

Golds Place Dental Practice Ltd

Golds Place Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 7 September 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. NHS England supplied us with contractual information.

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

Golds Place Dental Practice is in Cullompton and provides mostly private treatment to patients of all ages. The practice also holds a small NHS contract.

The practice is located on the first floor, accessed by stairs. Therefore patients need to be able to manage one flight of stairs to access the practice. Car parking spaces are available near the practice.

The dental team consists of one dentist and one dental nurse/receptionist. The practice has one treatment room.

Summary of findings

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 Golds Place Dental Practice was the dentist.

On the day of inspection we received feedback from 49 people. This information gave us a positive view of the practice.

During the inspection we spoke with the dentist and dental nurse/receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Mondays and Tuesdays 9am – 5pm. Thursdays and Fridays 9am – 5pm. The practice also opens on two Saturdays per month 9am – 12pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.

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

- Review the practice protocols and procedures for the use of rectangular collimation, taking into account the 2001 Department of Health 'Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment'.
- Review the practices' infection control procedures, taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular with regard to date stamping sterilised pouched instruments and completion of start-up checks for autoclaves.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.

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 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.

Improvements could be made with respect to following national guidance for storing dental instruments, undertaking radiographs and when performing root canal treatment without the use of a rubber dam.

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 good quality, professional and with good after care. The dentist 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 49 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, respectful and provided gentle treatment. They said that they were given helpful, honest 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.

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

No
action


Summary of findings

Staff considered patients' different needs. The practice had access to telephone interpreter services.
The practice took patients views seriously. They valued compliments from patients and responded to concerns 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 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 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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of reprimand.

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 dentist, when using rubber dams, did so in line with guidance from the British Endodontic Society when providing root canal treatment. However, they told us that there were occasions when a rubber dam could not be used on an individual. We asked about alternative safety measures in these circumstances. The dentist told us they did not use an alternative method, such as dental floss or a parachute chain but assured us they would review their practice in such circumstances.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff monitored equipment 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 the recruitment records of the dental nurse/receptionist. This showed the practice followed their recruitment procedure.

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

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 dentist 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, although improvements could be made. The records showed equipment staff used for

Are services safe?

cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. The practice told us they did not date stamp pouched sterilised instruments due to a swift turnover of instruments. We discussed this with the staff and the risks involved with not date stamping. The dentist told us they would revise their processes.

Improvements could be made to ensure start of day checks for autoclaves were completed as per current guidance.

The practice carried out an infection prevention and control audit twice a year. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. 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.

The practice stored and kept records of NHS prescriptions as described in current guidance. Prescription pads in use were pre-stamped. We discussed this with the dentist. They told us they would cease this practice and in future only stamp prescriptions at the point of issue.

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.

In discussion with the dentist, rectangular collimators were not used as part of the X-ray set up. Improvements could be made to minimise the risk of unnecessary scatter radiation, though the use of rectangular collimation. The dentist told us that their procedures and process when taking X-rays would be reviewed, to ensure the safety of X-ray equipment.

We saw evidence that the dentist justified, graded and reported on the radiographs they took. The practice carried out radiography 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 dentist assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. We looked at a sample of records to confirm the findings. We discussed how improvements could be made to completion of fuller records, especially with regard to mental capacity and consent.

Health promotion & prevention

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

The dentist 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 all children based on an assessment of the risk of tooth decay for each child.

The dentist told us that where applicable 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.

Staffing

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.

The dental nurse/receptionist told us they discussed training needs at an annual appraisal and throughout the year. We saw evidence of completed appraisals.

Working with other services

The dentist 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 dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed the dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information 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. The policy also referred to Gillick competence and the dentist and dental nurse 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 patients' diversity and human rights.

Patients commented positively that staff were polite, approachable and welcoming. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. We noticed that the door separating the clinical from non-clinical areas was not always closed during treatments and that the reception computer screens were not locked when the dental nurse/receptionist was away from the desk. We raised this with the staff who told us they would ensure that the computer screen was locked on such occasions and that the habit of not closing the door would be reviewed.

Electronic patient records were backed up to secure storage. Paper records were stored in a lockable area. This was not locked when the practice was open. We discussed this with the staff, who told us they would review this with a view of improving security during opening hours.

Information folders, patient survey results and thank you cards were available for patients to read.

Involvement in decisions about care and treatment

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. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

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

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 no patients for whom they needed to make adjustments to enable them to receive treatment. Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Promoting equality

The practice had one treatment room and was situated on the first floor, accessible by stairs. Therefore it was not suitable for patients with mobility difficulties. The dentist told us if potential new patients enquired this information was explained to them and that there were nearby accessible practices. The practice website stated that the practice was located on the first floor. We discussed this with the dentist who said they would revise the website to make information explicit about accessibility at the practice.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

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.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. 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 dentist was responsible for dealing with these. They told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. 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 in the last 12 months. The practice had not received any complaints during this time.

Are services well-led?

Our findings

Governance arrangements

The dentist had overall responsibility for the management and clinical leadership of the practice. Staff knew the management arrangements and their roles and responsibilities.

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. We looked at assessments for the Control of Substances Hazardous to Health (COSHH). We discussed systems for reviewing assessments. The dentist said there was not a formal system in place. They told us that they would devise a formal system to ensure assessments were kept under continuous review.

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 culture at the practice. Staff meetings were held and it was clear the dentist and dental nurse/receptionist worked as a team and dealt with issues professionally.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurse/receptionist had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folder.

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.

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 the practice had acted on, for example, in revising the appointment reminder system.