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Diss Dental Care Centre

Inspection Report

Diss Dental
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Overall summary

We carried out this announced inspection on 5 March 2019 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.

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

Diss Dental Care Centre is a well-established practice that provides private treatment to approximately 1400 patients. The dental team includes one dentist, two part-time hygienists and three dental nurses. There are two treatment rooms.

There is no accessibility for wheelchair users.

The practice opens on Mondays to Fridays from 8.30 am to 5 pm.

Summary of findings

The practice is owned by an individual who is the principal dentist. He has legal responsibility for meeting the requirements in the Health and Social Care Act 2008, and associated regulations about how the practice is run.

On the day of inspection, we received feedback from 41 patients. We spoke with the dentist and two nurses.

We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Information from completed Care Quality Commission comment cards gave us a positive picture of a caring and professional service.
- The practice had effective systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and managing risk.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Patients received their care and treatment from well supported staff, who enjoyed their work.
- Members of the dental team were up-to-date with their continuing professional development and were supported to meet the requirements of their professional registration.

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

- Review the practice's protocols for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Review fire safety and ensure that evacuations are rehearsed, oxygen cylinders are signposted and fixed wiring testing is undertaken.
- Review practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice.

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.

Staff received training in safeguarding patients and knew how to recognise the signs of abuse and how to report concerns. Staff were qualified for their roles and the practice completed most essential recruitment checks, apart from employment references.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

The practice had not undertaken five yearly fixed wiring testing and did not provide signage to warn that oxygen was stored on site or that radiographs were taken in treatment rooms.

No action



Are services effective?

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

Patients told us they were very happy with the quality of their treatment. 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.

We received feedback about the practice from 41 patients. Patients were positive about all aspects of the service and spoke highly of the staff who delivered it. They commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

Staff gave us specific examples of where they had gone out of 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 caring services in accordance with the relevant regulations.

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

No action



Summary of findings

Staff considered patients' different needs and provided some facilities for disabled patients. However, the premises were not wheelchair accessible and did not have an accessible toilet. The practice did not have a hearing loop or information about its services in any other formats or languages.

The practice responded to concerns and complaints 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 staff to discuss the quality and safety of the care and treatment provided.

The practice team kept complete patient dental care records which were clearly written or typed and stored securely.

Staff were actively involved in the development of the practice and had their performance assessed annually.

No action



Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

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. Staff had received relevant training in safeguarding matters, although there was no appointed lead within the practice as recommended.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

All staff had Disclosure and Barring Service checks (DBS) in place to ensure they were suitable to work with vulnerable adults and children.

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running.

The dentist mostly used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment to protect patients' airways. The practice was amalgam free and staff were aware of guidance in relation to its use.

There was no formal written protocol in place to prevent wrong site surgery.

The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. Files we reviewed for two recently recruited staff showed that the practice had not obtained references at the point they were employed at the practice.

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

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions including portable electrical appliances, emergency lighting and gas.

Records showed that fire detection and firefighting equipment was regularly tested. A fire risk assessment had been undertaken in 2011 and its recommendations had been implemented. However, the practice did not provide suitable signage to indicate that oxygen cylinders were held on site and had not undertaken five yearly fixed wiring testing. Staff did not regularly practice timed fire evacuations.

Stock control was effective and medical consumables we checked in cupboards and in drawers were within date for safe use.

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. Clinical staff completed continuous professional development in respect of dental radiography. Regular radiograph audits were completed by the dentist. In two of six dental care records we reviewed, radiographs had not been reported on and quality assured. Rectangular collimation was not used on X-ray units to reduce patient dosage.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff.

The practice followed relevant safety laws when using needles and other sharp dental items, and staff were using the safest types of sharps. Sharps' bins were sited safely, although their labels had not been completed. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. However, staff did not undertake regular medical emergency simulations to keep their knowledge and skills up to date. Weekly recorded checks of the medicines and equipment were not undertaken as recommended. The practice had an eye wash station available to use. There was also a bodily spills kit, although staff were not aware of its location.

