Makwana & Patel Dentiques Limited

The Yaxley Dental Clinic

Inspection Report

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Date of inspection visit: 21 November 2017
Date of publication: 04/12/2017

Overall summary

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 robust arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays). Staff had received safeguarding training and were aware of their responsibilities regarding the protection children and vulnerable adults. Risk assessment was comprehensive and effective action was taken to protect staff and patients. Equipment used in the dental practice was well maintained.

There were sufficient numbers of suitably qualified staff working at the practice to support patients.

No action ✓

Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs.

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

No action ✓

Are services caring?

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

Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received and of the staff who delivered it. Staff gave us specific examples of where they had gone out their way to support patients. We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action ✓

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required and the practice opened late two days a week. Appointments were easy to book and patients were able to sign up for text and telephone reminders for their appointments.

The practice had made good adjustments to accommodate patients with a disability.

There was a clear complaints' system and the practice responded professionally to issues raised by patients.

No action ✓

Summary of findings

Are services well-led?

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

We found staff had an open approach to their work and shared a commitment to continually improving the service they provided. Staff were well supported in their work, and it was clear the practice manager valued them and supported them in their professional development.

The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were systems in place to monitor and improve quality, and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on to improve services to its patients.

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 We viewed a number of completed event logs and found that untoward events were managed effectively to prevent their reoccurrence. For example, in response to one incident, the practice manager had implemented a specific policy to guide staff in dealing with aggressive patients.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were sent to the practice manager who actioned them if necessary. Staff we spoke with were aware of recent alerts affecting dental practice

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. There was good information around the practice about reporting procedures and staff had received relevant training for their role. There were specific appointed staff leads for safeguarding who had undertaken additional training. The practice manager gave us specific examples where she had taken action to protect vulnerable patients. We noted contact details and information about protection agencies in the patients' toilet so it could be accessed easily in private. The patient information folder in the waiting room also contained details about local protection agencies.

All staff had DBS checks in place to ensure they were suitable to work with vulnerable adults and children.

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

The practice had a business continuity plan describing how it would deal with events that 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. Two staff had undertaken additional first aid qualifications. Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted posters on display around the practice, providing guidance to patients about the practice's medical emergency procedures.

Staff regularly discussed medical emergency simulations to keep their skills up to date however not all staff were familiar with the oxygen cylinder and how to turn it on.

There was a computer 'panic button' in each treatment room so staff could summon assistance quickly if needed.

Staff recruitment

Files we reviewed showed that pre-employment checks had been undertaken for staff including proof of their identity, references and DBS checks. All new staff received a four-month induction to ensure they had the skills and knowledge for their new role and in order to complete their induction, they had to undertake and pass a series of tests. New staff were appointed a buddy to support them in their initial months.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had appropriate 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 annually to help manage potential risk. The assessments we viewed were detailed and wide-ranging covering issues such as heavy doors, shelves in the decontamination room, and lone working for staff.

Are services safe?

Firefighting equipment such as extinguishers was regularly tested and building evacuations were rehearsed and timed by staff. The practice had appointed specific staff as fire wardens. A fire risk assessment had been completed for the premises in 2017 and we saw that its recommendations for thumb locks and improved fire safety signage around the practice had been implemented.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for all materials used within the practice.

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

Infection control

The practice had comprehensive infection control policies in place to provide guidance for staff on essential areas such as hand hygiene, the use of personal protective equipment and decontamination procedures. Staff completed an annual update in infection prevention and control.

Regular infection prevention and control audits were undertaken and results from the latest audit undertaken in June 2017 indicated that it met all essential quality requirements.

We noted that all areas of the practice were visibly clean and hygienic, including the waiting areas, toilet, corridors and stairway. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. We noted some loose and uncovered items in drawers that risked aerosol contamination and a sharps bin that had not been labelled correctly. We also noted that the sink over flows had been sealed off with tape and some mildew on wooden window surrounding in the decontamination room. The practice manager assured us she would address these issues immediately.

Staff's uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. Staff were only provided with two uniforms and one member of full time staff told us she often had to be up early in the morning to ensure she had time to wash her uniform each day. The provider should consider providing additional uniforms. Records showed that all dental staff had been immunised against Hepatitis B.

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

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally, although was not secured safely enough.

Equipment and medicines

We saw servicing documentation for the equipment used in the practice that showed that staff carried out checks in line with the manufacturers' recommendations. Stock control was good and medical consumables we checked in cupboards and in drawers were within date for safe use.

The practice had suitable systems for prescribing and dispensing medicines, although a logging system was not in place to account for any issued to patients. The practice did not keep an overview of its antibiotic prescribing as recommended.

Dentists we spoke with were aware of the British National Formulary's website for reporting adverse drug reactions.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file. Rectangular collimation was used to reduce the radiation dosage to patients.

Clinical staff completed continuous professional development in respect of dental radiography. We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits following current guidance and legislation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Dentists we spoke with understood national guidelines that applied to dentistry and kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The practice regularly audited dentist's dental care records to check that the necessary information was recorded and we found records were comprehensive.

Health promotion & prevention

The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. The practice ran a fluoride application clinic once a month.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. Free samples of toothpaste were available at reception. General information about oral health care for patients was available in the waiting area including information about local smoking cessation services and oral cancer awareness. The practice manager told us that staff had attended a local primary school to run oral hygiene awareness sessions for pupils there.

Staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us there were enough of them for the smooth running of the practice. Staff told us they did not feel rushed in their work.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. Staff told us they discussed their training needs at their annual appraisals.

