

## St Mark Dental Surgery

# St Mark Dental Surgery

## Inspection Report

St Marks Dental  
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### Overall summary

We carried out this announced inspection on 11 April 2018 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 not providing well-led care in accordance with the relevant regulations.

##### **Background**

St Mark's Dental Surgery is in Cambridge and provides both NHS and private treatment to patients of all ages. The practice opens on Monday to Friday, from 9 am to 5pm. It opens later on a Wednesday evening until 7pm. There is ramp access for people who use wheelchairs and those with pushchairs.

The dental team includes three dentists, an orthodontist, three dental nurses and two reception staff. The practice has three treatment rooms.

# Summary of findings

The practice is owned by an individual who is the principal dentist there. They have 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 23 CQC comment cards filled in by patients and spoke with one other patient.

During the inspection we spoke with one dentist, the practice manager, both receptionists and an agency nurse. We looked at practice policies and procedures and other records about how the service is managed.

## Our key findings were:

- We received positive comments from patients about the dental care they received and the staff who delivered it.
- The practice had suitable safeguarding processes and staff knew their responsibilities for protecting adults and children.
- The appointment system met patients' needs and the practice opened late one evening a week. Text and email appointment reminders were available.
- The practice was clean and well maintained, and had infection control procedures that reflected published guidance.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence.
- Systems to ensure the safe recruitment of staff were not robust, as essential pre-employment checks had not been completed.
- Risk assessment was limited and recommendations to improve safety for patients and staff were not always implemented.
- Staff did not receive regular appraisal of their performance and did not have personal development plans in place.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. This includes the recording and monitoring of significant events; managing complaints effectively, implementing recommendations from risk assessments, strengthening audit systems and ensuring staff receive regular appraisal of their performance.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff.

## Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the practice's protocols for recording in the patients' dental care records the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. Review the analysis of the grades for the quality of radiographs to ensure these are correctly recorded over each audit cycle and for each dentist.
- Review the practice's responsibilities to the needs of people with a disability, including those with hearing difficulties and those who do not speak English and the requirements of the Equality Act 2010.

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

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults.

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 arrangements for dealing with medical and other emergencies. There were sufficient numbers of suitably qualified staff working at the practice, although recruitment practices were not robust.

Untoward events were not always reported appropriately and learning from them was not shared across the staff team. Legionella bacteria and clinical waste was not managed in line with recommendations from the practice's risk assessment.

No action



### Are services effective?

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

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. Dentists mostly used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice, although there was room for improvement in the assessment of patients' periodontal and cancer risk, and the justification and grading of X-rays.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

We received feedback about the practice from 23 patients. They were positive about all aspects of the service the practice provided. Patients spoke positively of the dental treatment they received and of the caring and supportive nature of the practice's staff. Staff gave us specific examples of where they had gone out their way to support patients.

We saw staff protected patients' privacy and were aware of the importance of confidentiality.

No action



# Summary of findings

## Are services responsive to people's needs?

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

Routine dental appointments were readily available. Patients told us it was easy to get an appointment and the practice opened late one evening a week. The practice had made some reasonable adjustments to accommodate patients with disabilities including a downstairs surgery and ramp access for wheelchair users. However, the ramp was not safe for use, information was not available in any other forms and no hearing loop was available to assist those with impairments.

Complaints were not managed effectively and learning from them was not shared across the staff team.

No action



## Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations

The staff told us they enjoyed their work and felt supported by the principal dentist. However, we found a number of shortfalls indicating that the practice's governance procedures needed to be improved. This included the analyses of untoward events, recruitment procedures, staff appraisal and the management of complaints and risk.

Due to significant shortages of staff, the practice manager had been focussing on meeting the immediate needs of patients. She was aware that improvements were needed in the overall management of the service, and was keen to turn her attention to this.

Requirements notice



# 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 and vulnerable adults and most had received appropriate training for their role. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Contact information for local protection agencies was available in the manager's office but needed to be reviewed to reflect up to date details. There was information about child protection referrals around the practice, but it did not contain local contact numbers or any information about vulnerable adults.

