

Miss Shikha Mittal

Royston Dental Suite

Inspection Report

29-31 High Street, Royston, SG8 9AA
Tel: 01763244805
Website:

Date of inspection visit: 14 November 2017
Date of publication: 19/12/2017

Overall summary

We carried out this announced inspection on 14 November 2017 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. We also wanted to check that the provider had taken action to address the shortfalls we found during our previous inspection of 21 October 2015. A CQC inspector, who was supported by a specialist dental adviser, led the inspection.

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 not providing well-led care in accordance with the relevant regulations.

Background

Royston Dental Suite provides mostly private dental treatment to patients of all ages. The practice is located on the first floor, above shops in Royston High Street and is accessed by a staircase. It has one treatment room, a staff kitchen area, reception, waiting room and a decontamination area. The practice is open Monday to Friday 9am to 5.30pm. For private patients, the practice has extended opening hours on Monday and Thursday evenings until 7.30pm. The staff team consist of a principal dentist, a dental nurse and a receptionist. Locum dentists and nurses are regularly used to cover vacant shifts.

Summary of findings

The practice is owned by an individual who is the principal dentist, Dr Shikha Mittal. She has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection, we spoke with the principal dentist, a dental nurse and the receptionist. We looked at the practice's policies and procedures, and other records about how the service was managed. We collected eight comment cards filled in by patients prior to our inspection and spoke with another patient on the day.

Our key findings were:

- The practice had suitable safeguarding processes and staff knew their responsibilities for protecting vulnerable adults and children.
- The appointment system met patients' needs and patients were able to sign up to text reminders.
- The practice was clean, well maintained, and had infection control procedures that mostly reflected published guidance.
- Staff knew how to deal with medical emergencies and there was suitable equipment available for them.
- 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.

- 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.
- The practice had failed to address a number of shortfalls we had identified at our previous inspection in 2015 in relation to dental care records, employment practices, the provision of a hearing loop and incident reporting.

We identified regulations that were not being met and the provider must:

- 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.

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

- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result
- Review the practice's responsibilities to the needs of people with a disability 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 that 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 mostly followed national guidance for cleaning, sterilising and storing dental instruments. There were sufficient numbers of suitably qualified staff working at the practice, although recruitment practices were not robust. We raised this at our previous inspection in 2015.

Untoward events were not always reported appropriately and learning from them was not shared across the staff team.

No action



Are services effective?

We found that 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. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

Clinical audits were completed to ensure patients received effective and safe care.

No action



Are services caring?

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

We received feedback about the practice from nine 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.

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

No action



Are services responsive to people's needs?

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

No action



Summary of findings

The practice had good facilities and was well equipped to treat patients and meet their needs. Routine dental appointments were readily available, as were urgent on the day appointment slots.

The practice had made limited adjustments to accommodate patients with a disability, although there was no access to a portable hearing loop or information in other formats or languages. Reception staff were not aware of translation services.

The practice had a complaints' procedure that was advertised to patients.

Are services well-led?

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

Staff told us they enjoyed their work and felt supported by the principal dentist. The practice monitored clinical aspects of their work to help them improve and learn. This included asking for and listening to the views of patients and staff. However, the practice had failed to address a number of shortfalls we had identified in our previous inspection report, indicating that governance systems were not effective.

Requirements notice 

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff we spoke with were aware of policies in relation to the reporting of significant events. However, there was no guidance available 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 incidents to support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The dentist downloaded these and stored them in a specific file for future reference.

Reliable safety systems and processes (including safeguarding)

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.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments that staff reviewed every year. The practice followed relevant European Directives when using needles and other sharp dental items. The dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

There was CCTV in the reception area of the practice for additional security and a notice was on display to inform patients that they were being filmed.

