

Dr. Michelle Wyngaard

Dynamic Dental Studio

Inspection Report

The Creamery

Angel Link

Halesworth

Suffolk

IP19 8SW

Tel: 01986 873002

Website: www.dynamic-dental.co.uk

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Overall summary

We carried out this announced inspection on 30 July 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

Dynamic Dental Studio is a well-established practice based in Halesworth that offers private treatment to approximately 2000 patients. The practice has four dental surgeries. The dental team includes three dentists, a practice manager and four dental nurses. A hygienist works at the practice three days a week.

The practice is based on an upper floor but there is passenger lift access for people who use wheelchairs and those with pushchairs.

The practice opens from 8.30 am to 5 pm Monday to Thursdays, on Fridays from 8.30 am to 1 pm.

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 received feedback from 46 patients. We spoke with two dentists, two dental nurses and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received, and of the staff who delivered it.
- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had thorough staff recruitment procedures to ensure only suitable staff were employed.
- Patients' needs were assessed, and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- Patients received their care and treatment from well supported staff, who enjoyed their work.
- Members of the dental team were up-to-date with their continuing professional development and were supported to meet the requirements of their professional registration.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.

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.

No action



Are services effective?

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

No action



Are services caring?

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

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



Are services well-led?

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

No action



Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays)).

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We viewed contact information for protection agencies in each treatment room and on reception, making it easily accessible. The principal dentist was the named lead for safeguarding matters in the practice.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults. The practice had a whistleblowing policy and staff felt confident they could raise concerns.

The dentists routinely used non-latex rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. The practice had a formal written protocol in place to prevent wrong site surgery, copies of which were displayed in treatment rooms.

The provider had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. We looked at two staff recruitment records which showed the provider followed their recruitment procedure. One staff member told us that it was robustness and professionalism of the practice's recruitment procedure that made them want to work there. All staff underwent a formal probationary period which included an appraisal of their performance to ensure they were suitable for their new role.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Records showed that fire detection and firefighting equipment was tested. Staff rehearsed evacuating the building every three months and had purchased a specialist carry mattress to transport patients' outside in the event of a fire.

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

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had the required information in their radiation protection file. The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography regular audits following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography. X-ray units had rectangular collimation to reduce patient radiation exposure.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed risk assessments that covered a wide range of identified hazards and detailed the control measures that had been put in place to reduce the risks to patients and staff.

The practice had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. One staff member was waiting for a TB vaccination and the practice manager was monitoring this closely.

A sharps risk assessment had been undertaken, and staff followed relevant safety laws when using needles and other sharp dental items.

Emergency equipment and medicines were available as described in recognised guidance, apart from clear face masks which were ordered on the day of our inspection. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for all materials used within the practice.

We noted that all areas of the practice were visibly clean, including the waiting area, toilets and staff areas.

Are services safe?

We checked two treatment rooms and surfaces including walls, floors and cupboard doors were mostly free from dust and visible dirt. However, we noted that cupboards tops were dusty and there were uncovered items in treatment room drawers that risked aerosol contamination. Not all public seating was wipeable. Cleaning equipment was colour coded and stored safely. Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. We noted staff changed out of their uniforms at lunch. However full-time staff were only issued with two uniforms to wear, making it difficult to keep them laundered.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. The senior nurse was the appointed lead for infection control. Staff carried out regular infection prevention audits and latest one showed the practice was meeting the required standards.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. Dog legs in pipework had been removed as a result of the practice's legionella risk assessment. Records of water testing and dental unit water line management were in place and indicated staff were following best practice guidance.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored securely.

Information to deliver safe care and treatment

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

We looked at a sample of dental care records and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Safe and appropriate use of medicines

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. Private prescriptions were issued to patients, but we noted that labels on dispensed medicines did not include information about the practice name and address. The practice manager assured us this could be rectified easily.

The dentists were aware of current guidance with regards to prescribing medicines antimicrobial audits were undertaken to ensure they were prescribing according to national guidelines. Patient group directions were in place for the hygienist to administer local anaesthetics.

Glucagon was kept out of the fridge and its expiry date had been reduced accordingly.

Lessons learned and improvements

The practice had policies and procedures in place to report, investigate, respond and learn from accidents, incidents and significant events. Staff we spoke with understood national reporting systems. We viewed the practice's event register where details of untoward incidents had been recorded, along with the action taken to prevent their recurrence.

A system was in place for the practice to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were downloaded by the practice manager who then asked staff to sign them.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 45 comment cards that had been completed by patients prior to our inspection. All the comments received reflected patient satisfaction with the quality of their dental treatment and the staff who delivered it.

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken, and the advice given to them. Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. The practice had systems to keep dental practitioners up to date with current evidence-based practice.

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. 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. One patient told us, 'I feel my teeth and gums are in much better shape since I have been attending Dynamic'

The practice manager told us staff took part in national oral health campaigns such as oral cancer awareness month. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The practice manager spoke of the increasing incidence of dementia amongst the practice's older patients and the need to fully consider their capacity to consent. Staff were aware of the need to consider Gillick competence guidance when treating young people under 16 years of age.

