Mews House Dental

Mews House Dental

Inspection Report

4a Hitchin Street
Baldock
Hertfordshire
SG7 6AE
Tel: 01462894400
Website:www.mewshousedental.co.uk

Date of inspection visit: 17 September 2019
Date of publication: 15/10/2019

Overall summary

We carried out this announced inspection on 17 September 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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Mews House Dental Practice is a small, family run service based in Baldock town centre. It offers private treatment to approximately 1000 active patients. The dental team consists of one dentist, a nurse and a receptionist.

There is one treatment room. The practice opens on Mondays, Tuesdays and Thursdays from 9am to 6.30pm and on Fridays from 9am to 3pm. It also opens on alternate Saturdays from 9am to 1pm. It is closed on a Wednesday.

There is portable ramp access for wheelchair users, but limited parking close by to the practice.

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 the practice is the dentist.

On the day of inspection, we collected 15 CQC comment cards filled in by patients.

During the inspection we spoke with all three members of the dental team. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Staff treated patients with dignity and respect, and we received many positive comments from patients about the caring and empathetic nature of the practice's staff.
- The practice was small and friendly, something which patients appreciated.
- 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 appointment system met patients' needs and patients could get an emergency appointment easily.
- The provider 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's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Review the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Review the practice protocols regarding audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice's safeguarding policy and ensure it takes into account both adults and children.
- Review staff understanding of the Mental Capacity Act and Gillick competency guidelines so that they are aware of their responsibilities in relation to them.

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

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse, although these needed to be updated to include information in relation to vulnerable adults as well as children.

We saw evidence that staff had received safeguarding training and one member of staff was previously trained social worker. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

Disclosure and barring checks had been undertaken for all staff, although we noted one member of staff had only been checked against the children's barring list, and not the adults.

The provider had a whistleblowing policy in place.

The dentist used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment, and latex free dams were available.

The practice had not needed to formally recruit any new staff, as all current staff were family members. However, plans were in place to develop a recruitment policy that would reflect relevant legislation in case it was needed in the future.

A fire risk assessment had been completed for the premises and we noted fire doors throughout the practice. Firefighting and detection equipment had been serviced in March 2019. Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. However fixed wire testing had not been undertaken in the last five years to ensure electrical safety.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. Rectangular collimation was used on the X-ray unit to reduce patient exposure. We saw evidence that the dentist justified, graded and reported on the radiographs they took. The dentist carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

We looked at the practice's arrangements for safe dental care and treatment. Although a comprehensive sharps risk assessment had not been undertaken by the practice, the dentist followed relevant safety regulation when using needles and other sharp dental items. Sharps bins were sited safely, and their labels had been completed. A system was in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus.

Staff had not completed emergency medical response training every year as recommended. Most emergency equipment and medicines were available as described in recognised guidance, apart from portable suction and an automated blood glucose measurement device. Midazolam was not held in the correct format and the glucagon had become out of date as it had not been stored correctly. There were no recorded checks of the practice's defibrillator and staff were not aware of how to operate the oxygen cylinder.

A dental nurse worked with the dentist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. The provider had current employer's liability insurance

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health, although risk assessments and safety data sheets were not available for the cleaning products used in the practice.

We noted that areas of the practice were visibly clean, including the waiting area and toilet. We checked treatment rooms and surfaces including walls and cupboard doors were free from visible dust and dirt. However, we noted some ripped floor covering, and surfaces in the treatment room were cluttered. We found loose and uncovered items in treatment room drawers that risked aerosol contamination.

Are services safe?

The provider 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 (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Infection control audits were carried out and the most recent one showed that the practice met essential standards.

The practice did not have a dedicated decontamination area, so all instruments were sterilised in the treatment room. We found that sterilising procedures were mostly in line with guidance, although staff were not completing required protein residue tests for the ultrasonic bath.

The practice had procedures to reduce the possibility of legionella or other bacteria developing in the water systems. A legionella risk assessment had been completed by the dentist, but this was limited in scope and did not include an up to date schematic plan showing the layout of water systems in the building.

Safe and appropriate use of medicines

The dentist was aware of current guidance with regards to prescribing medicines and private prescriptions issued to patients contained appropriate practice information.

The dentist had not yet completed any audits to check that antibiotics were prescribed according to national guidance.

Lessons learned and improvements

We found that staff had a limited understanding of what might constitute an untoward event and had not fully recorded several incidents that had occurred within the practice. There was no evidence how learning from these incidents had been analysed and used to prevent their recurrence

The practice had not signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA).

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 15 comments cards that had been completed by patients prior to our inspection. The comments received reflected that patients were very satisfied with their treatment and the staff who provided it. One patient commented, 'I needed two difficult tooth extractions. These were virtually painless and the aftercare very professional'. Another patient stated, 'had a lot of work on root canal and the it was done brilliantly'.

The practice had systems to keep dental practitioners up to date with current evidence-based practice.