Reception staff told us there was a system to highlight vulnerable patients in dental records e.g. children and adults where there were safeguarding concerns, people with a learning disability or those who required other support such as with mobility or communication.

Not all staff had a disclosure and barring check to ensure they were suitable to work with vulnerable adults and children.

Not all dentists used rubber dams routinely in line with guidance from the British Endodontic Society when providing root canal treatment. We were not able to assess if other methods were used to protect patients' airways from the records we viewed.

The practice had a business continuity plan describing how it would deal with events that could disrupt the normal running. However, this was not signed, dated or particularly relevant to the practice. It did not contain any contact numbers of staff or utility companies and was not accessible off site.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice did have a recruitment policy to help them employ suitable staff, but this was not in line with legislation. We viewed recruitment paperwork for recent staff members and found that essential pre-employment checks had not been undertaken such as a disclosure and

barring checks, and references. The practice did not keep a record of employment interviews to demonstrate they had been conducted fairly and in line with good employment practices.

An agency nurse was working at the practice on the day of our visit, but the practice had not obtained any information about them to assure themselves that they were suitable to work.

Staff told us they had the equipment needed for their work and repairs were managed effectively. The practice ensured facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. However, fire evacuations involving patients were not conducted, despite this being recommended by the fire officer.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and we found the required information in their radiation protection file. However, we found that the dentists did not always justify, grade and report upon the radiographs they took. There were insufficient training records and evidence of radiograph audits for all dentists. Rectangular collimation was not always used on X-ray units to reduce radiation dosage to patients.

### **Risks to patients**

We looked at the practice arrangements for safe dental care and treatment. Dental clinicians did not follow the relevant safety regulation when using needles and other sharp dental items. A specific sharps risk assessment had not been undertaken in line with recommended guidance. There were no sharps' injury protocols on display in areas where they were used.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination had been checked.

Staff knew what to do in a medical emergency and had completed training in resuscitation and basic life support. This had become out of date for some staff but training had been planned for June 2018. Staff did not regularly

# Are services safe?

rehearse emergency medical simulations so that they had a chance to practise their skills. Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and hygienist when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise risk that can be caused from substances that are hazardous to health (COSHH). Although the COSHH file needed to be reviewed and updated to accurately reflect products in current use at 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.

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 were validated, maintained and used in line with the manufacturers' guidance.

A legionella risk assessment had been completed for the practice in July 2017; however, its recommendations to monitor water temperatures monthly and descale tap outlets had not been implemented.

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. Staff conducted infection prevention and control audits, but not as regularly as recommended by guidance. Results from the latest audit indicated that the practice met essential quality requirements.

We noted that all areas of the practice were visibly clean and hygienic including the waiting area, toilet and stairway. Cleaning equipment was colour coded and stored correctly. We checked two treatment rooms and surfaces including walls, and cupboard doors were free from visible dirt. However, we noted lime scale build up on taps and in sinkholes. The rooms had sealed work surfaces so they could be cleaned easily. Flooring in one surgery was worn

and ripped, making it difficult to clean effectively. The cartridge in the hand sanitiser by the medicines fridge was empty so it was not clear how staff were cleaning their hands.

Staff had their hair tied back and their arms were bare below the elbows to reduce the risk of cross contamination. We noted the nurse changed out of their uniform for lunch.

The practice's arrangements for segregating, storing and disposing of dental waste mostly reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice, although clinical waste bins to the rear of the property were not secured effectively. We also noticed one bin used to store clinical waste was uncovered and did not meet relevant guidelines. A waste audit for the practice had been undertaken in January 2016 but its recommendations for gypsum containers and storage requirements for out of date medicines had not been implemented.

## 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 to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, and legible. They were kept securely and complied with data protection requirements.

