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Station Road Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 9 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 not providing well-led care in accordance with the relevant regulations.

Background

Station Road Dental Surgery is a well-established practice based in Beccles that provides both NHS and private dental treatment. There is a branch practice close by and between them, they provide dental services to about 23,000 patients. Some of the staff work across both sites, and the team in total consists of nine dentists, one hygienist and 20 dental nurses. At this site there are four treatment rooms.

The practice opens on Mondays to Thursdays from 8 am to 5.30 pm, and on Fridays from 8 am to 3.30 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 collected 20 CQC comment cards completed by patients. We spoke with three dentists, three dental nurses and reception staff. We also spoke with four patients.

We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Information from completed Care Quality Commission comment cards gave us a positive picture of a caring and professional service.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff provided preventive care and supported patients to ensure better oral health.
- Patients' complaints were dealt with positively and efficiently.
- The management of risk was limited and potential hazards within the practice had not been fully assessed to reduce potential harm.
- The practice's sharps procedures were not in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- The quality of recording in patients' dental care records was variable and did not always take into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Pre-employment checks were not always undertaken to ensure staff were suitable to work with vulnerable adults and children.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare Products Regulatory Agency (MHRA).
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's protocol and staff awareness of their responsibilities under the Duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Review the practice's responsibilities to meet the needs of people with a disability, including those with hearing difficulties 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?

No action

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

Staff received training in safeguarding patients and knew how to recognise the signs of abuse and how to report concerns.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies, although the location of equipment in the practice should be reviewed to ensure a speedy response to all treatment rooms.

The management and assessment of risk within the practice was limited. Not all clinicians followed national guidance in relation to the use of sharps. Unusual incidents were not monitored and learning from them was not shared to prevent their recurrence.

Staff recruitment procedures required improvement and staff had been employed before suitable pre-employment checks had been obtained.

Are services effective?

No action

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

Patients told us they were very happy with the quality of their treatment. Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. However, we noted the quality of recording in patients' dental varied between dental clinicians.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals, although non-NHS referrals were not actively monitored to ensure they had been received.

Are services caring?

No action

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

We received feedback about the practice from 20 patients. Patients were positive about all aspects of the service and spoke highly of the staff who delivered it. Staff gave us specific examples of where they had gone out of their way to assist patients.

Summary of findings

Staff showed a good awareness of and empathy with patients with special needs and described to us some of the practical ways they supported them.

Patients confidential dental care records were not stored securely.

Are services responsive to people's needs?

No action 

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs and provided some facilities for disabled patients, including wheelchair access and a downstairs treatment room. However, it had not made reasonable adjustments for patients with hearing impairments or produced information about its services in any other formats or languages.

The practice valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

Requirements notice 

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The practice had some arrangements to ensure the smooth running of the service. The practice asked for, and listened to the views of patients and staff. Staff described the principal dentist as approachable and supportive. Some staff told us they felt valued and appreciated in their work, others less so.

We found several shortfalls which indicated that the practice's governance procedures needed strengthening. This included the management of incidents, the reviewing and sharing of practice policies, the management of risk and the recruitment of staff. Auditing systems needed to be improved to ensure effective monitoring of the service.

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. Information about protection agencies was on display around the practice making it easily available. All staff had undertaken appropriate training in safeguarding matters and the principal dentist was the named lead.

The practice had a whistleblowing policy and staff told us they felt confident they could raise concerns.

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

Dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment to protect patients' airways. The practice did not have a formal written protocol in place to prevent wrong site surgery.

The practice had a recruitment policy and procedure to help them employ suitable staff although this was very basic and did not reflect relevant legislation. Files we reviewed for one recently recruited staff member showed that pre-employment checks had not been undertaken for them, and there was no Disclosure and Barring Service check or references obtained at the point of their employment.

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 regularly tested. However, the practice's fire risk assessment was dated 2007 and had not been reviewed in this time. There were a number of recommendations made but there was no record that they had been implemented and the principal dentist was unsure if they had been.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file, although it was a bit disordered. Clinical staff completed continuing professional development in respect of dental radiography. Dental care records we viewed showed that dental X-rays were mostly justified, reported on and quality assured. Rectangular collimation was used on X-ray units to reduce patient exposure. Radiograph audits were undertaken but not yearly and not for each dentist as recommended. Treatment rooms where radiographs were taken did not have any signage on the door to warn of this. The practice's local rules needed updating to reflect current legislation.

