Care Quality Commission

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St Andrews Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 10 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 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

St Andrews Dental Practice is a well-established practice that offers both NHS and private treatment to children and adults. It is based in Biggleswade town centre. The dental team includes six dentists, seven dental nurses, a hygienist, reception staff and a practice manager.

There is no level access for people who use wheelchairs and those with pushchairs. Car parking is available at a public car park a short walk away. The practice opens from 8 am to 6 pm Monday to Thursday; and from 8 am to 4.30 pm on a Friday.

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 collected 41 CQC comment cards filled in by patients and spoke with two other patients. We spoke with three dentists, three dental nurses, reception staff and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Patients were positive about all aspects of the service the practice provided and commented positively of the treatment they received, and of the staff who delivered it.
- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- Staff knew how to deal with emergencies, and appropriate medicines and life-saving equipment were available.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients' care and treatment was provided in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- There was a clear leadership structure and staff felt supported and valued. The practice proactively sought feedback from staff and patients, which it acted upon.

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

- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the availability of an interpreter service for patients who do not speak or understand English.

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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The principal dentist was the lead for all safeguarding matters and had completed level three training.

We saw evidence that staff received safeguarding training and knew about the signs and symptoms of abuse and neglect, and how to report concerns. Information about protection agencies was available in the decontamination area, making it easily available to staff. Staff gave us specific examples when they had acted to protect vulnerable patients.

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

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

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We looked at staff recruitment information for the two most recently recruited employees which showed the practice had followed their procedure to ensure only suitable people were employed.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Records showed that fire detection and firefighting equipment was regularly tested, and staff undertook regular fire evacuations with patients.

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

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had the required information in their radiation protection file. The dentists 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 continuing professional development in respect of dental radiography. All but one X-ray units had rectangular collimation to reduce patient radiation exposure.

CCTV was in use in communal areas to increase patient and staff safety and appropriate signage was in place warning of its use.

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.

A sharps risk assessment had been undertaken, although this needed to include information about all the different types of sharp instruments used in the practice. Staff followed relevant safety laws when using needles. Sharps bins, although not wall mounted, were sited safely and had been labelled correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Staff were aware of changes in regulations in the use of dental amalgam and the practice manager told us appropriate amalgam separators had been installed.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

Are services safe?

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for all materials used within the practice.

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 audits twice a year and the latest audit 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. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had undertaken an assessment of legionella risk and its recommendations to display drinking water signage and implement a log of faults for the autoclaves had been implemented. Records of water testing and dental unit water line management were in place and indicated staff were following best practice guidance.

We noted that all areas of the practice were visibly clean, including the waiting areas corridors toilets and staff areas. 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 treatment room drawers that risked aerosol contamination over time.

Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. We noted they changed out of their uniforms at lunchtime. Full-time staff only received two sets of uniforms which could make it difficult for them to ensure they wore a clean one every day.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored in a lockable cupboard within the practice.

Safe and appropriate use of medicines

The dentists were aware of current guidance about prescribing medicines. There were suitable systems for prescribing and managing medicines, although the practice's name and address were not printed on medicines dispensed privately. Patient group directions were in place for the hygienist, allowing her to administer some medicines to patients.

Prescription pads were held securely but there was no tracking in place to monitor individual prescriptions to identify any theft or loss.

The practice completed antimicrobial audits to ensure dentists were prescribing them according to national guidelines.

Information to deliver safe care and treatment

We looked at a sample of dental care records to confirm our findings and noted that records were written in a way that kept patients safe. Dental care records we saw were accurate, complete and legible. They were kept securely and complied with The Data Protection Act and information governance guidelines.

Lessons learned and improvements

There were systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice. We viewed several event logs which clearly outlined the incidents and the action taken to prevent their recurrence.

The practice manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and implemented any action if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 41 comment cards that had been completed by patients prior to our inspection. All the comments received reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it.

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken, and the advice given to them. Our discussions with the dentists 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. The practice had systems to keep dental practitioners up to date with current evidence-based practice.

The practice had intra-oral cameras, digital-X-ray machines and an OPG unit to enhance the delivery of care.

The practice offered dental implants. These were placed by the principal dentist and a visiting clinician who had undergone appropriate post-graduate training in the provision of dental implants which was in accordance with national guidance.

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. 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. Dentists used fluoride varnish for children based on an assessment of the risk of tooth decay.

A full-time dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed clinicians listened to them and gave them clear information about their treatment. One patient told us, 'The hygienist explained what she was going to do and why she was doing it (measuring my gums)'.

Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients.

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 might not be able to make informed decisions. Staff were aware of the need to consider this when treating young people under 16 years of age.

Effective 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. Additional reception staff had been employed to meet increasing patient demand.

