N D Specialists Limited

Norfolk Dental Specialists

Inspection Report

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Overall summary

We carried out this announced inspection on 23 April 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

Norfolk Dental Specialists is a well-established practice in Norwich city centre that offers private treatment to about 3,000 adults. The practice specialises in periodontics, endodontics, implants and dental hygiene.

The dental team includes six dentists, eight dental nurses, four hygienists, a receptionist and a practice manager. There are four treatment rooms. There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available.

Summary of findings

The practice opens from 8.30 am to 5pm Mondays, Wednesday and Fridays, and on Tuesdays and Thursdays from 8.30 am to 6pm. It also opens on Saturdays from 9am to 3pm.

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. 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 30 CQC comment cards filled in by patients and spoke with two other patients. We spoke with two dentists, two dental nurses, the receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- The practice provided good preventive care and supported patients to ensure better oral health.
- Complaints were well managed and the practice responded empathetically to patients' concerns.
- 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 management systems to ensure an accurate account of all medicines held in the practice is kept and that medicines labels contain information about the practice's address.
- Review the storage of dental card records to ensure they are held securely.

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 good arrangements in place for essential areas such as managing medical emergencies, clinical waste, assessing risk and dental radiography (X-rays). Staff used learning from incidents and complaints to help them improve.

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

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

There were sufficient numbers of suitably qualified staff working at the practice and recruitment procedures were robust.

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. Many staff had additional professional training to enhance their skills and knowledge.

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

No action

Are services caring?

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

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. Patients told us that staff were caring and empathetic and took time to explain their treatment to them thoroughly.

Staff gave us specific examples of where they had gone out of their way to support patients.

No action

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 was efficient and met patients' needs. Opening hours were good and the practiced opened on Saturdays to meet patient demand.

Staff considered patients' different needs which included providing facilities for patients with disabilities.

No action

Summary of findings

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

Are services well-led?

No action

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

There was an overarching governance framework which supported the delivery of good quality care. There was a clearly defined management structure and staff felt supported and valued in their work. Communication systems were effective with daily meetings and regular practice meetings.

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

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. Several staff told us they had local safeguarding procedures as a favourite on their web browser to make it easily accessible if needed. The practice manager was the lead for safeguarding matters and viewed contact information for protection agencies in the patient toilet. All staff received appropriate training in safeguarding people.

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 without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. One nurse told us the dentist even used dental dams for tooth fillings to ensure patients' airways were protected.

The practice did not yet have a formal written protocol to prevent wrong site surgery, although clinicians described to us the additional measures they took when undertaking invasive procedures.

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff. Recruitment information we viewed for two recently employed staff showed that appropriate pre-employment checks had been undertaken to ensure they were suitable for the role. A risk assessment had been completed for staff who started at the practice whilst awaiting their disclosure and barring check. We spoke with one new member of staff who told us their recruitment had been thorough and they had received a good induction to their new job.

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 undertook regular timed fire evacuations and all had completed fire training. Two staff had received specific fire marshal training. A fire risk assessment had been completed and its recommendation to install illuminated fire exit signage had been implemented.

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

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. We noted that two of the X-ray units did not have rectangular collimation to reduce patient radiation exposure; however these were ordered during our inspection.

The practice had a cone beam computed tomography machine. Staff had received training in its use and appropriate safeguards were in place.

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 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 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. However, we noted that two staff had not received a five-yearly booster and no assessment had been completed to manage this risk. A sharps' risk assessment had been undertaken, and staff mostly followed relevant safety laws when using needles and other sharp dental

Are services safe?

items. Not all dentists used the safest types of needles, although the practice manager told us they were about to be introduced to the practice. Sharps bins were sited safely and had been labelled correctly.

Emergency equipment and medicines were available as described in recognised guidance, Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. We noted that buccal midazolam and a spacer device were missing but these were ordered during our inspection. Eye wash and bodily spills kit were easily accessible in the decontamination room.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. They also undertook regular medical emergency simulations to keep their knowledge and skills up to date.

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.

