

## Lowestoft Dental Care Limited

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## Inspection Report

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## Overall summary

We carried out this announced inspection on 21 August 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 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**

Lowestoft Dental Practice is a small, well-established practice that provides mostly NHS treatment to patients. The dental team includes two dentists, four nurses, a hygienist, a receptionist and practice manager.

The practice opens on Mondays to Fridays from 8.30 am to 5.30 pm. There is level access for people who use wheelchairs and those with pushchairs. On road parking is available near the practice.

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.

# Summary of findings

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 is the practice manager.

On the day of inspection, we collected 28 CQC comment cards completed by patients, and spoke with another two. We spoke with the practice manager, one dentist, two nurses and the receptionist. We also spoke with the provider's regional manager. We looked at practice policies and procedures and other records about how the service is managed.

## **Our key findings were:**

- Information from completed Care Quality Commission comment cards gave us a positive picture of a caring, professional and high-quality service. However, some patients told us their appointments had been rescheduled due to a shortage of dentists
- The practice had effective systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Risk assessment was robust and action was taken to protect staff and patients, although recommendations from the fire risk assessment needed to be implemented.
- 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.
- Patients' complaints were taken seriously and managed in a professional, timely and empathetic way.
- The practice had effective leadership and a culture of continuous audit and improvement. Staff felt involved and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided,
- The practice had experienced difficulties in recruiting dentists and this had adversely affected the availability of appointments for patients and the length of time to complete a course of treatment.
- Not all dentists used rubber dams to protect patients' airways in line with current best practice.
- The practice followed national guidance for cleaning, sterilising and storing dental instruments, although we noted that the decontamination room was easily accessible to patients and needed to be secured
- The temperature of the fridge in which medicines were stored was monitored weekly. National guidance recommends daily checks to ensure medicines and temperature sensitive materials are kept cool.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the storage of dental care products and medicines requiring refrigeration to ensure the fridge temperature is monitored and recorded daily.
- Review the access and security of the decontamination room.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment.

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

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments, although we noted that the decontamination room was easily accessible to patients and needed to be secured. The practice had suitable arrangements for dealing with medical and other emergencies,

Not all dentists used rubber dams to protect patients' airways in line with national guidance

No action



### Are services effective?

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

Patients told us they were very happy with the quality of their treatment. Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals, and referrals were monitored to ensure they had been managed appropriately.

No action



### Are services caring?

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

The practice had experienced significant difficulty in recruiting dentists and this had impacted on the availability of appointments and the waiting time till treatment. The practice had fallen behind on delivery of its NHS Contract for units of dental activity (UDA) for patients.

Staff considered patients' different needs. This included providing some facilities for disabled patients, and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly, empathetically and constructively.

No action



# Summary of findings

We received feedback about the practice from 30 people. Patients were positive about all aspects of the service and spoke highly of the treatment they received, and of the staff who delivered it. Staff gave us specific examples of where they had gone out of their way to support patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

## **Are services responsive to people's needs?**

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

The practice had experienced significant difficulty in recruiting dentists and this had impacted on the availability of appointments and the waiting time till treatment. The practice had fallen behind on delivery of its NHS Contract for units of dental activity (UDA) for patients.

Staff considered patients' different needs. This included providing some facilities for disabled patients, and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly, empathetically and constructively.

**No action**



## **Are services well-led?**

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

The practice had arrangements to ensure the smooth running of the service. These included systems for staff to discuss the quality and safety of the care and treatment provided.

Staff were well supported in their work, and it was clear the practice manager valued them and supported them in their professional development. Most staff received an appraisal of their performance, although the practice manager had never received one.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for, and listening to, the views of patients and staff.

**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 saw evidence that staff received safeguarding training. Information about safeguarding matters was available in all surgeries and at reception, making it easily available. Staff described to us two incidents where they had acted appropriately and quickly to safeguard the patients concerned.