Working with other services

Staff confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with suspected oral cancer under the national two week wait arrangements. Each dentist kept a log of their patients' referrals so they could be tracked, although patients were not routinely offered a copy for their information

Consent to care and treatment

The practice's consent policy available in the waiting room for patients to read. We found that staff understood the importance of obtaining and recording patients' consent to treatment. Staff had a good knowledge of the Mental Capacity Act and how it affected their management of patients who could not make decisions for themselves.

The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Dental records we reviewed demonstrated that a number of treatment options had been explained to patients.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We received positive comments from patients about the quality of their treatment and of the staff who provided it. They described staff as caring, helpful and gentle and told us that staff listened to them. Staff gave us specific examples of where they had supported patients, by staying open after hours to give treatment, ringing them after complex treatment and sending cards to recently bereaved patients.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients.

Computers were password protected and screens displaying patient information were not overlooked. All consultations were carried out in the privacy of the treatment room and we noted that the door was closed during procedures to protect patients' privacy. There was frosted glass in downstairs surgeries to prevent passers-by looking in.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. In addition to this, the practice's website provided patients with information about a range of treatments and information leaflets were available to help patients understand their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The waiting area provided good facilities for patients including interesting magazines, a water fountain, children's toys and free Wi-Fi. There was a comprehensive patient folder providing information about the practice's complaints procedures, its policy on fees, a list of staff and patient consent polices. In addition to this, the practice had its own website that provided general information about its services.

Patients told us they were satisfied with the appointments system that getting through on the phone was easy. The practice offered text and telephone call appointment reminders, and opened late two evenings a week to meet the needs of those who worked full-time. Daily emergency appointment slots were available and staff told us that dentists were very strict about keeping these as available for patients in dental pain.

Promoting equality

The practice had made reasonable adjustments for patients with disabilities. These included ramp access, downstairs treatment rooms, an accessible toilet and a hearing loop. The practice had completed a specific audit to assess how well it met the needs of those with disabilities and had installed a call bell for wheelchair users as a result. Patients had access to translation services id needed.

Concerns & complaints

The practice had a complaints' policy that clearly outlined the process for handling their complaints, the timescale within which they would be responded to, and details of external agencies they could contact if unhappy with the practice's response. Details of how to complain were available in the waiting area for patients and in the practice's information leaflet. Reception staff we spoke with showed a good knowledge of the complaints procedure and how to manage patients that wanted to raise their concerns. As well as complaining formally, patients could also complete what the practice called 'Grumble Sheets' so that minor issues could be captured.

The company had a specific Patients Liaison Officer who dealt with complaints across its six practices. We viewed detailed paperwork in relation to recent complaints and found they had been thoroughly investigated and responded to in a professional and timely way.

We viewed practice meeting minutes and saw that patients' complaints had been discussed so that learning could be shared across the staff team.

Are services well-led?

Our findings

Governance arrangements

The practice manager was in day-to-day control of the service. She was a qualified dental nurse and had undertaken a level five management qualification. She met regularly with the managers of the provider's other services to discuss any issues and share best practice. She also completed a weekly report for the owners to ensure they were aware of any issues or complaints affecting the practice.

There was a clear staffing structure within the practice with specific staff leads for areas such as infection control, risk assessment and safeguarding patients.

The practice had comprehensive 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 found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information, although we noted some unlocked filing cabinets in the waiting area which contained patients' notes.

Leadership, openness and transparency

Staff told us that leadership within the practice was good and spoke highly of the practice manager.

Communication across the practice was structured around regular practice meetings that all staff attended. Staff told us the meetings provided a forum to discuss practice issues and they felt able and willing to raise their concerns in them. Staff actively contributed to the meetings and were asked to give presentations on various relevant topics. Minutes of the meetings we viewed were detailed and demonstrated that essential topics were discussed such as unusual events, company policies, infection control and complaints.

The practice ran a 'staff member of the month award' to recognise staff's contribution and hard work.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it. The practice manager had done a presentation on its principals at staff meeting of 25 August 2017. We also noted information about the duty of candour in the patient information folder in the waiting area.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits on a wide range of topics including the quality of dental care records, infection prevention and control, call handling, hand hygiene and dentists' stock usage. The quality of these audits was good and there were clear records of their results and action plans. Results of audits were discussed with staff.

All staff received an annual appraisal of their performance and training needs and we saw evidence of completed appraisals in the staff folders. These appraisals were wide ranging and covered areas such as the quality of staff's listening skills, post treatment phone calls and product knowledge. Staff also had personal development plans in place. The practice manager kept a log of all staff training to ensure they kept up to date with their CPD.

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

The practice used surveys, a comments' book and verbal comments to obtain patients' views about the service. We were given examples of suggestions from patients the practice had acted on such as installing a bike lock facility; providing Wi-Fi and changing the telephone system. The practice had introduced the NHS Friends and Family test as another way for patients to let them know how well they were doing. Results of these were displayed to patients. We viewed results from October 2017 that showed that 80% of respondents would recommend the practice.

The provider also monitored patient feedback on the NHS Choices website and responded to both positive and negative feedback.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussions. The practice manager told us that staff had actively been involved in creating the practice's business objectives. There was also a specific staff satisfaction questionnaire that asked, amongst others things, if they felt valued and

Are services well-led?

what areas of their job they liked and disliked. Staff told us that the manager and owners listened to them and were supportive of their suggestions. For example, one staff member's request to reduce the number of working hours had been implemented, as had their requests for new coloured uniforms and payment attendance at courses out of working hours.