

Dr. John Cuddigan

John Cuddigan Dental Surgery

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 23 February 2024 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not always available. The practice took immediate action to replace missing items.
- The practice had some systems to manage risks for patients, staff, equipment and the premises. Lone worker risk assessments were not undertaken.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement. Auditing of radiographs and patient dental care records were not completed.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

John Cuddigan Dental Surgery in in Brentwood, Essex and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available at the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 4 dental nurses including 2 trainee dental nurses, 2 dental hygienists and 2 receptionists. The practice has 2 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 1 dental hygienist, and 1 receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday and Wednesday from 9am to 6pm.

Tuesday from 9am to 8pm.

Thursday from 8am to 7pm.

Friday from 8am to 6pm.

Saturday from 9am to 1pm.

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

Summary of findings

- Improve the practice protocols regarding auditing radiographs and patient dental care records to check that necessary information is recorded. In addition, implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, lone worker risk assessments.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Staff had completed safeguarding training to the required level with several clinical staff completing higher level training. All staff we spoke with knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. Staff had completed infection prevention and control training.

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

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. We noted not all the actions itemised on the Radiation Performance report had been completed and signed off by the Radiation Performance Supervisor. We discussed this with the provider who confirmed these would be completed.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. There was scope to ensure risk assessments of sharps safety were expanded to include all sharp items in the practice and risk assessments for lone workers including hygienists working without chairside support were undertaken. We noted the practice sharps policy and risk assessment did not reflect the processes in place in the practice. Staff confirmed they would be reviewing the sharps policy and risk assessment to ensure it reflected the processes in place at the practice.

Sepsis posters were on display throughout the practice and staff had completed sepsis awareness training.

Emergency equipment and medicines were mostly available and checked in accordance with national guidance. There were no paediatric pads for the automated external defibrillator. The aspirin was not in a dispersible form as recommended and the practice confirmed buccal midazolam, a medicine used to treat people experiencing seizures, had been ordered. During the inspection, the practice confirmed the missing items would be ordered.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Are services safe?

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

Safe and appropriate use of medicines

We identified scope for improvement with the practice systems for appropriate and safe handling of medicines. We found the practice failed to ensure dispensed medication included the name and address of the practice on the packaging and only the prescribed dosage of tablets were dispensed to the patient. Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. This included regular information updates from the Chief Dental Officer. In addition, the practice held daily staff discussions, formalised team practice meetings and weekly clinical and compliance communications.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Oral health and gum disease support was provided by the dentists and the hygienists.

Patient records included details of advice given in relation to diet, oral hygiene instructions and guidance on the effects of alcohol consumption on oral health. Staff discussed the effects of smoking on oral health with patients as necessary and directed patients to local stop smoking services when appropriate.

The practice sold dental sundries to support patients with their oral hygiene such as interdental brushes, mouthwash, dental floss and toothbrushes.

Information leaflets were available to patients as recommended by the dentist or upon request. These were available in a larger font as required.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005. Consent policies gave information regarding mental capacity and Gillick Competence. Information regarding private fees were on display in a patient information folder for patients in the waiting area.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability. Staff had undertaken training in autism and learning disability awareness to improve their understanding of patients living with these conditions.

We saw evidence the dentists justified, graded and reported on the radiographs they took. We noted that 6-monthly radiography audits were not undertaken in line with current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction. Staff said that the induction process gave them all of the information they needed and included shadowing another member of staff, training and familiarising themselves with the practice's policies and procedures. We were told that staff received guidance and support whenever needed.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

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

Patient feedback we reviewed was positive. We looked at practice surveys and online reviews. We observed numerous positive interactions, in person and on the telephone, between staff and patients. Patients commented on specific support and kindness provided by staff during their treatment.

On the day of inspection we reviewed patient feedback. These reflected a high level of satisfaction with the services of the dental practice.

Staff described to us some of the ways they enabled nervous patients to undergo their treatments.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. Staff were discreet in person and on the telephone, we were told patients were offered an alternative area to speak privately should they wish.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website and information folder provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models and X-ray images.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care. The dentist was informed if a patient was nervous, reception staff said that reassurance was given to anxious patients, and they chatted with them to make them feel at ease. The practice provided extended opening hours 2 mornings and 2 evenings a week. In addition, appointments were available on Saturday mornings for those unable to attend the practice during usual working hours.

The practice had made reasonable adjustments, including level access, ground floor treatment rooms, knee break dental chairs and an accessible toilet. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information folder and on social media pages.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner; appointment slots were available each day to see patients with a dental emergency. When these were full staff would speak with a dentist to identify the urgency of the appointment. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Information about how patients could raise their concerns was available in the waiting area and the staff spoke knowledgeably about how they would deal with a complaint. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice provider and staff demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on peoples' safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection highlighted minor issues or omissions, these were addressed immediately.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. The practice paid for staff's membership to an accredited online dental training platform and ensured dedicated learning time was available throughout the year.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

Are services well-led?

The practice had some systems and processes for learning, quality assurance and continuous improvement. These included audits of disability access and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. However, audits of patient care records, radiographs and antimicrobial prescribing were not undertaken. We discussed these with the provider who confirmed these would be put in place moving forward.