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

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

Not all the dentists used rubber dams to protect patients' airways in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. Files we reviewed for two recently recruited staff showed that the practice followed their recruitment procedure to ensure only suitable staff were employed. All dentists were interviewed by one of the provider's clinical directors to ensure they had the skills and knowledge for their role. All clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. Staff told us they had all the equipment they needed for their role and that two new dental chairs were to be purchased as part of the practice's refurbishment plans. Stock control was effective and medical consumables we checked in cupboards and in drawers were within date for safe use.

Records showed that fire detection and firefighting equipment was regularly tested. A fire risk assessment had been undertaken in February 2018. Its recommendations to fit fire doors, install emergency lighting and replace ceiling covering in the basement had not yet been implemented. The regional manager assured us this work would be done as part of the forthcoming refurbishment which was scheduled to be completed by December 2018.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file. Clinical staff completed continuous professional development in respect of dental radiography. Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured. Regular radiograph audits were completed for the dentists. Rectangular collimators were used on X-ray units to reduce dosage to patients in line with current best practice.

### **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 comprehensive practice risk assessments that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff.

The practice followed relevant safety laws when using needles and other sharp dental items, and the dentists were using the safest types of sharps. Sharps bins were labelled and sited correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Staff were aware of forthcoming changes in regulations in the use of dental amalgam.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. They did not regularly undertake medical emergency simulations so 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.

# Are services safe?

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Staff carried out infection prevention and control audits twice a year. 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. Records showed that most equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. The practice had two autoclaves. The main autoclave was validated each day, but the second reserve autoclave, although serviced, was not validated daily as recommended by current best practice. We noted that the decontamination room was easily accessible to patients and needed to be secured.

A legionella risk assessment had been completed and the practice had implemented procedures to reduce the possibility of Legionella or other bacteria developing in the water system.

We noted that all areas of the practice were visibly clean, including the waiting area, corridors, toilet and staff area. We checked the treatment room and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. We noted that the flooring in one treatment room was ripped, and the woodwork around work surfaces was chipped making it difficult to clean effectively. The practice manager told us these issues would be resolved as part of the practice's planned refurbishment.

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 them during their lunch break.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored in a locked and secure container externally.

## **Safe and appropriate use of medicines**

There was a suitable stock control system of medicines which were held on site. The temperature of the fridge in which medicines were stored was monitored weekly. National guidance recommends daily checks to ensure medicines and temperature sensitive materials are kept cool. Prescription pads were held securely but there was no tracking in place to monitor individual prescriptions and identify any theft or loss.

The dentists were aware of current guidance with regards to prescribing medicines and antimicrobial prescribing audits were carried out. The most recent audit demonstrated the dentists were following current guidelines.

## **Information to deliver safe care and treatment**

Dental care records were kept securely and complied with data protection requirements. Patients' paper records were stored securely in lockable fireproof cabinets

Staff were aware of new guidelines in relation to the management of patient information. The practice manager had attended training specific to this and patients were given out information consent forms to sign.

## **Lessons learned and improvements**

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. The practice manager reported there had not been any recent untoward events, but if any occurred they would be fully discussed at the regular practice meetings so that learning could be shared across the team.

The practice had signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were downloaded and signed off by staff to indicate they had read and understood them. Staff were aware of recent alerts affecting dental practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Effective needs assessment, care and treatment**

We received 28 comments cards that had been completed by patients prior to our inspection. All the comments reflected high patient satisfaction with the quality of their dental treatment with patients describing their treatment as effective and pain free.

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Dental care records we reviewed were comprehensive and were audited regularly to check that the necessary information was recorded.

### **Helping patients to live healthier lives**

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 part-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. The practice had a selection of dental products for sale such as interdental brushes, floss and mouth wash. Free samples of toothpaste were available for patients. We noted there was little information available in patients waiting areas regarding oral and general health promotion.

Nurses told us that where applicable dentists discussed smoking, alcohol consumption and diet with patients during appointments.

### **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. All staff we spoke with showed a thorough understanding of the Mental Capacity Act and Gillick competence guidelines, and how they might impact on treatment decisions.