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. There was a specific lead for infection control and staff carried out regular infection prevention audits. Results from the latest audit showed the practice met the required standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed that equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The practice undertook quarterly testing of the ultrasonic bath, but did not retain the foil strips used to demonstrate the equipment was working effectively.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of water testing and dental unit water line management were in place and indicated staff were following best practice guidance.

We noted that all areas of the practice were visibly clean, including the waiting area, toilet and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. There was clear zoning from dirty to clean areas. 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 to eat their lunch. Hand hygiene stations were located throughout the practice for patients to use.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally in a locked bin which was further secured to the wall during our inspection.

The practice had CCTV cameras for additional security and suitable signage was in place to warn patients of its use.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines and antimicrobial audits were undertaken to ensure they were prescribing according to national guidelines. However, we noted there was no proper stock control system in place to account for all medicines held in the practice. Labels for privately dispensed medicines did not contain information about the practice's address.

Lessons learned and improvements

We found staff had a good knowledge of reporting procedures and agencies. The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. We viewed a number of completed incident forms in relation to patients who had fainted and the breakdown of the CBCT scanner. Practice meeting minutes we reviewed showed that any unusual events or incidents were discussed to ensure staff were aware.

A system was in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Staff we spoke with 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 30 comment cards that had been completed by patients prior to our inspection. All the comments received reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it. One patient told, 'I have always been fully briefed on treatment plans and have found the treatment provided to be of a high standard.'

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 Heath 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.

The practice offered dental implants and clinicians had undergone appropriate post-graduate training in this speciality. We found the provision of dental implants was in accordance with national guidance.

The practice had intra oral cameras and a cone beam computed tomography scanner to enhance the delivery of care.

The practice carried out conscious sedation for those who were very nervous of dental treatment or who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015. We noted that patients were sometimes sedated in upstairs surgeries, making access difficult for emergency services. The practice manager assured us this would be reviewed.

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. The practice specialised in treating periodontal disease and employed four part-time dental hygienists.

Staff told us that the principal dentist had visited a local housing trust that supported homeless people to deliver oral health training sessions. He was also about to visit a primary school to talk to pupils about good oral health.

The practice had a selection of dental products for sale such as interdental brushes, toothpaste, loss and mouthwash.

Consent to care and treatment

Patients we spoke with told us that they were provided with sufficient information during their consultation and that they always had the opportunity to ask questions to ensure they understood before agreeing to a treatment. One patient commented, 'I appreciate the manner in which any treatment is explained and I am always consented as to my understanding of the procedures'.

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. Results of the practice's own survey completed by 67 respondents showed that patients understood what they had agreed to.

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.

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

Effective staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us there were enough of them for the smooth running of the

Are services effective?

(for example, treatment is effective)

practice. All the hygienists worked with chairside support. Staff told us there was a spare nurse available most days to provide additional support and there was a dedicated decontamination nurse each day.

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.

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 practice's administrator was the referrals co-ordinator who had specific responsibility for recording all referrals made to and from the practice, and chasing them to ensure they had been received.

The principal dentist told us he often invited general dentists to observe procedures to give them a better understanding of the treatment they referred their patients to.

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 helpful, friendly and caring. One patient told us, 'One always feels as if there are no time constrains, that you are the total focus of whoever is dealing with you'. Another commented, 'I am a nervous patient. In preparation for an implant I received the utmost kind, sympathetic and respectful treatment. The dental nurse explained everything fully and another even found me a charger for my phone as I was worried I wouldn't be able to listen to music during the treatment.' Results of the practice's own patient survey showed that 100% of respondents stated that they were treated with respect.

Staff regularly gave up their own time to ensure patients received their treatment and one member of staff often walked to the laboratory so that patients could have their dental lab work back the same day.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it. The waiting room was separate from the reception area, and most incoming patient calls were taken in the upstairs office allowing for good privacy.

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

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.

Patients' paper records were stored in a locked room, but not in lockable cabinets as recommended. Cleaning staff had unsupervised access to this room.

Involving people in decisions about care and treatment

Patients with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations. One patient told us they had been given detailed information about their implants from the nurse before their initial assessment for the procedure. Results of the practice's own survey completed by 67 patients demonstrated that diagnosis and treatments were explained in a clear and understandable way.