Risks to patients

The practice had undertaken a risk assessment of the premises, in 2010 but it had not been reviewed since. Also, the risk assessment was very general and not specific to the actual premises. Some of its recommendations had not been implemented, and others were not relevant.

A sharps risk assessment had not been completed, and not all clinicians were using the safest types of needles. Sharps' boxes were wall mounted for safety, although not all staff were aware that they needed to be discarded after a period of three months to minimise infection risk. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Staff did not undertake regular medical emergency simulations to keep their knowledge and skills up to date, and some staff were unsure of how to operate the oxygen cylinder. The emergency equipment was stored on the ground floor, despite most of the treatment rooms being on the upper floors. The portable suction was large, making it difficult to transport easily.

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

Are services safe?

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

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 were in place.

We noted that most areas of the practice were visibly clean, including the waiting area, toilet and staff area. In two treatment rooms we noted that dental stools were dusty and there was a rip in one of them, making it difficult to clean effectively. Zoning from dirty to clean areas was not clear in the rooms. There was a build-up of lime scale around taps and sink holes.

Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. However, we noted three staff members with long fingernails that compromised recommended hand hygiene guidelines.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health, although needed some safety data sheets for products used by the practice's cleaning staff.

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

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines.

An antimicrobial audit had been undertaken in August 2018 and highlighted that some antibiotics had not been prescribed according to national guidelines. Improvements could be made to repeat the audit and assess improvements, if any.

The fridge's temperature, in which Glucagon was kept, was not monitored daily to ensure it operated effectively. Prescription pads were not held securely and there was no tracking in place to monitor individual prescriptions to identify any theft or loss.

Lessons learned and improvements

We found that staff's knowledge about RIDDOR reporting requirements and the serious incident framework varied.

We found that staff had a limited understanding of what might constitute an untoward event. We noted a number of incidents recorded in the practice's accident book including two staff sharps injuries, a patient who trapped their arm in the dental chair, a fallen collimator which hit a patient in the face and patient fall on the stairs. There was no evidence to demonstrate that these incidents had been investigated, and any learning shared to prevent their recurrence. The principal dentist told us he was unaware of the incidents.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were sent directly to the principal dentist who actioned them if necessary. However, there was no system in place to receive and disseminate them if he was unavailable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 20 comments cards that had been completed by patients prior to our inspection. All the comments reflected high patient satisfaction with the results of their treatment and their overall experience of it. One patient told us, 'All treatment recommended have been brilliant'. A parent described that the treatment their child received when they lost their teeth following an accident as 'outstanding'.

We saw that dentists assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. There was good recording of patients' recall frequencies. However, the quality of the dental care records varied between clinicians and not all records we viewed contained information about patients' oral and caries risk, updated medical histories, or record of oral hygiene instruction given to the patients.

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. Staff told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. We noted information on display in the waiting room in relation to the number of units in different types of alcoholic drinks. A part-time dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease.

The dentists 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 practice had a selection of dental products for sale including mouth wash, interdental brushes and floss. Free samples of toothpaste were also available.

Consent to care and treatment

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

Dental care records we viewed showed that treatment options and their risks and benefits had been explained well to patients. 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's consent policy included information about the Mental Capacity Act 2005 but did

not include any information about Gillick competence guidelines. Despite this, we found staff had a satisfactory understanding of these issues and how they might impact on treatment decisions.

Effective staffing

All clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. Staff told us there were enough of them for the smooth running of the practice and to cover their holidays, and the hygienist worked with chairside support. One dental nurse told us that many of them work part-time so could easily cover additional shifts easily if needed.

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 did not actively monitor non-NHS referrals to ensure they had been received and patients were not routinely offered a copy of their referral.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated by staff in a way that they liked, and the comment cards we received described staff as caring, patient and responsive. One patient told us that staff showed great consideration to their child who had a learning disability. Another patient told us that their dentist understood their 'considerable medical needs'. One dentist told us they played classical music to help calm nervous patients. Staff gave us examples of where they had assisted patients such as ringing the family of a patient with dementia to ensure they got home safely, delivering a denture to a patient who found it difficult to attend practice, and waiting with an older patient until their family member could collect them after the surgery closed.

We spent time observing staff in the reception area and noted they were consistently good natured and helpful to patients despite being very busy. One patient described them as 'polite and professional'.