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. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### **Effective staffing**

The practice had experienced considerable problems recruiting dentists, and at the time of inspection there were two vacancies. A locum had been employed since March 2018 to support the other dentist. This shortage had impacted on patient care as a result.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. Staff told us they discussed their training needs at annual appraisals. 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 provider conducted specific referrals audits to ensure they were managed appropriately.



# Are services caring?

## Our findings

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

Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as caring, reassuring and professional. Staff gave us specific examples of where they had supported patients. For example, by delivering their dentures to the lab, delivering letters to their home address and staying on late to offer treatment.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality and the practice had a separate waiting area allowing for good privacy for reception staff when talking to other patients on the phone. Staff did not leave patients' personal information where other patients might see it.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures. Blinds were on windows in downstairs treatment rooms to prevent passers-by looking in.

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

Dental records we reviewed showed that treatment options had been discussed with patients. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. One patient told us that the advice they had received had helped them maintain what few teeth they had remaining; another that the dentist had explained treatment clearly to their young son.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting people's needs**

The waiting area provided good facilities for patients including magazines and children's books to keep them occupied while they waited.

Appointments could be made by telephone, in person or on-line and the practice operated a text appointment reminder service. Specific emergency slots were available for those experiencing pain.

The practice had made reasonable adjustments for patients with disabilities which included ramp access to the front door, a hearing loop, access to translation services, and chairs with arms in the waiting area. The practice did not have an accessible toilet. Staff described to us the practical ways they supported a visually impaired patient to receive treatment.

### **Timely access to services**

Recruiting dentists for the practice had been difficult, and at time of our inspection there were two vacant posts. This had impacted on the availability of appointments and the length of wait for treatment was about eight weeks. Two patients told us their scheduled appointments had been cancelled due to staff shortage.

### **Listening and learning from concerns and complaints**

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Clear and detailed information about how patients could raise their concerns was available in the practice leaflet and in the waiting area, making it easily accessible. The practice manager had attended a complaints handling course and clearly understood the importance of handling complaints well for patients.

We viewed information in relation to recent complaints received by the practice. We found they had been managed in a timely, professional and empathetic way.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

The practice manager took responsibility for the overall leadership in the practice, supported by a regional manager as well as clinical staff who visited to assist her in the running of the practice. She also met regularly with the practice managers of the provider's other services to discuss any issues and share best practice.

The practice manager had undertaken a specific management qualification and we found her to be experienced and knowledgeable for her role. Staff spoke highly of her.

### **Vision and strategy**

The practice had a clear vision to provide person centred quality dental care to patients. The practice manager was keen to develop the range of services on offer but had been thwarted by a lack of dentists. Plans included recruiting more dental clinicians and updating the practice's environment.

### **Culture**

Staff stated they felt respected, supported and valued and were clearly proud to work in the practice. It was clear that the management approach created an open, positive and inclusive atmosphere for both staff and patients.

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

### **Governance and management**

There were clear and effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

Professional registration checks were completed every year to ensure all clinicians continued to be fit to practice.

### **Appropriate and accurate information**

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

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

The practice used surveys, a suggestion box and verbal comments to obtain patients' views about the service. The practice's patient survey asked for feedback amongst other things, about the friendliness of staff, time spent waiting, and the overall quality of the service. We viewed 17 responses all of which indicated high satisfaction with the service, despite the lack of dentists. We found that patients' feedback was acted upon. For example, their suggestions to move waiting room chairs to a cooler area and to install a radio had been implemented.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us that the practice manager listened to them and was supportive of their suggestions. Their suggestions to rearrange the rota and introduce a specific uniform for reception staff had been implemented.

### **Continuous improvement and innovation**

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits on X-rays, record keeping, and infection prevention and control. Additional audits were completed in relation referrals management, waiting times and antimicrobial prescribing rates. There were clear records of the results of these audits and the resulting action plans and improvements. The provider's clinical team undertook annual audits of the practice to ensure standards were maintained.

Staff had access to an on-line training programme funded by the provider which provided all essential training for them.

Most staff had received an appraisal of their performance, and the provider's clinical support officers regularly met with the dentists to discuss their performance. The practice manager had never received an appraisal so it was not clear how her performance was monitored and assessed.