Are services safe?

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Staff carried out infection prevention and control audits and the latest audit conducted in February 2019, showed the practice was meeting the required standards.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We noted that all areas of the practice were visibly clean, including the waiting area, toilet and staff area. We checked both treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Staff uniforms were clean and their arms were bare below the elbows to reduce the risk of cross contamination.

The practice used an appropriate contractor to remove dental waste from the practice. External clinical waste bins were not secured to a fixed wall to prevent their removal.

Safe and appropriate use of medicines

The dentist was aware of current guidance with regards to prescribing medicines and was planning to undertake antimicrobial audits to ensure he was prescribing according to national guidelines.

We found there was appropriate storage, monitoring and recording of medicines dispensed to patients, although the fridge temperature in which medicines were stored, was not monitored each day to ensure it was operating effectively.

Information to deliver safe care and treatment

We looked at a sample of dental care records and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible. They were kept securely and complied with data protection requirements.

Staff were aware of new guidelines in relation to the management of patient information and had updated the practice's policies and procedures accordingly. We noted that at a meeting in July 2018, the new General Data Protection Regulations (GDPR) had been discussed and a video shown to aid staff's understanding of the new requirements.

Lessons learned and improvements

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Any unusual events were recorded and investigated by the senior nurse. We viewed detailed records of two incidents involving a staff member who had fainted and a failed dip slide test. Lessons had been learned from the events and measures put in place to prevent their reoccurrence.

The practice did not have a system in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and staff were unaware of recent alerts affecting dental practice as a result. However, following our inspection one of the dental nurses contacted us to say that they had signed up to receive the alerts a couple of weeks prior to our inspection. The principal dentist had not been aware of this.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 39 comments cards that had been completed by patients prior to our inspection. All the comments reflected high patient satisfaction with the results of their treatment and their overall experience of it. Patients described the dentist as professional and informative. One reported that the he always had 'up to date ideas' to help them with their dental health.

We saw that the dentist assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Dental care records we checked clearly detailed patients' assessments and treatments, although not all patients' level of caries and cancer risk had been recorded.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Two part-time dental hygienists were employed by the practice to give advice to patients on the prevention of decay and gum disease. Staff described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice and recording detailed charts of the patient's gum condition. If needed, referrals to a hygienist or specialist periodontists were made.

One patient told us that the dentist always suggested new ways for them to improve their oral health. Another that the hygienist was pragmatic and clear in her advice. The dentist had featured on a local radio station to provide listeners with advice about their oral health.

Staff told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. We noted information available in the waiting room in relation to local smoking cessation services.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Consent to care and treatment

Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice team understood the importance of obtaining and recording patients' consent to treatment. All staff we spoke with showed an understanding of the Mental Capacity Act and how it might impact on treatment decisions. The principal dentist was not fully aware of Gillick competence guidelines, although we found he was applying the principals.

The dentist gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Staff told us they regularly used dental models, information leaflets and photographs to aid the patient consent process.

Effective staffing

The dentist was supported by appropriate numbers of dental nurses and staff told us there were enough of them for the smooth running of the practice and to cover their holidays.

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 annual appraisals and we saw evidence of completed appraisals.

Co-ordinating care and treatment

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. There were clear systems in place for 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 actively monitored all referrals to ensure they had been received in a timely way.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as caring, polite and engaging. One patient told us that staff looked after their twins 'so well', another that reception staff were helpful and friendly.

Staff gave us examples of where they had assisted patients such as working through their lunch break to ensure urgent referrals were sent, allowing nervous patients to bring in music to be played in the treatment room and calling patients after complex treatment to check on their welfare. Staff told us of the additional support they gave to one autistic patient to ensure their orthodontic work was completed before they started a new school.

Privacy and dignity

The practice did not have a separate waiting room, so the reception area was not particularly private. However, the reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it.

