins were signed, dated and not overfilled; however at the time of the inspection one sharps bin, in surgery five, was in the reach of small children due to it being sited low to the ground. A clinical waste contract was in place and waste matter was stored externally in a locked area that also had CCTV.

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. We found good access to the well configured decontamination

room and it ensured a hygienic environment was maintained. 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 disposable gloves and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 01-05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and followed the correct procedures. There were two sinks in place and a bowl for rinsing; however on the day of our inspection the bowl was not used. All instruments were sterilised in an autoclave. 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 and all were free from damage and cement ensuring the sterilisation process was not compromised.

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. Records showed that the equipment was in good working order and being effectively maintained.

Staff wore appropriate uniforms that were clean and told us that they changed them daily. 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.

The practice had a Legionella risk assessment in place. Regular tests were conducted on the water supply. This included maintaining records and checking on the hot and cold water temperatures achieved.

The practice had a robust sharps management policy which was clearly displayed and understood by all staff. Safer syringe systems were being used in the practice and single use items were used, where practical, to reduce the

Are services safe?

risks associated with cleaning sharp items such as matrix bands. Dentists were responsible for safely disposing of the sharps that they generated which also reduced the risk of injury to staff.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. Portable appliance testing (PAT) took place on all electrical equipment in March 2015. Fire extinguishers were checked and serviced regularly by an external company in July 2015 and staff had been trained in the use of equipment and evacuation procedures in November 2014.

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 to ensure equipment remained in date for use. 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. These documents were displayed in areas where X-rays were carried out.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. 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 dentists monitored the quality of the X-ray 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.

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. Patients attending the practice for a consultation received 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 patient notes contained all the relevant detail and followed the guidance provided by the Faculty of General Dental Practice. Radiographs were taken at appropriate intervals and in accordance with the patient's risk of disease. A rubber dam was used routinely for root canal treatment.

The dentists we spoke with told us that each person's diagnosis was discussed with them and treatment options were explained. Fluoride varnish and higher concentration fluoride toothpaste were prescribed for high risk patients. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice and detailed dental hygiene procedures. The patient notes were updated with the proposed treatment after discussing and recording the options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) guidelines.

We received feedback from 20 patients. comment cards. Feedback we received reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

The practice had 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. Staff told us that they advised patients 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 of having regular dental check-ups as part of maintaining good oral health. The practice had also

attended schools in the area to give a presentation to children around oral healthcare and the practice gave 'two minute timers' to children when they came to the practice to aid their tooth brushing.

Staffing

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general 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. The practice also had six monthly scenarios practiced in house, for example: if a patient fainted.

Staff training was being monitored and training updates and refresher courses were provided. The practice had identified training needs, for example, the lead for safeguarding had been booked onto enhanced training for safeguarding children. Staff had received training in the safeguarding of children and vulnerable adults. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

The practice had procedures in place for appraising staff performance and records we reviewed showed that appraisals had taken place. Staff spoken with said they felt supported and involved in discussions about their personal development. They told us that all the dentists were supportive and approachable and always available for advice and guidance.

Working with other services

The practice had a system in place for referring, recording and monitoring patients for dental treatment and specialist procedures for example root canal, impacted wisdom teeth and orthodontics. The practice staff and practice manager regularly reviewed the referrals made to ensure patients received care and treatment needed in a timely manner.

Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient. A dentist we spoke with was also aware of and understood the use of Gillick

Are services effective?

(for example, treatment is effective)

competency in young persons. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

We saw in documents that the practice was aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make

decisions. However staff had not yet received Mental Capacity Act 2005 (MCA) training and staff we spoke with were not fully conversant with the principles contained within it. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for them.

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. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was open plan but we were told by staff members that they considered conversations held at the reception area when other patients were present. A television was on in the waiting area to assist with confidentiality. Staff members we spoke with told us that they never asked patients questions related to personal information at reception. They also had a sign at reception that stated a room was available for confidential matters and the staff confirmed that this was always available and would have no hesitation in suggesting it if they felt there was a need.

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that patient records, both paper and electronic were held securely.

Patients fed back that they felt that practice staff were friendly and caring and that they were treated with dignity and respect and were helpful. One comment said that their child looked forward to attending dental appointments and that nothing was too much trouble. Many of the cards recorded that staff were always very friendly and professional.

Involvement in decisions about care and treatment

Feedback from patients included comments about how professional the staff were and treatments were always explained in a language they could understand. Patients also commented that staff were very sensitive to their anxieties and needs.

After surgery or extensive restorative work, the practice telephoned the patient to ensure they were happy. This call was made by either a dentist or a dental nurse, it was evidenced in the patient survey that it was well received and it prevented patients from 'soldiering on' unnecessarily.

The practice also had reading glasses on the reception for patients to borrow if required and courtesy umbrellas at the front and back door for patients to take free of charge in inclement weather.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice information leaflet and information displayed in the waiting area described the range of services offered to patients, the complaints procedure, information about patient confidentiality and the chaperone service.

Appointment times and availability met the needs of patients. There were appointments available each day with no waiting lists. Patients with emergencies were seen within 24 hours of contacting the practice, sooner if possible. The practice's answering machine informed patients of contact details for the dental emergency service and the staff had an on call telephone that was rotated for 24 hour emergency care when the practice was closed.

Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. They had also considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. The practice car park was at the rear of the building and access to the practice was by two steps, however the front of the building provided level access and also had spaces on the front for disabled parking. Some patient treatment areas were on the first floor however there were surgeries available downstairs for disabled patients and there were adapted toilet facilities available which also had an emergency cord to alert staff if someone had problems. Chairs that were more accessible for elderly patients were also in the waiting area alongside other chairs.

The practice did not have any non-English speaking patients and they did not have a translator service. The

practice did have patients that had sensory impairments and had systems in place, for example the practice ensured that for patients that were deaf communication was via email instead of the telephone.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen within 24 hours or sooner if possible.

Staff we spoke with told us that patients could access appointments when they wanted them. Patients' feedback confirmed that they were very happy with the availability of routine and emergency appointments.

On call and out of hours services were provided by the dentists on a rota basis. Patients were also telephoned to discuss the concerns and information was given which could help relieve the symptoms.

Concerns & complaints

The practice had a complaint 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 accessible in the reception area. Staff we spoke with were aware of the procedure to follow if they received a complaint.

The practice manager told us that there had been two complaints made within the last 12 months and actions had been taken which resolved these which we saw had been discussed and reviewed with practice staff in the monthly meeting. CQC comment cards reflected that patients were satisfied with the services provided.

Are services well-led?

Our findings

Governance arrangements

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

Clinical audits had taken place such as radiography and infection control to monitor and improve the quality of care provided and these were cascaded to other staff and discussed at clinical or practice meetings. However the practice did not have a rolling programme of audits and had not completed additional audits either clinical or non clinical. The most recent record card audit had taken place in 2013. Relevant 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. Staff were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them. This enabled dental staff to monitor their systems and processes and to improve performance.

Leadership, openness and transparency

The culture of the practice encouraged openness and honesty. Staff told us that they could speak with any of the dentists if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns.

All staff were aware of whom to raise any issue with and told us that the dentists would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

Management lead through 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 to improve the services provided.

We saw that the dentists reviewed their practice and introduced changes to practice through their learning and peer review. When staff attended courses they were required to brief the practice on what they learned and propose changes where necessary.

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

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 cause to complain. All complaints were investigated and discussed at the next monthly practice meeting to review and analyse the complaints and then learn from them if relevant, acting on feedback when appropriate.

The practice held regular staff meetings, informal staff discussions 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.