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 discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Dentists 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 monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as understanding and helpful. One patient told us that, 'My dentist is very nice and friendly. Also chatty about everyday life. It's nice to feel like a person, not just a customer'. Another stated, 'The dentist is so gentle and caring - as an extremely anxious patient this really helps put me at ease.'

Staff gave us specific examples of where they had gone out of their way to support patients. For example, one patient was seen after hours to help reduce their significant pain and staff sent condolence cards to recently bereaved patients' families.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. Reception staff we spoke with told us about the practical ways they maintained confidentiality by lowering their voices and offering a separate room if patients wanted to discuss a sensitive issue. Staff password protected patients' electronic care records and backed these up to secure storage. Paper records were stored securely.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy.

Involving people 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. One patient told us 'I always find the staff explain things well, with lots of eye contact and active listening to me'.

Dental records we reviewed showed that treatment options had been discussed with patients. Dentists used intra-oral cameras, models, X-ray images and drawings to help patients better understand their treatment options.

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 treatments available, the staff and fees. In addition to general dentistry, the practice offered dental implants and facial aesthetics to patients. A payment plan was available to spread the cost of dental treatment.

Patients could join the practice's social media page.

Although the premises were not accessible to wheelchair users, the practice had made reasonable adjustments for patients with disabilities, including a portable induction loop for patients who wore hearing aids.

We noted that there was no information in relation to translation services for patients who did not speak English, and staff were not aware of the service.

Timely access to services

At the time of our inspection waiting times for NHS treatment was about six months and one patient described the waiting time as 'excessive'.

The practice's 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. The practice was part of an out of hours emergency rota with five other local practices for its private patients.

Appointments could be made by telephone or in person and the practice operated a text and email appointment reminder service. Specific emergency slots were available for those experiencing dental pain. Patients confirmed they could make emergency appointments easily and were rarely kept waiting for their appointment once they had arrived.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in one of the waiting areas for patients, but not the other.

We viewed the practice's complaints log and found the complaints' had been investigated and responded to appropriately. All complaints were managed as untoward events and learning from them was shared with staff.

Are services well-led?

Our findings

Leadership capacity and capability

There were clear responsibilities, roles and systems of accountability to support good governance and management. The principal dentist took responsibility for the overall leadership in the practice supported by the practice manager. We found the principal dentist and practice manager to be knowledgeable, experienced and clearly committed to providing a good service to both patients and staff. They were well prepared and organised for our inspection. Staff described them both as approachable and effective.

There was a clear staffing structure within the practice itself with specific staff leads for areas such as infection control, fire, and emergency drugs. We saw the provider had effective processes to develop staff capacity and skills and, as a result, many had moved onto further education or taken up senior roles at other practices.

Culture

The practice had a culture of high-quality sustainable care. Staff said they felt respected, supported and valued and were clearly proud to work in the practice.

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. We looked at several policies and procedures and found that they were up to date and had been reviewed regularly.

There was a full-time practice manager, and the principal dentist dedicated one day a week to various managerial and administrative tasks. The principal dentist told us that each year he and the practice manager undertook a full review of all systems in the practice. In addition to this, the practice had purchased a governance tool to assist with its running.

Communication across the practice was structured around a monthly meeting for all staff which they told us they found beneficial. One staff member described them as 'noisy and really useful'

There were also additional meetings for dentists and nurses. We viewed minutes from several meetings which were detailed. Staff had signed the minutes to demonstrate they had read and understood them.

Appropriate and accurate 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. Staff received training on information governance.

Engagement with patients, the public, staff and external partners

The practice had introduced the NHS Friends and Family Test as a way for patients to let them know how well they were doing. The results, along with patients' comments, were displayed in the waiting room. Results for July 2019 showed that all 17 respondents would recommend the practice. In addition to this, the practice had its own survey and patients were asked for feedback in relation to the quality of information available, privacy and waiting times. We viewed approximately 15 completed surveys which showed high patient satisfaction rates. There was also a patient suggestion box on reception. The practice actively monitored the NHS Choices website and at time of our inspection had scored four out of five stars based on eight reviews.

Staff told us that patients' suggestions to improve reception staff's skills and increase the number of telephone lines had been implemented.

The practice had a socia media page and used it to communicate to patients.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and told us these were listened to and acted upon. Their suggestions to change the decontamination rota, employ another receptionist and display do not disturb signs on treatment room doors had been implemented.

Continuous improvement and innovation

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, antibiotic prescribing, hand hygiene and infection prevention and control. The dentists met regularly to discuss the latest guidance, and a new patient periodontal pathway had been reviewed at the last meeting to ensure all were aware of it.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders and staff had professional development plans in place.