Medical emergencies

Staff knew what to do in a medical emergency and had completed in-house training in resuscitation and basic life support, although they did not regularly 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, although the portable suction could not be found during our visit. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

The location of first aid boxes and emergency equipment was clearly signposted.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff; however it was not being followed. We viewed recruitment paperwork for three recently employed staff members. Essential pre-employment checks had not been undertaken such as a disclosure and barring check and references to check they were suitable to work with vulnerable adults and children. For one clinician, there was no record of their GDC registration, no record of their training, or their immunisation status. A Disclosure and Barring check (DBS) or references had not been obtained to ensure they were suitable to work with vulnerable adults and children. For another staff member there were no references, no photographic proof of their identity and no record of their employment interview to demonstrate it had been conducted fairly and in line with good employment practices.

New staff underwent an induction to their job and this was detailed in their file. However, despite working regularly at the practice, the locum staff had not undertaken an induction programme.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

A legionella risk assessment had been completed in 2015 and staff carried out regular checks of water temperatures in the building as a precaution against the development of legionella. Regular flushing of dental water lines was carried out in accordance with current guidelines.

A fire risk assessment had not been completed for the practice and we viewed a number of hazards on the premises during our inspection. However, following our inspection the principal dentist informed us she had

Are services safe?

commissioned a full fire risk assessment to be conducted by an external company. Firefighting equipment such as extinguishers was regularly tested, although staff did not rehearse fire evacuations from the premises.

There was a comprehensive control of substances hazardous to health folder containing chemical safety data sheets for all products used within the practice. This included domestic products used by the practice's external cleaner.

We noted that there was good signage throughout the premises clearly indicating fire exits, the location of first aid kits, medical emergency equipment and x-ray warning signs to ensure that patients and staff were protected.

Infection control

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out an infection prevention and control audit twice a year. The latest audit showed the practice was meeting the required standards.

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 viewed the treatment room and surfaces including walls, floors and cupboard doors were free from visible dirt. The rooms had sealed work surfaces so they could be cleaned easily. However, we noted that the treatment room was rather cluttered, with paperwork and toothpaste samples on work surfaces. Some cupboards, which contained lab work, had open fronts risking aerosol contamination. We noted a number of loose and uncovered items in treatment room drawers such as suction tips and local anaesthetics. There was an exposed area on the work surface in the decontamination room, making it difficult to clean effectively.

Staff had their hair tied back and their arms were bare below the elbows to reduce the risk of cross contamination. We noted that both the dentist and dental nurse wore jewellery, which compromised good infection control practices. We had raised this issue at our previous inspection in 2015.

The practice's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored securely in a locked cupboard under the stairs.

Equipment and medicines

Staff told us they had the equipment needed for their job. We saw servicing documentation for the equipment used and noted that staff completed checks in line with the manufacturers' recommendations.

Prescription pads were stored securely with a system in place to monitor their issue to prevent incidents of prescription fraud. The dentists did not routinely audit their antibiotic prescribing as recommended.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had most of the required information in their radiation protection file. Clinical staff completed continuous professional development in respect of dental radiography.

The practice carried out X-ray audits following current guidance and legislation, although the dentists did not justify, grade or report on the X-rays they took in dental records. We had raised this issue at our previous inspection in 2015.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our discussion with the dentist and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. Record keeping was of a satisfactory standard, although some records lacked detail to demonstrate that patients' consent had been fully considered. We raised this issue at our previous inspection in 2015.

The practice audited dental care records to check that the necessary information was recorded.

Health promotion & prevention

The principal dentist was aware of the Delivering Better Oral Health toolkit and dental care records we reviewed demonstrated she was applying its principles.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. Free samples of toothpaste were available to patients in the treatment room. There was a good selection of information leaflets including smoking cessation available for patients in the waiting areas.

Staffing

The practice team was small, with only one full-time dentist, one dental nurse and a receptionist. Locum staff were regularly used to provide cover for the dentist and dental nurse.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council, although training certificates were not available for the locum staff used. We raised this issue at our previous inspection in 2015.

There was appropriate employer's liability in place.

Working with other services

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. This included referring patients with suspected oral cancer under the national two week wait arrangements. Referrals were monitored by the practice to ensure they had been received, although patients were not routinely offered a copy of the referral for their information.

