Esmerelle Limited

Zandielle Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 3 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

Zandielle Dental Practice is based in Attleborough and offers private dental treatment and facial aesthetics to patients. The practice has two dental surgeries and the dental team includes three dentists, a hygienist, a practice manager and two dental nurses.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The practice opens from 9 am to 5 pm Monday to Friday. Evening and Saturday appointments are available for patients on request.

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 principal dentist.

On the day of inspection, we received feedback from 34 patients. We spoke with the principal dentist, the practice manager, a nurse and the receptionist. 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 highly 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.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- 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.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- 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 sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Review the fire safety risk assessment and ensure that any actions required are completed and ongoing fire safety management is effective.
- 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's complaint handling procedures and establish an accessible system for learning from patients' complaints.

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. We viewed contact information for protection agencies in the staff kitchen, making it easily accessible. We saw evidence that staff received safeguarding training. One of the dentists was the named lead for safeguarding matters in the practice and had undertaken level three training. Staff gave us a specific example where they had been proactive in managing the non-attendance of one child for treatment, demonstrating they took protection issues seriously.

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 and staff felt confident they could raise concerns.

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

The provider had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation, although this needed to be updated to include procedures for undertaking disclosure and barring checks. We looked at the staff recruitment file for the most recently employed member of staff. This showed that most pre-employment checks had been undertaken, although references or other evidence of previous satisfactory conduct had not been obtained to ensure they were suitable for their role.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Specific staff had been appointed as fire marshals and all staff rehearsed evacuating the premises. Records showed that fire detection and firefighting equipment was tested regularly. A fire risk assessment had been completed, but we noted that not all its recommendations had been implemented. We noted that there was no signage to warn that compressed gas was stored in the building.

The practice had a business continuity plan describing how staff would deal with events that could disrupt its normal running. This was kept off site, so it could not be accessed in the event of an incident.

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 regular radiography audits following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography. X-ray units had rectangular collimation to reduce patient radiation exposure.

The practice had CCTV in place for additional security and appropriate signage was in place warning patients 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 risk assessments that covered a wide range of identified hazards and detailed the control measures that had been put in place to reduce the risks to patients and staff.

The practice had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus.

A sharps risk assessment had been undertaken, although this was limited in scope, and did not include all sharp items used in the practice. The dentists were not using the safest types of needles, and a risk assessment had not been undertaken in relation to this. Sharps boxes were not wall mounted as recommended, and we found one sharps' box which had not been removed after a period of three months, as recommended in guidance

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Emergency equipment and medicines were available as described in recognised guidance, apart from portable suction and a child's

Are services safe?

self-inflating bag. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. The practice did not have its own AED and relied on one at its sister practice nearby. However, we found this had not been adequately risk assessed, and staff had not rehearsed obtaining it in the event of an emergency.

There was a Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for all materials used within the practice, although this needed to be updated to include some cleaning materials used in the practice.

We noted that all areas of the practice were visibly clean, including the waiting area, toilets and staff areas. We checked two treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Cleaning equipment was colour coded and stored safely. Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination.

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. The senior nurse was the appointed lead for infection control. Staff carried out regular infection prevention audits, although not as frequently as recommended. The latest one showed the practice was meeting the essential minimum standards.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. Systems were in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. Records of water testing were in place and indicated staff were following best practice guidance.

The practice used an appropriate contractor to remove dental waste from the practice and clinical waste was stored securely at the back of the property.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

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 complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines and antimicrobial audits were undertaken to ensure they were prescribing according to national guidelines. The hygienist worked under prescription of the dentist to administer local anaesthetics.

Glucagon was kept in the fridge and its temperature was monitored to ensure it was working effectively.

Lessons learned and improvements

The practice had policies and procedures in place to report, investigate, respond and learn from accidents, incidents and significant events. Staff we spoke with understood national reporting systems. We viewed the practice's event forms where details of untoward incidents had been recorded, along with the action taken to prevent their recurrence. As a result of an unintentional breach of patient confidentiality, the practice had purchased a new printer and discussed the incident will all staff. However, we noted two incidents in the practice's accident book that had not been addressed in the same way.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Alerts were emailed to the principal dentist and practice manager who told us they posted relevant alerts on the staff notice board for all to see.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 34 comment cards that had been completed by patients prior to our inspection. All the comments received reflected patient satisfaction with the quality of their dental treatment and the staff who delivered it. One patient commented, 'The staff listened to my needs and the treatment was excellent'.

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

Staff had access to a Cerec machine, 3D printing, a digital OPG and an intra oral camera to enhance the delivery of care to patients. One patient told us that they particularly liked the 'state of the art dental equipment' provided at the practice.

Helping patients to live healthier lives

Dental care records we reviewed demonstrated that dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. A direct access 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. The hygienist visited local primary schools to provide demonstrations on oral hygiene to pupils there.

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

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 their dentist listened to them and gave them clear information about their treatment. One told us, 'Everything was explained in a professional and friendly way'. Another stated, 'Time was taken to show and talk me through my X-ray and all my questions were answered'.

Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients. Every patient received a treatment plan which they signed.

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.

Effective staffing

Staff told us there were enough of them to ensure the smooth running of the practice, and that they did not feel rushed in their work. Staff from the provider's sister practice nearby could provide cover if needed.