Our discussions with the dentist demonstrated that they were aware of, and worked to, guidelines from National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. Our review of dental care records indicated that patients' dental assessments and treatments were carried out in line with recognised. However, their risk of caries and periodontal disease had not always been recorded consistently.

The practice had an intra-oral camera and a computerised injection system to enhance the delivery of care to patients.

Helping patients to live healthier lives

We found the dentist had a limited understanding and awareness of the Department of Health's Delivering Better Oral Health toolkit but was applying its principles to patient care.

The dentist where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided written information leaflets to help patients with their oral health. Free toothpaste samples were available for patients.

Staff actively worked with a nearby nursery school, inviting pupils into the surgery so they could become familiar with, and less fearful of, the dental setting.

Consent to care and treatment

The dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patients' records. Patients confirmed the dentist listened to them and gave them clear information about their treatment.

The practice did not have any specific policies in relation to the Mental Capacity Act and Gillick competence guidelines and we found staff's knowledge needed strengthening in these areas to ensure they acted appropriately when treating patients who might not be able to make decisions for themselves

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles, and completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

The dentist told us he referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. The practice also had systems and processes for referring patients with suspected oral cancer under the national two weeks wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice did not actively monitor non-NHS referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Patients' comments that we received clearly demonstrated that they felt they were treated respectfully, sensitively and compassionately by the practice's staff. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist. One patient reported, 'I am petrified of the dentist, but I am treated so kindly and with such good care. Staff seem to just understand my fear'. Another described staff as having 'excellent interpersonal skills.'

Staff gave us examples of where they had supported patients; in one instance preparing a special card and gift from the tooth fairy to help a very nervous child attend their appointment. In another instance providing child care so that a parent could attend an emergency appointment.

Privacy and dignity

The reception computer screen was not visible to patients and staff did not leave personal information where other patients might see it. Staff password protected patients' electronic care records and backed these up to secure storage

All consultations were carried out in the privacy of the treatment room and the door was closed during procedures to protect patients' privacy.

Involving people in decisions about care and treatment

The practice's website provided patients with information about the range of treatments available at the practice. Patients confirmed the dentist listened to them and gave them clear information about their treatment. One told us, 'They listen to your teeth problems and give advice on treatment and affordability'.

The dentist talked knowledgeably about the importance of active listening and checking patients understanding of their treatment. He used a variety of methods to help patients understand their treatment including photographs, X-rays and an intra oral camera.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a website which gave patients information about the services it offered and their costs.

The practice had made some adjustments for patients with disabilities. There was portable ramp access to the entrance, a fully accessible toilet and a ground floor treatment room. Part of the reception desk had been lowered to make communication easier for wheelchair users. However, there was no hearing loop to assist patients with hearing aids, and information about the practice was not produced in any other formats or languages.

A large TV screen had been placed on the ceiling above the dental chair to distract patients whilst they were being treated.

Timely access to services

The practice was able to take on new patients at the time of our inspection and a routine appointment could be obtained within a couple of days. The practice opened until 6.30pm three days a week, and on alternate Saturday mornings, allowing good access for patients who worked full-time.

Two emergency slots a day were available for patients experiencing dental pain and the practice sent out post card appointment reminders to patients.

Listening and learning from concerns and complaints

The practice had not received any complaints in a number of years, so it was not possible for us to assess how patients' concerns were managed.

We noted there was no information in the waiting area or on the practice's website informing patients how they could raise their concerns.

Are services well-led?

Our findings

Leadership capacity and capability

The dental team was a family, and although there were no formal lead roles, each family member had responsibility for specific tasks within the practice. They told us they worked as a close team to deliver the service, evidence of which we viewed throughout the day of our inspection.

Culture

The practice was small and friendly and had built up a loyal and established patient base over the years. It was clear staff enjoyed their work and were committed to delivering a good service to their patients.

The practice had a duty of candour policy in place, and staff had a satisfactory knowledge of its requirements.

Governance and management

We identified several shortfalls during our inspection in relation to the control of infection, the assessment of risk and the management of medical emergencies that indicted governance procedures needed to be strengthened to ensure patients received safe care. The policies used were very generic and not particularly specific to the practice itself. There was limited evidence to show that staff had read, understood and agreed to bide by them and they had not been reviewed regularly.

Despite seeing each other regularly both in and out of the working environment as family members, formal practice meetings were held to discuss the running of the service.

Engagement with patients, staff, the public and external partners.

The provider used surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients which had been implemented including the provision a raised chair, extending special offers for treatment and consulting patients about their preferred music choices to be played in the treatment room.

Staff suggestions to update the practice's website, review opening hours and improve administrative tasks had also 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, radiographs, and infection prevention and control. Staff had completed all 'highly recommended' training as per General Dental Council professional standards.

Staff did not receive a formal appraisal, given the nature of their relationship with each other.