Consent to care and treatment

The practice team understood the importance of obtaining patients' consent to treatment, although dental records we viewed did not demonstrate that patients' consent had always been recorded adequately.

Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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, kind and professional. Staff gave us specific examples of how they had supported older or nervous patients. The dental nurse showed us a fidget cube she used to distract and entertain children.

All consultations were carried out in the privacy of the treatment room and we noted that door was closed during procedures to protect patients' privacy. Computer screens at reception were not overlooked and were password protected. The patient waiting area was separate from the reception, allowing for good privacy.

Involvement in decisions about care and treatment

Patients who completed our comment cards told us that their dentist listened to them and they felt involved in decisions about their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided a range of services to meet patients' needs. It offered both NHS and private treatment to children and adults. It also offered some cosmetic procedures such as tooth whitening and orthodontics. There was a TV screen in the waiting area that provided patients with information about various dental treatments.

There was information for patients about the practice, available both in the waiting area and in the practice leaflet. This included details about the dental team, the services on offer, how to raise a complaint, and information for contacting the dentist in an emergency. There was clear information about NHS and private costs on display in the waiting room, and we noted a few toys in the waiting room for children to enjoy whilst they waited.

The practice opened until 7.30pm two evenings a week and patients could sign up for text appointment reminders. Emergency and out of hours cover was provided by the dentist. Information about the out of hours services was

available on the practice's answer phone, but not on display outside the practice should a patient come when it was closed. We raised this issue at our previous inspection in 2015 but no action had been taken to address it.

Promoting equality

The practice was not accessible to wheelchair users as it was accessed by a steep stairway. There were no high chairs with arms in the waiting areas to assist patients with limited mobility, and no portable hearing loop to assist those who wore hearing aids. Information about the practice or patients' medical histories was not available in any other languages, or formats such as large print. Reception staff were not aware of translation services for patients who did not speak English.

Concerns & complaints

The practice had a complaints' procedure in place, and details of how patients could raise their concerns was available by reception and in the patient information leaflet. The practice had received one formal complaint in the last year. We viewed documentation for this and although it had been investigated and responded to in an empathetic way it had not been managed within the practice's own timescales.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. She was supported by a nurse who took on some management responsibilities in addition to her clinical work. There were policies, procedures to support the management of the service, and these were easily available to staff and had been reviewed regularly.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

A system of staff appraisal was in place to monitor staff's performance.

Leadership, openness and transparency

Communication across the practice was structured around regular staff meetings, attended by all staff. Minutes were kept and staff described the meetings as useful. They told us they were able to raise any issues they had. Staff described the principal dentist as approachable and supportive.

The practice had a specific duty of candour policy, although not all staff were aware of their responsibilities under it.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year.

We noted that action to address some of the issues highlighted by our previous inspection in 2015 had been implemented. Safer sharps were now used by the dentist, a dedicated medicines fridge had been purchased and auditing systems had improved. However, others had not. For example, the recording of patients' consent and X-ray justification in dental care records was still limited; staff continued to wear jewellery, there was no system to record and monitor unusual events, and recruitment practices were not robust. The principal dentist told us she had been on maternity leave for much of the previous year and therefore had not had the time to fully implement the improvements, but planned to soon.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys to gather feedback about its service. The survey was wide ranging and asked patients for their views on the practice's opening hours, cleanliness, appointments and value for money amongst other things. Patients could complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The principal dentist told us that a patients' suggestion for toys in the waiting room had been implemented.

It was clear the principal dentist listened to staff. The dental nurse told us that her suggestions for a rinsing bowl, soap dispensers and a specific medicines fridge had been implemented to improve the service.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</p> <ul style="list-style-type: none">· DBS checks had not been carried out at the point of employment for staff employed by the practice.· References had not been obtained for staff.· Proof of identity, GDC registration, training qualifications and indemnity had not been obtained for some staff.