Effective staffing

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

The practice had undergone a long period with staff shortages but was now fully staffed. Staff told us there were enough of them for the smooth running of the practice and they did not feel rushed in their work. Staff had dedicated time at each end of the day without patients to set up and close down their surgery. There was usually a spare nurse available each day to assist where needed, and the hygienist always worked with chairside support.

An hygienist worked at the practice two days a week, and another hygienist was due to start shortly to provide a third day.

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

Co-ordinating care and treatment

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. One patient reported, 'where they felt they did not have the resources to deal with my problem they referred me elsewhere with successful results'. Each dentist kept a log of referrals they made and actively followed them up to ensure they had been managed effectively.

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.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as caring and considerate. One patient commented, 'Recently I was half way through treatment, when I had other health problems. I cannot speak too highly of the help and understanding I had from the staff'. Another, 'My dentist always puts me at ease and he even laughs at my bad jokes'. A nurse told us that one dentist always faced the patient directly to talk to them, rather than speaking to them from behind.

Staff sent condolence cards to bereaved patients and celebrated their significant birthdays. Staff told us some of the practical ways they helped nervous patients during their treatment and one dentist used a type of face massager to distract and relax patients during their treatment.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. The

receptionist told us patients could request a private room if they wanted to discuss any personal issues. 85% of respondents to the practice's own patients' survey stated that they were able to talk privately if needed.

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

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy.

Involving people in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. One patient stated, 'I found the hygienist very informative. She talked me through my deep clean and gave helpful advice'. Another reported, 'Michelle [BJ1] is an excellent dentist-patients are listened to and have a big input in their choices'. 82% of respondents to the practice's own patients survey felt that their treatment was explained well.

Dental records we reviewed showed that treatment options had been discussed with patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a website which gave patients information about the treatments available, the staff and fees. A payment plan was available to help patients spread the cost of their dental care.

The waiting area offered good facilities for patients including a TV screen, water machine and magazines.

The practice had made reasonable adjustments for patients with disabilities. These included passenger lift access and a fully accessible toilet. The practice did not have an induction loop, and we observed two elderly patients with hearing aids struggle to understand what reception staff were saying. Following our inspection, the practice manager purchased an induction loop. Staff were aware of translation services that could be used if patients did not speak or understand English.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. At the time of our inspection, the practice was able to register new patients and reception staff told us there was about a two

week wait for a routine appointment. One patient told us, 'I really appreciate reception staff's willingness to ensure that I can attend appointments at my convenience'. 90% of respondents to the practice's own survey stated they could get an appointment at a time suitable for them.

Appointments could be made by specific arrangement in the evening, during lunch or at week-ends if needed. The practice operated a text and email appointment reminder service.

Emergency appointments were available at 11 am and 3 pm each day for those in dental pain. Out of hours emergency cover was provided on a rota system with four other dental practices.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in the patient waiting area and reception staff spoke knowledgeably and empathetically about how to manage patients' complaints.

We viewed the practice's complaints' log which showed patients' concerns had been managed in a timely and professional way.

Are services well-led?

Our findings

Leadership capacity and capability

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

There were clear responsibilities, roles and systems of accountability to support good governance and management. The practice manager was responsible for the day to day running of the practice but was supported by a senior nurse who took on additional responsibility for areas such as legionella, radiography and surgery spot checks. Staff spoke highly of the practice manager and principal dentist describing them as professional and approachable.

Culture

Staff described to us an open and supportive culture in which they felt able to challenge each other constructively. One staff member told us 'there's no such thing as a stupid question to ask'. Staff said they felt respected and valued each other's skills and areas of expertise.

During our inspection we noted the good support given to one trainee nurse who had just undertaken her dental examination that morning. Staff told us they regularly had social outings together to promote good team work

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed. The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

Governance and management

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

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

Communication across the practice was structured around a regular meeting, attended by all staff. Different topics

were discussed each month to help keep staff up to date with latest best practice and legislation. Staff also communicated via a 'What's App' group so that key messages could be disseminated quickly if needed.

Appropriate and accurate information

We found that all records required by regulation for the protection of patients and staff, and for the effective and efficient running of the business were maintained, up to date and accurate.

The practice had produced a specific leaflet for patients informing them of it would look after and safeguard information about them.

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. We viewed the results from recently completed patient surveys and noted high satisfaction expressed. Survey results of patients' feedback were posted in the waiting room.

We saw examples of suggestions from patients the practice had acted on such as their request for a cooled water system, high chairs and TV had been implemented. One patient had suggested environmentally friendly cups for the practice's water fountain and this was being investigated by the practice manager.

The practice gathered feedback from staff through meetings, appraisals, and informal discussions. Staff were encouraged to offer suggestions and their requests for new uniforms and specific types of equipment had been implemented.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, antibiotic prescribing, and infection prevention and control.

All nurses were about to undertake an implant training course paid for by the practice and the principal dentist also paid for on-line training for staff to support their continuous professional development. There were regular lunch and learns.

Are services well-led?

Not all staff had received an appraisal of their performance, but the practice manager told us plans were in place to address this shortfall.