Drayton Norwich Ltd

Drayton Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 13 August 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

The practice is located just outside the city of Norwich and provides private treatment to approximately 7,000 patients. The dental team includes two dentists, a visiting orthodontist, two hygienists, three nurses, a practice manger and reception staff.

There are two treatment rooms and the practice is open from 8.45 am to 5pm Monday to Friday

There is no level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the rear of the building.

Summary of findings

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 principal dentist.

On the day of inspection, we received feedback from 13 patients.

During the inspection we spoke with two dentists, one dental nurse, 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 provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had systems to help them manage risk to patients and staff.
- Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The dental care provided was evidence based and focussed on the needs of the patients.
- Staff felt involved and supported and worked well as a team.
- The practice had strong, effective leadership and a culture of continuous audit and improvement.
- Patients' complaints were managed positively and efficiently.

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

- Review the practice's protocols for medicines management and ensure all medicines are stored appropriately and their expiry dates monitored.
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.

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** 
Are services effective?	**No action** 
Are services caring?	**No action** 
Are services responsive to people's needs?	**No action** 
Are services well-led?	**No action** 

Are services safe?

Our findings

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff had received safeguarding training. The practice manager had level three training and was the lead for safeguarding issues. Information about protection agencies was displayed around the practice, including the patient toilet.

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

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. A dentist told us they would not treat a patient for root canal treatment without one, clearly indicating to us that dental dams were used regularly to protect patients' airways.

The practice had a protocol in place to prevent wrong site surgery.

The practice had a staff recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We looked at recent staff recruitment records which showed the practice followed their recruitment procedure to ensure only suitable people were employed. However, we noted that although a disclosure and barring check had been obtained for one member of staff, they had not been checked against the adult and children's barring list. The principal dentist assured another check would be undertaken for this member of staff.

Clinical staff were qualified, 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 appliances. Records showed that fire detection and firefighting equipment was regularly tested, and fire evacuation simulations were conducted by staff. A fire risk assessment had been completed and its recommendations to have fixed wire testing and surge protected extension leads had been organised.

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. Rectangular collimation was used to reduce dosage to patients.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography.

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

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.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken, although it needed to include all types of sharps used such as matrix bands, scalpels and scissors. 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.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Emergency equipment and medicines were available as described in recognised guidance, apart from a single use self-inflating ambu-bag. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

The practice had safety data information sheets in relation to substances that are hazardous to health, although theyneeded to complete the associated risk assessments for the substances.

Are services safe?

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 infection prevention and control audits, but not as frequently as recommended. The latest audit showed the practice was meeting the required standards and its recommendations to obtain an inspection light and conduct hand hygiene audits had been implemented.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed 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 temperature testing and dental unit water line management were in place.

We noted that all areas of the practice were visibly clean and hygienic, including treatment rooms the waiting areas and patient toilet. Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. Staff changed out of their uniform at lunchtime.

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

Safe and appropriate use of medicines

There was a suitable stock control system of medicines which were held on site, although this needed to include the expiry dates of medicines. Private prescriptions were issued to patients, and labels on dispensed medicines included information about the practice's name and address.

The dentists were aware of current guidance with regards to prescribing medicines, although antimicrobial audits were not undertaken to ensure they were prescribing according to national guidelines. We noted a large number of antibiotics were prescribed by one clinician.

Patient group directions where in place for the hygienists to administer local anaesthetics.

Glucagon was kept out of the fridge, but its expiry date had only been reduced by six months, and not 18 months as recommended.

Lessons learned and improvements

The practice had policies and procedures to manage and learn from accidents, incidents and significant events. We found staff had a good knowledge around significant events management and the process of reporting incidents. We noted that the accident reporting policy had been discussed at a staff meeting in February 2019.

The practice manager and principal dentist received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and implemented any action if required. 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 12 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.

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.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. They also asked patients about fizzy drink consumption.

The practice manager told us that both she and a nurse had visited a local primary school to deliver oral health sessions to pupils.

Clinicians were aware of and implementing a new periodontal pathway for the management of gum disease. Two part-time dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

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 clinicians recorded the necessary information.

Consent to care and treatment

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

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

The practice's consent policy included information about the Mental Capacity Act 2005. Staff understood their responsibilities under the act when treating adults who might not be able to make informed decisions. Staff were aware of the need to consider Gillick competence when treating young people less than 16 years of age.

Effective staffing

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

The 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 practice. The practice manager was also a dental nurse so could provide cover if needed. Both hygienists worked with chairside support, in line with GDC Standards.

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

Co-ordinating care and treatment

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide such as implants, sedation or specialist periodontal treatment. However, they did not actively monitor referrals sent to ensure they were dealt with promptly.

Are services effective?