The practice participated in the 'message in a bottle scheme' and provided free containers where patients could keep important medical information about themselves, so it was accessible to emergency services if needed.

Privacy and dignity

The practice did not have a separate waiting room, so the reception area was not particularly private, but we noted that staff were careful not to leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Three patients commented that the dentists always listened to their concerns and took them seriously.

Staff described to us the methods they used to help patients understand treatment options discussed which included using visual aids, dental models and leaflets.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There were magazines and children's books available in the waiting room to keep patients occupied whilst they waited. The practice had its own dental lab and technician on site which meant patients' dentures could be made quickly and easily.

The practice had many older patients and the principal dentist told us they were given increased clinical time in one of the downstairs treatment rooms. He also told us of the extra care they took to meet the needs of one visually impaired patient.

The practice had made some adjustments for patients with disabilities which included level access entry, and a downstairs surgery. However, reasonable adjustments had not been made for patients with hearing impairments and there was no accessible toilet. Information about the practice was not available in any other formats or languages. Staff were unaware of translation services that could be offered to patients who did not speak English, and these were not advertised to patients.

Timely access to services

At the time of our inspection, the practice was not registering any new adult NHS patients.

Patients told us they were satisfied with the appointments system and said that getting through on the phone was easy. The practice had changed its opening hours to an earlier time of 8 am to enable patients to attend before work.

Emergency appointment slots were available each day and staff told us children in pain were always seen the same day. Patients could be seen at the provider's other practice, less than a quarter of a mile away if needed.

Listening and learning from concerns and complaints

Details of how to complain were available in the practice's information leaflet and in the waiting area for patients, although was in small print making it difficult to read easily. Reception staff spoke knowledgably about how they would manage a patient's complaint.

We viewed the documents in relation to two 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

The principal dentist had overall responsibility for the management and clinical leadership of the practice. He was supported by the practice's hygienist who undertook a number of management tasks. Staff described them both as approachable and responsive to their needs. Staff particularly appreciated the opportunity to work flexible hours which greatly helped them manage family commitments.

Culture

Many staff had worked at the practice for a number of years and described a friendly and family like atmosphere there. They told us they felt comfortable raising issues with the principal dentist or hygienist and their suggestions to stagger their lunch breaks, increase the number of emergency appointments and restructure staff meetings had been implemented. However, some staff told us they felt their hard work was not always appreciated enough. They described their morale a 'a bit low' sometimes.

The practice had a Duty of candour policy in place, although not all staff were aware of it.

Governance and management

Many of the practice's policies had not been reviewed in many years and contained references to legislation and organisations that no longer existed.

We identified a number of shortfalls during our inspection which indicated that governance procedures were inadequate. This included the management of incidents, the use of safer sharps, and the quality of risk assessment. The quality of audits was limited and there was no evidence to show how they had been used to drive improvement.

Communication across the practice was mostly using memos, and smaller individual meetings. Despite no formal practice meetings involving the whole team, staff told us that communication systems were good, and any key messages were communicated by memo.

Engagement with patients, the public, staff and external partners

There was a small box in the waiting area where patients could leave any feedback or suggestions to improve the service. Their suggestion to alter the practice's opening hours and remove a trip hazard in the surgery had been implemented. Patients were also encouraged to 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. Recent results showed that a 100% of patients would recommend the practice based on 14 responses.

Continuous improvement and innovation

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of infection prevention and control, dental care records, radiographs, and antimicrobial prescribing. However, not all these audits had clear actions plans in place for improvement, and not all had been completed as frequently as recommended, or by every dentist.

Dental nurses and receptionists received regular appraisal of their working practices which they described as useful.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. **How the regulation was not being met:** The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk · Identify potential hazards within the practice. Risk assessments were not specific to the premises and the fire assessment had not been reviewed in nine years. · A sharps risk assessment had not been completed and handling procedures and protocols were not in compliance with The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

This section is primarily information for the provider

Requirement notices

· Ensure the security of prescription pads, or to track and monitor their use.

- Ensure that appropriate background checks were completed prior to new staff commencing employment at the practice.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

· Ensure audits were effective. Not all audits were undertaken as frequently as recommended, or that action plans and second cycles of audits had been implemented to improve the service.

· Ensure that untoward events were analysed and used as a tool to prevent their reoccurrence.

Regulation 17 (1)