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CP Dental

Inspection Report

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Overall summary

We carried out this announced inspection on 10 September 2018 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

CP Dental provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available on the main road at the front of the practice.

The dental team includes two dentists, one dental hygienists, two dental nurses and a receptionist. The practice has two treatment rooms.

Summary of findings

The practice is owned by a partnership 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 at CP Dental is the principal dentist.

On the day of inspection, we obtained the views of 11 patients.

During the inspection we spoke with the principal dentist and associate dentist, two dental nurses and the practice receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open 9am to 5.30pm Monday to Friday and Saturday morning between 9am and 1pm to treat private patients. The practice closes for lunch between 1pm and 2pm daily.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies.
- The practice had systems to help them manage risk.
- The practice 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 respect.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice dealt with complaints positively and efficiently.
- The practice could not demonstrate effective clinical leadership and culture of continuous improvement.

We identified regulations the provider was not complying with. They must:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulations the provider is not meeting are at the end of this report.

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

- Review the practice's processes and systems for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.
- Review the practice's storage of dental care records to ensure they are stored securely.
- Review the availability of an interpreter service for patients who do not speak English as their first language.
- Review the practice's protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

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.

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 recruitment checks. Improvements were needed to these.

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

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

Are services effective?

No action

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

The dentists assessed patients' needs and generally provided care and treatment in line with recognised guidance.

Patients described the treatment they received as calming and efficient. The dentists discussed treatment with patients so they could give informed consent. We noted this was not always recorded in their records. This was confirmed by two patients who feedback to us during the inspection.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

Staff completed training relevant to their roles.

Are services caring?

No action

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

We received feedback about the practice from 11 people. Patients were positive about all aspects of the service the practice provided. They told us staff were supportive, professional and friendly.

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.

Summary of findings

We noted CCTV was present around the practice which included dental treatment rooms. The location of the CCTV could be improved to ensure patient dignity is respected at all times.

Are services responsive to people's needs?

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. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice did not have access to interpreter services.

The practice took patients views seriously. They valued compliments from patients and had systems in place to respond 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 Actions section at the end of this report).

The practice did not have a manager or administrator on the day of our visit. The principal dentist did not work at the practice every day. The lack of effective management and clinical leadership at the practice resulted in shortfalls in the frequency of audits and risk assessments, actions arising from assessments not being carried out, health and safety monitoring not undertaken, ineffective staff recruitment processes and the lack of patient feedback opportunity.

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 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.

There was 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 recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had access to evidence from agencies of checks for agency and locum staff. These reflected the relevant legislation.

We looked at two staff recruitment records. One staff member did not have references carried out. Another member of staff had one reference in their file. Neither had evidence of their employment history or reason for leaving their last jobs. These shortfalls showed the practice did not follow their recruitment procedure. We have received evidence which confirms this shortfall has been addressed.

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.

A fire risk assessment had been carried out in March 2018 and an action plan was examined. We noted the actions from this assessment were not carried out. We have received evidence which confirms this shortfall has been addressed.

Checks were not effective for alarm testing or emergency lighting checks. Fire drills were not undertaken.

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. Radiography (X-Ray) audits were not carried out for the associate dentist which meant the practice could not demonstrate that the dentist was following current guidelines.

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 up to date and 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 carried out which meant the practice was compliant with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS). We noted the training was overdue. We have since been provided evidence which confirms training has been booked for 1 October 2018.

Are services safe?

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. Two types of airways were missing from the emergency bag. Both should be available in five sizes (0-4).

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. We noted the hygienist was not supported by a nurse. A lone worker risk assessment was seen.

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

The practice occasionally used agency staff. These staff did not receive an induction to ensure that they were familiar with the practice's procedures.

Records showed equipment used by staff for cleaning and sterilising instruments were validated and maintained.

The practice had an infection prevention and control policy and procedures but improvements were needed to the arrangements for cleaning, checking, sterilising and storing instruments. Paper towels were used to dry instruments, heavy duty gloves were not used by the nurse carrying out instrument cleaning and rinsing methods were not correct. These shortfalls indicated the practice was not following guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits once a year. We advised the staff that audits should be carried out six monthly. The most recent audit was carried out in January 2018 which indicated the current audit was overdue. The provider was unaware that audits should be undertaken at six monthly intervals.

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 generally complete.

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 kept records of prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines. Antimicrobial prescribing audits were not carried out which meant the practice could not demonstrate that the dentists were following current guidelines.

Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice told us they had not had an incident in recent years. We saw systems in place to enable them to monitor and review incidents should one occur.

Lessons learned and improvements

Staff were aware of the Serious Incident Framework and had systems in place to respond to incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong.

Are services safe?

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems in place 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.

The dentists 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 based on an assessment of the risk of tooth decay.

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. Dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. We noted that this was not always recorded in the patient's notes.

We spoke with the dentist who 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 to review their compliance 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. We noted that verbal consent for examinations was not always recorded in patients notes.

The dentists 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 the legal precedent (formerly called the Gillick competence) by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people less than 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.

Monitoring care and treatment

Dental care record audits were carried out in 2017 but actions from the audit had not been carried out. This was evident in the findings of the 2018 audit. A second dentist joined the practice in 2017 but an audit of their record keeping remained outstanding This meant the practice could not demonstrate that the dentists were following current guidelines.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example,

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.

Staff told us they discussed training needs at annual appraisals. 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.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Are services effective?

(for example, treatment is effective)

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial 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 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 were positive about all aspects of the service the practice provided. They told us staff were supportive, professional and polite.

Patients commented positively that staff were friendly and welcoming. We saw that staff treated patients appropriately and kindly and were friendly towards patients at the reception desk and over the telephone. Patients said staff were compassionate and understanding.

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

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area did not provided privacy when reception staff were dealing with patients. We saw a protocol for staff to follow when a patient wanted a private discussion or information to be given to them was sensitive.

Closed circuit television (CCTV) was present around the practice which included dental treatment rooms. The location of the CCTV could be improved to ensure patient dignity is respected at all times.

The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it. We noted that patient records were stored in a number of filing cabinets in the reception area which were not locked when the practice was open.

Staff password protected patients' electronic care records and backed these up to secure storage. Patient information was backed up to a security device and removed from the practice daily. Consideration needs to be made about security of the device whilst away from the practice. We have advised the practice to risk assess the location of the security device specifically with regard to emergency access should an incident occur.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care but were unaware of the requirements under the Accessible Information Standard or Equality Act. Interpretation services were not available for patients who did not have English as a first language which included sign language interpreting services for patients who were deaf.

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.

A dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for disabled patients. This included step free access and wheelchair accessible toilet.

The practice had a hearing loop available for patients and visitors who were hearing aid wearers and reading aids for patients with poor or impaired sight.

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 their new patient information.

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.

The practice took part in an emergency on-call arrangement with the 111 out of hour's service for patients.

The practice information leaflet and answerphone provided a telephone number 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 complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The principal dentist was responsible for dealing with complaints. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

Are services well-led?

Our findings

Leadership capacity and capability

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

Improvements were needed to ensure the principal dentist had the capacity and skills to deliver high-quality, sustainable dental care and treatment. They fully acknowledged that their absence from the practice had resulted in many clinical and managerial shortfalls in the efficiency of the practice.

Culture

Staff stated they felt respected. They were proud to work in the practice. The practice focused on the needs of patients.

The provider had a system in place to act on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so.

Governance and management

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

We noted there was not a system of clear responsibilities, roles and systems of accountability which affected the standard of governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the dental practice. This person was also responsible for the day to day running of the service.

The management arrangement indicated that the practice fell short of effective clinical and managerial leadership. This became apparent when we found that audits and risk assessments were not effective.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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 comment cards and verbal comments to obtain staff and patients' views about the service.

We saw examples of suggestions from patients the practice had acted on. For example, the practice introduced Saturday appointments for private patients.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, a cleaner was recruited as a result of staff feedback..

We saw systems for seeking and learning from patient feedback. We noted that formal patient feedback had not been undertaken since the provider took over the practice in 2016.

Continuous improvement and innovation

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff but it was evident that improvements were required. Peer reviews were not carried out. Clinical audits were either not actioned or not carried out. For example, infection control, microbial, patient records and radiography audits.

Staff had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

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 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. This was in breach of regulation 17(2) in particular: • Radiography, Infection Prevention and Control and Microbial audits were not carried out in line with national guidance. • Patient Record Card audit action plans were not carried out. • Staff carrying our instrument decontamination did not have regard for HTM0105 guidance. Specifically, when validating equipment, record keeping, rinsing, and drying instruments.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular: Pre-employment checks missing included: • Employment history • References • Reason for leaving last employment