## Safe and appropriate use of medicines

There was a suitable stock control system of medicines, which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The fridge's temperature, in which medicines requiring cool storage were kept, was not monitored to ensure it operated effectively. Prescription pads were not held securely and there was no tracking in place to monitor their use and identify any theft. Antimicrobial audits were not conducted regularly to ensure dentists were following current guidelines

## Lessons learned and improvements –

Staff we spoke with were not aware of any policies in relation to the reporting of significant events, or of other

## Are services safe?

guidance on how to manage different types of incidents. We found staff had a limited understanding of what might constitute an untoward event and they were not recording all incidents to support future learning. For example, we were told of a number of untoward incidents including a patient who had been injured when an X-ray unit had fallen on them and a drunken patient who had attended at the practice. There was no evidence to demonstrate that these had been investigated and discussed to prevent their reoccurrence.

The practice had signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). These were monitored by the practice manager who actioned them if necessary.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

We received 23 comments cards that had been completed by patients prior to our inspection. The comments received reflected that patients were very satisfied with the quality of their dental treatment and the staff who provided it.

Our discussion with the dentist and review of dental care records demonstrated that patients' dental assessments and treatments were mostly carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. We noted that improvement was needed in the assessment of patients' periodontal and cancer risk and in the recording of X-rays to ensure recommended guidance was followed.

Audits of the quality of dental care records were not routinely undertaken as recommended by guidance to ensure they met national standards.

### 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. One of the dentist's also offered hygiene appointments to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. 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.

The practice had a selection of dental products for sale and provided some leaflets to help patients with their oral health. Information about local smoking cessation support services was available in the patient waiting areas. The practice did not participate in any national campaigns to improve oral health.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. Patients

confirmed their dentist listened to them and gave them clear information about their treatment. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

The practice 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

The practice had struggled to recruit staff in the previous two years, and therefore relied on agency staff to cover vacant shifts. Occasionally the dentist had worked without chairside support as a result. However, two trainee dental nurses and two reception staff had recently been recruited, easing the pressure on existing staff.

Training records were not complete and the practice could not provide evidence that all relevant staff had received up to date training in areas such as information governance, oral cancer, the Mental Capacity Act, and equality and diversity. There was no formal system in place to monitor staff training and ensure it was kept up to date. Basic life support training had become out of date as a result.

### Co-ordinating care and treatment

Staff confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. The practice manager told us of a new electronic referral system that had been introduced in the area, allowing her to monitor and track the progression of individual patient's referrals.

The practice also had systems and processes 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 she always followed up referrals for these, to ensure that had been received.



# Are services caring?

## Our findings

### **Kindness, respect and compassion**

We received positive comments from patients about the quality of their treatment and the caring nature of the practice's staff. Patients described staff as caring, reassuring and that they put them at ease. Staff gave us examples of where they had assisted patients such as walking them home after their appointment or ringing to check on their welfare after complex treatment. The practice manager told us she had visited a local care home to advise care staff there what was required when they brought residents to the practice for treatment to ensure it went smoothly.

### **Privacy and dignity**

All consultations were carried out in the privacy of treatment rooms and we noted that doors were closed during procedures to protect patients' privacy. Patients' paper records were stored securely in lockable filing cabinets behind the reception desk.

Waiting rooms were sited away from the reception areas, allowing for good privacy when reception staff were dealing with patients. The reception computer screens were not easily visible to patients and staff did not leave patients' personal information where others might see it.

### **Involving people in decisions about care and treatment**

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Dental records we reviewed showed that treatment options had been discussed with patients. However, we were told that not all patients received treatment plans, evidence of which we viewed during our inspection.

Staff were not aware of Accessible Information Standards and the requirements under the Equality Act. They were not aware of local translation services and information about the practice was not produced in any other formats or languages, despite the practice manager telling us of two Chinese patients who attended the practice and did not speak English. There was no information about private fees on display in patient waiting areas.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Patients described high levels of satisfaction with the responsive service provided by the practice

The practice had made some adjustments for patients with disabilities. These included ramp access to the rear of the building, a downstairs treatment room and chairs with arms in the waiting room to help those with limited mobility. However, we noted that the ramp was unfit for safe use, and the downstairs toilet was not fully accessible. Corridors were very narrow making them difficult to manoeuvre in for those in wheelchairs. There was no portable hearing loop to assist those who wore hearing aids. Information about the practice and patient medical histories was not available in any other languages, or formats such as large print. The practice did not have a specific information leaflet about its services it could give to patients. It did not yet have a web site.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. They confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. Appointments were available up to 7pm one evening a week to meet the needs of patients who worked full-time. Specific slots were held each day for those needing emergency treatment.