After the initial consultation, all patients received a full written report with the findings of their assessment, the treatment options available and their costs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a helpful website which gave patients comprehensive information about the treatments available, their costs, the staff and the full patient journey.

The waiting room was comfortable and patients had access to a water cooler, and a tea and coffee machine. There was a patient information folder with detailed information about the practice and its polices. One nurse was assigned each day specifically to deal with patient treatment enquiries.

The practice had made reasonable adjustments for patients with disabilities. These included car parking for patients with limited mobility, level entry access, two downstairs treatment rooms, a fully accessible toilet and a hearing loop to assist those who wore hearing aids. Information about translation services was contained the patient information leaflet.

All aspects of the 'customer journey' were reviewed by staff in October 2018 and ways to improve it discussed from weeding the garden to repairing a wobbly bannister.

Timely access to services

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. Appointments could be made by telephone, on-line or in person and the practice operated a text and email appointment reminder service. Specific emergency slots were available for experiencing pain and the practice ran a cancellation list to try and accommodate patients' needs. One patient reported that the service provided was always punctual. Another patient stated that booking was easy and appointment reminders were sent out in good time

At the time of our inspection the waiting time to see a hygienist was about four months; to see one of the specialists, about two. One patient told us that the wait time between treatments was longer than expected.

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 waiting area for patients.

All complaints were documented in a central log so they could be monitored. They were also regularly discussed at the monthly staff meetings, evidence of which we viewed. We noted that a number of the practice's protocols had been changed as a result of patient complaints.

We viewed the paperwork in relation to three recently received complaints and found that they had been investigated appropriately and patients had been given a professional, empathetic and timely response.

Are services well-led?

Our findings

Leadership capacity and capability

We found that senior staff had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of services.

The practice manager took responsibility for the overall leadership in the practice supported by an assistant manager and lead dental nurse. The practice manager held a nationally recognised qualification in dental management and staff described her as calm, supportive and knowledgeable. The practice manager took immediate action the day of our inspection to address some of the minor issues identified during our inspection, demonstrating their commitment to providing a good service.

There was a clear staffing structure within the practice itself with specific staff leads for areas such as infection control, auditing and risk assessment. Opportunities were available for staff to progress and one nurse had recently been appointed to the role of patient care advisor.

Culture

Staff clearly enjoyed their work citing good team work, support and training as the reason. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. Minutes of the meetings we reviewed showed that information about the practice and any complaints were shared openly with staff, and that staff were actively consulted about changes.

There were regular outings paid for by the principal dentist and all recently employed members of staff were taken out for a meal with their new colleagues. The provider paid for boat trips and for staff to attend award ceremonies.

The practice had a Duty of Candour policy in place and staff were aware of their obligations under it. Patient complaints we reviewed demonstrated very clearly that staff understood and had implemented candour in their response.

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. A different policy or protocol was discussed at each staff meeting to ensure staff were aware of it, and they also completed a questionnaire to test and embed their knowledge of it, evidence of which we viewed.

The practice had commissioned an on-line governance tool to assist them with the management of the service.

Communication across the practice was structured around a monthly meeting which staff told us they found beneficial and minutes of the meetings we viewed were detailed. The practice manager told us the meetings were held on different days to accommodate part-time workers. There was also a formal 10-minute staff 'huddle' each day to discuss any complaints, complex procedures or patients with special needs.

The practice had won a number of 'Best Practice' regional and national awards

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. Staff had received training on information governance.

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

Engagement with patients, the public, staff and external partners

The practice used surveys and a suggestion box to obtain patients views about the service provided. We viewed the analysis of the most recent survey undertaken in December 2018 and noted an action plan had been produced to address areas for possible improvement.

We saw examples of suggestions from patients the practice had acted such as the provision of hand sanitisers and the creation of a recovery room.

Patients' feedback and comments about the service was posted in the kitchen area so that all staff were aware of it.

Continuous improvement and innovation

Are services well-led?

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

Dental nurses told us they had received good support and encouragement to undertake a variety of training, which was paid for by the practice. Some of the practice's nurses had undertaken additional training in radiography, impression taking, implants and oral health education.

All staff received regular appraisal of their performance, evidence of which we viewed.