(for example, treatment is effective)

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Are services caring?

Our findings

Kindness, respect and compassion

Patients commented positively that staff were helpful, friendly and understanding. One patient told us, 'Care has been amazing, and I have been treated very well in every respect. I even had a phone call the next day to see how I was'. Another stated, 'the staff are really kind and caring and always willing to listen to your problem. I always feel relaxed and happy when I leave'.

Staff gave us specific examples of where they had supported patients such as allowing additional time for nervous patients, providing neck pillows for comfort, and after care phone calls. One dentist described to us in detail the additional measures they took to help nervous patients feel calm. One nurse clearly understood the needs of patients on the autistic spectrum and some of the extra support they might need to help them attend their visit.

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 allowing for increased privacy.

All consultations were carried out in the privacy of the treatment room and we noted that the doors were closed during procedures for confidentiality.

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

Involving people in decisions about care and treatment

One patient told us, 'I have always been able to discuss treatment options', another, 'I am always listened to and treatment is explained very well to me'.

The principal dentist told he frequently used a specific software programme used to help patients understand their treatment. The software created a three-dimensional image of the patients' teeth and mouth and then simulated how they might look after different types of treatment. He told us he also used a lot of clinical photography. We noted television screens in each treatment room which were used to show patients the results of their X-rays.

The practice gave patients clear information to help them make informed choices. Dental records we reviewed showed that treatment options had been discussed with patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

In addition to general dentistry, an orthodontist visited regularly, and the practice had recently launched a specialist endodontic clinic one Thursday a month.

The practice had its own website that provided general information about its staff and services.

The waiting area provided magazines and leaflets about various oral health conditions and treatments, and there were toys to help occupy children while they waited. There was also a water cooler and TV screen.

At the time of our inspection the practice was not accessible to wheelchair users, but plans were in place to build a downstairs surgery, with a specialist dental chair that could accommodate people with limited mobility. Information about the practice could be downloaded in different formats or languages if needed.

Timely access to services

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

At the time of our inspection the practice was registering new patients, and the receptionist told this was at a rate of about 30-40 patients a month. Waiting time for a routine appointment was about two weeks, and about three weeks for any following treatment. The practice offered a text reminder appointment service.

Although there were no specific emergency appointments, most patients experiencing dental pain could be seen the same day. The practice was part of an on-call rota system with two other practices to provide out of hours emergency care.

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. Details of how to complain were available in the waiting areas for patients and on the practice's website.

The practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. For example, in response to one recent complaint, the practice had changed the way it managed patients if a dentist was running over time.

Are services well-led?

Our findings

Leadership capacity and capability

We found senior staff had the capacity and skills to deliver high-quality, sustainable care. The practice was owned by three people, each of whom had clearly defined responsibilities and areas of expertise. One owner was responsible for recruitment and marketing, another for business and finance, and one for clinical areas.

The practice manager told us they had enough time for her role and really valued the opportunity to work from home one day a week. We found them to be knowledgeable, experienced and was committed to providing a good service to patients. Staff spoke highly of them. One staff member stated, 'She goes above and beyond, and her knowledge and people skills are great'.

Culture

Staff told us that they felt well supported and could raise any concerns with the practice manager and principal dentist. They told us they enjoyed their work citing good communication, team work and management as the reasons. Staff were involved in the development of the practice and were actively involved in decisions about marketing and advertising. The practice had family friendly policies which staff very much appreciated.

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

Governance and management

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

Communication across the practice was structured around key scheduled meetings which staff told us they found beneficial. In addition to this were daily 'huddles' to discuss patients' needs and focus on the day ahead. The principal dentist told us he used a 'drop box' function to communicate in real time with staff. There were also regular monthly meetings between the practice manager and owners.

The practice had purchased an online governance tool to help with the management of the service and used an external company to manage its HR and business functions.

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 well maintained, up to date and accurate. The practice had robust 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 used surveys, comment cards and verbal comments to obtain patients' views about the service. There was also a suggestion box for patients in waiting room. We viewed results of the patient satisfaction survey which showed that the practice met or exceeded respondents' expectations of the service. Patient feedback left on review sites was actively monitored and responded to by the provider.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Their suggestions for new uniforms and how the practice should be decorated had been listened to and acted on by the principal dentist.

Continuous improvement and innovation

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

The principal dentist showed a commitment to learning and improvement. He had won an internationally recognised award for the quality of his orthodontic

Are services well-led?

treatment and lectured both nationally and internationally. He was also the secretary of his local British Dental Association. Two of the dentists were members of the British Endodontic Society.

Most staff received an annual appraisal of their performance, as well as regular one to one meetings. However, the hygienists did not receive appraisals so it was not clear how their performance was assessed.