

Thaxted Dental Centre Limited

Thaxted Dental Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 18 June 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

Thaxted Dental Centre is in Thaxted, Essex and provides private treatment to adults and children.

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

The dental team includes four dentists, four dental nurses, one hygienist, two dental therapists, one receptionist and the practice owner. The practice has two treatment rooms and one treatment coordinator room.

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 41 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, one dental nurse, one dental therapist, one receptionist and the practice owner. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 8.30am to 5.30pm.

Saturdays from 9am to 12.30pm.

Our key findings were:

- Patients received their care and treatment from staff who were well supported and enjoyed their work.
- The practice appeared clean and well maintained.
- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.

- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- 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 practice had effective leadership and a culture of continuous audit and improvement.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

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.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding 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. There was scope to ensure the legionella lead had undertaken legionella training.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as knowledgeable, excellent and exceptional. 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.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

The staff were involved in quality improvement initiatives such as a good practice certification scheme as part of its approach in providing high quality 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 41 people. Patients were positive about all aspects of the service the practice provided. They told us that staff were very considerate, maintained the highest standard of care and were courteous. One patient told us all staff provided the highest level of service. Others described the distance they travelled to remain with the practice. Several cards referenced the care they had received from named members of staff across the staff teams.

They said that they were given clear explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

No action



Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. They were aware of the support they could provide 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 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 the practice team to discuss the quality and safety of the care and treatment provided. The principal dentist worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff spoke highly of the dentist, telling us they were approachable and responsive to their ideas. Although the staff team was small, it was clear that they worked and communicated well together.

The practice team kept complete patient dental care records which were clearly written or typed and stored securely.

The provider 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. We found staff had an open approach to their work and shared a commitment to improving the service they provided.

No action



Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays).

The practice had clear systems to keep patients safe.

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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The principal dentist understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

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

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at six staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and 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.

Records showed that fire detection equipment, such as smoke detectors were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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 was checked. Where staff were a non-responder to the vaccine or had not received the vaccine due to extenuating circumstances there were risk assessments to review the safety of their working environment in place.

Are services safe?

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

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, the dental hygienist and the dental therapists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

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 practice 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.

The practice had systems 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, in line with a risk assessment. Recommendations had mostly been actioned and records of water testing and dental unit water line management were in place. We noted one recommendation with regard to having a named and trained legionella lead had not been completed. We discussed this with the practice team who confirmed this would be put in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected. There was scope to ensure mops were stored in line with published guidance and the practice had oversight of when equipment used for cleaning was replaced such as mop heads.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We found the external clinical waste bin was locked but was not secured. We discussed this with the practice team who confirmed they would ensure this was secured.

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

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. 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, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of emergency medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. There was a system for monitoring fridge temperatures, however there was scope to improve the oversight of this monitoring to ensure fridge temperatures were maintained and the emergency medicines stored within the fridge were kept at suitable temperatures.

The dentists were aware of current guidance with regards to prescribing medicines. There were no audits of antimicrobial prescribing.

Are services safe?

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

We looked at 20 incident reports completed in the previous 12 months. We found the incidents were investigated, documented and discussed with the rest of the dental practice team to improve learning and prevent such occurrences happening again in the future.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. There was scope for the practice to ensure that any changes or learning from external safety events, as well as patient and medicine safety alerts, were documented with any actions completed if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

The practice had access to intra-oral cameras to enhance the delivery of care. The practice team were a member of a 'good practice' certification scheme.

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.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives, such as local stop smoking services. They directed patients to these schemes when necessary.

The dentist and dental therapist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

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 dentist told us they 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.

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 may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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 had processes in place to establish and confirm parental/legal responsibility when seeking consent for children and young people.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. We noted some dental therapists and a dental nurse had undergone radiation training to enable them to take X-rays.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Are services effective?

(for example, treatment is effective)

Staff told us they discussed training needs at annual appraisals, one to one meetings and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective 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.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

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 had an effective system to ensure they monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were excellent, professional and caring. We saw that staff treated patients with respect and dignity and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

A screen with oral health information was available in the reception area for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more

privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. We noted the reception desk had raised chairs with arms for patients to sit in whilst at the reception desk. Drinking water, coffee and tea were available for patients.

Staff password protected patients' electronic care records and backed these up to secure storage.

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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and social media pages provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, X-ray images and an intra-oral camera. The intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

In addition to general dentistry the practice also provided a hygienist and dental therapist service.

The practice offered its own payment plan to help patients spread the cost of their dental treatment.

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

The practice had made reasonable adjustments for patients with disabilities. These included step free access and an accessible toilet with hand rails and baby changing facilities.

There was an induction loop available for patients with hearing aids, however there was no access to translation facilities for patients who did not speak English, although staff told us there had been no demand for this service.

Staff were clear on the importance of emotional support needed by patients when delivering care and described clear examples of how they supported the needs of more vulnerable members of society such as people living with dementia, diabetes and long-term conditions.

Staff told us that they used text messaging and e-mails to remind patients they had an appointment.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their practice information leaflet and on their website. Appointments could be booked on-line and extended hours appointments were available from 9am to 12.30pm on Saturdays.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with two other local practices. The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. This was on display in the reception area, an easy read version was also displayed. The practice information leaflet explained how to make a complaint.

The principal dentist and practice owner were responsible for dealing with these. Staff would tell the practice owner about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist and practice owner aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to ensure and share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care and demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

The practice focused on the needs of patients and had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The principal dentist worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff spoke highly of the dentist, telling us they were approachable and responsive to their ideas. Although the staff team was small, it was clear they worked and communicated well together.

We saw they took effective action to deal with poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. Staff told us they were able to raise concerns and were encouraged to do so. We were given examples of where staff had raised concerns with the principal dentist and detailed how these had been effectively addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice owner and receptionist were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys, comment cards, verbal comments to obtain staff and patients' views about the service.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

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

Are services well-led?

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.