The practice offered a text and email appointment reminder service. Staff told us that patients who requested an urgent appointment were always seen the same day. Appointments ran smoothly on the day of the inspection and patients were not kept waiting. Reception staff told us this was usually the case and appointments rarely ran over time.

### Listening and learning from concerns and complaints

It was difficult for us to assess how the practice handled its complaints, as paperwork was not available in such a way as to determine the timescales in which they had been responded to, the quality of the investigation or the complaints' outcome. There was no evidence to show how learning from them had been implemented to improve the service.

There was no information on display in the waiting room informing patients about how they could raise concerns, and reception staff did not have any information they could give patients about the practice's complaints procedure. Reception staff were unaware of the practice's complaint's policy and timescale's for response. They told us they would only accept written complaints from patients. There was no system in place to monitor or record minor verbal complaints by them.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The principal dentist had overall responsibility for the management and clinical leadership of the practice. He was supported by a practice manager who was responsible for the day-to-day running of the practice.

Staff told us the principal dentist was approachable and responsive. Although he did not live locally and only worked part-time at the practice, staff told us he rang every day to support them.

### Vision and strategy

The practice did not have a specific vision or strategy in place. However, staff were aware of forthcoming plans to refurbish areas of the practice and introduce more specialist dentists. They told us they had been consulted and involved in the forthcoming changes.

### Culture

The practice was small and friendly, something which patients particularly appreciated. Staff told us they enjoyed their job and felt supported, respected and valued in their work. Staff reported they were able to 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, although staff were not aware of their responsibilities under it, and there was no evidence to show the policy had been shared with them.

### Governance and management

We identified a number of shortfalls in the practice's governance arrangements including the analysis of

untoward events, the recruitment of staff, complaints' handling and the management of known risks. At the time of our inspection, none of the staff had received an annual appraisal so it was not clear how their performance was assessed. None had a training or personal development plan in place. There was no system in place to ensure professional registration and fitness to practice checks were undertaken for staff. We found that risk assessment within the practice was not robust, as although assessments were completed, their recommendations to protect patients and staff had not always been implemented.

The practice manager told us the service had experienced significant staff shortages in the previous year. This had impacted greatly on her ability to manage the practice effectively as she had had to cover both nursing and reception duties. She was aware of the shortfalls in the practice's governance procedures and it was clear she was working hard to try to improve the service. She reported that two new dental nurses and reception staff had been recruited, so she was now able to focus on improving the practice's management systems.

### Engagement with patients, the public and external partners

The practice used patient surveys to obtain their views about the service. The last we were shown was conducted in August 2016 and there was no evidence that its results had not been analysed or shared with staff, so it was not clear how information had been used to improve the service. Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback about the NHS services they have used. Once again, it was not clear how the results were managed.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 (1) Good Governance</b></p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at St Mark Dental Surgery were compliant with the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example:</p> <ul style="list-style-type: none"><li>• There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence.</li><li>• Actions and recommendations from risk assessments were not always implemented</li><li>• Audits for dental care records and radiography were not undertaken in line with national guidance.</li><li>• Staff did not receive regular appraisal of their performance</li><li>• The complaints procedure was not easily accessible to patients, and not all patient complaints were recorded so that learning from them could be shared</li></ul> <p><b>Regulation 17 (1)</b></p>
Regulated activity	Regulation

This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

### **Regulation 19- Fit and proper person employed**

The provider did not have robust recruitment systems in place to ensure that only fit and proper staff were employed by the practice.