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

We confirmed clinical staff completed the continuous professional development required for their registration with the GDC and records we viewed showed they had undertaken appropriate training for their role.

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 manager told us a log of all non-NHS referrals was kept to ensure they were managed 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 many comment cards we received described staff as caring and considerate. One patient commented, 'I have been delighted with the service from this practice. The receptionists are always kind and polite, the nurses caring, and the dentists informative and professional'. Another told us, 'The surroundings are very pleasant and everything about the visit is relaxing and caring'.

The practice manager told us that the hygienist sent birthday cards to patients celebrating their significant birthdays, and that texts were sent to patients to inform them of any issues that might impact on their journey such as road closures. Appointments were also offered out of hours so that treatment could be completed for patients before important events. The principal dentist told us of the additional measures he implemented to support frail older patients, those with mental health problems and patients who were HIV positive.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it. The receptionist told us patients could request a private room if they wanted to discuss any personal issues.

Staff password protected patients' electronic care records and backed these up to secure storage. Patients' medical information was managed in a way that protected their privacy and confidentiality.

All consultations were carried out in the privacy of the treatment room and we noted its door was 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.

The principal dentist described to us the rigorous consultation process conducted before patients undertook their treatment, and it was clear he understood the need for patients to be given time to make an informed choice about their treatment. Following their initial consultation, patients were given staff's direct email addresses in case they had any further questions.

The practice used digital technology to help patients better understand their treatment. Staff were able to use digital imaging and three-dimensional mocks ups of how their mouth would look after different treatments. The dentists also had access to an intra-oral camera, videos, and dental models to explain treatments to patients.

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. Patient could also sign up to the practice's Facebook page and Instagram service.

The practice offered a payment plan to help patients spread the cost of their dental care.

The waiting area offered good facilities for patients including a TV screen and magazines. There was a separate lounge area, where patients could relax between different stages of their treatment.

The practice had made reasonable adjustments for patients with disabilities. There was level access to the building, ground floor treatment rooms, a hearing induction loop, and a fully accessible toilet. A lowered area on reception desk enabled better communication with wheelchair users. Staff were aware of translation services that could be used if patients did not speak or understand English. The practice manager told us that information about the practice had been translated into Polish and Lithuanian as some patients spoke these languages.

Timely access to services

At the time of our inspection, the practice was able to register new patients.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website. Patients were able to contact the practice via email or SMS text messaging and could book their appointments on-line. Appointments could be made by arrangement in the evening or on a Saturday, and the practice offered a text and email appointment reminder service. Two emergency slots a day were available for one dentist and ad hoc slots available for another. Patients told us that getting an emergency appointment was easy.

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 the patient waiting area and reception staff spoke knowledgeably about how to manage patients' complaints.

The practice had received one complaint since it had opened in 2017. However, it was not possible for us to assess how it had been managed as the paperwork was not complete, and there was no evidence of learning from the complaint.

Are services well-led?

Our findings

Leadership capacity and capability

We found that staff had the capacity, knowledge and skills to deliver high-quality, sustainable care.

There were clear responsibilities, roles and systems of accountability to support good governance and management. The practice manager was responsible for the day to day running of the practice and was supported by a senior nurse who took on additional responsibility for areas such as infection control.

Culture

Staff stated they felt respected, supported and valued by the principal dentist. The interaction we observed between them was friendly, co-operative and supportive. We found staff had an open approach to their work and shared a commitment to improve the service they provided to patients.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed. 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.

The practice had purchased a dental compliance management tool to assist in the running of the service.

Communication across the practice was structured around regular meetings, attended by all staff. Different topics were discussed each month to help keep staff up to date with latest best practice and legislation. Staff also communicated via a 'What's App' group so that key messages could be disseminated quickly if needed.

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.

The receptionist showed us GDPR guidelines she referred to when sending out emails and letters to patients.

Engagement with patients, the public, staff and external partners

The practice used surveys, comment cards and verbal comments to obtain patients' views about the service. The practice's survey asked patients for feedback about their appointment times, staff's knowledge and abilities, and value for money. About 20 patients a month were sent a survey and the practice manager actively monitored the results. We viewed the results of about 15 surveys which showed high satisfaction rates from respondents.

We saw examples of suggestions from patients the practice had acted on such as placing a door hook in the toilet, having different types of tea to drink, and providing a door mat at the entrance.

The practice gathered feedback from staff through meetings, surveys appraisals, and informal discussions. There was also a specific staff survey. Staff were encouraged to offer suggestions and their requests for reworking the rota and organising 'lunch and learns' 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, radiographs, antibiotic prescribing, hand hygiene, and infection prevention and control. These audits had been successful in identifying areas for improvement. For example, following the radiograph audit, the arm on one X-ray unit was tightened and a beam aiming device had been purchased to reduce the number of grade 3 radiographs.

There was a strong emphasis on training and learning within the practice. The principal dentist was a pioneer in digital dentistry and lectured in the UK and abroad. He also held regular master classes in its use at the practice for other dental practitioners. He had won several national awards for his work in digital dentistry. Another dentist held a Master's Degree in Aesthetic Medicine and a Diploma in Orthodontics.

Are services well-led?

The dental nurses had annual appraisals of their performance and we viewed evidence of completed appraisals in the staff folders.