All consultations were carried out in the privacy of the treatment room and we noted that the door was closed during procedures. Blinds had been placed on windows to protect patients' privacy.

Involving people in decisions about care and treatment

Many patients told us the dentist answered all their questions well and explained things clearly. The dentist spoke to us about the importance of 'shared decision making' with patients and described to us the methods he used to help patients understand treatment options discussed. These included photographs, models, videos and X-ray images. We viewed a detailed letter to the parent of one patient explaining in depth the treatment their child needed to ensure they understood it fully.

We noted information leaflets available in the waiting area on a range of dental health matters including misaligned teeth, root canal treatment, gum problems and tooth whitening to help patients make informed choices.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The waiting area provided good facilities for patients including magazines to keep them occupied, a water fountain and free samples of toothpaste. The practice offered a payment scheme to help spread the cost of dental fees.

The premises were not accessible for wheelchair users, although plans were in place for an additional ground floor surgery which would be accessible. There was no accessible toilet, or hearing loop available to assist those with hearing aids. Information about the practice was not available in any other formats or languages.

Timely access to services

Patients told us they were satisfied with the appointments system and said that getting through on the phone was easy. Three patients commented they would like later opening hours to allow them to attend more easily. There were emergency appointment slots each day for patients experiencing dental pain. An out of hours service was available, staffed by seven dentists from various dental practices, on a rotational basis.

At the time of our inspection staff told us that waiting times for a regular check-up was about two weeks, and for further treatment about a month.

The practice did not offer a text appointment reminder service but hoped to introduce this soon. Staff telephoned patients who attended the hygienists to remind them of their appointment.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information about how patients could raise their concerns was available in the waiting area, making it easily accessible.

Reception staff spoke knowledgeably about how they would deal with a patient who wanted to raise a concern, and showed us the information they gave patients about the practice's complaints procedure.

Staff confirmed that complaints were discussed with them so that learning could be shared. We noted that the practice's complaints policy was discussed at a staff meeting in February 2018 so that all present were aware of it.

We viewed the practice's complaints' log which indicated patients' concerns had been managed in a timely and professional way.

Are services well-led?

Our findings

Leadership capacity and capability

The dentist had overall responsibility for the management and clinical leadership of the practice. They were supported by a senior nurse who took on a number of additional administrative and managerial tasks.

Staff told us they enjoyed their work and described the principal dentist as approachable and responsive to their needs. One nurse told us the dentist had been understanding and flexible in relation to their child care responsibilities.

Culture

Minutes of practice meetings we viewed demonstrated that staff were actively consulted about the development of the practice. Staff told us they had been involved in decision making following the unexpected departure of a staff member, and in the future extension of the premises. One nurse commented to us that, 'everyone's opinion matters'.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

Governance and management

There were clear and effective processes for managing risks, issues and performance. 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.

Communication across the practice was structured around regular meetings. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them.

The practice was a member a practice accreditation programme to support its governance processes.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. 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 maintained, up to date and accurate.

Engagement with patients, the public, staff and external partners

The practice used a formal patient survey to gather feedback about its services. The most recent survey had been undertaken in September 2018 and showed the practice had scored above the national average when compared to other practices. Staff told us that patients' suggestions for a handrail on the stair, to have dental chair with arms and to play music in the treatment room been implemented.

Staff told us the principal dentist listened to them and considered their ideas and suggestions

For example, their suggestions to provide an apron dispenser and adjust their working had been implemented.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records (although not as frequently as recommended), radiographs and infection prevention and control. An audit was about to be undertaken to check that antibiotics were prescribed according to national guidelines.

The principal dentist was part of a local dental study group who met regularly to discuss dental matters and share knowledge. They often invited speakers with specialist knowledge. The principal dentist told us he was giving a talk to his colleagues in the coming week on orthodontics, as he had a special interest in this area.

All staff received annual appraisals, which they told us was meaningful and helpful. It was wide ranging and covered their competency, rapport with patients, timekeeping and surgery preparation.