

J P C O'Donnell Limited

# Cathedral Street Dental Practice

## Inspection Report

10-12 Cathedral Street  
Norwich  
NR11LX

Tel: 01603 828963

Website: [www.cathedral.dental@btconnect.com](http://www.cathedral.dental@btconnect.com)

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### Overall summary

We carried out this announced inspection on 7 August 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 providing well-led care in accordance with the relevant regulations.

##### **Background**

The Cathedral Street Dental Practice is a well-established practice based in Norwich that provides private treatment to about 2,000 patients. The dental team includes one dentist, two nurses, a hygienist and two receptionists. Another, separately registered, dental practice is based at the same location and shares some of the same staff, costs and facilities with this practice.

# Summary of findings

The practice opens on Mondays to Thursday from 8 am to 3 pm, on Thursdays from 10.30am to 5pm, and on Fridays from 8am 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 was the dentist.

On the day of inspection, we collected 26 CQC comment cards completed by patients, and spoke with another two. We spoke with the dentist, her nurse and the receptionist. 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, professional and high-quality service.
- Staff worked very well with patients with special needs and it was clear they were passionate about their oral health. Patients also told us staff were very skilled with their children, allowing for a stress-free visit.
- The practice had effective systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.

- Risk assessment was robust and action was taken to protect staff and patients, although the fire assessment needed to be reviewed.
- 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 had effective leadership and a culture of continuous audit and improvement.
- The practice asked staff and patients for feedback about the services they provided. Staff felt involved and worked well as a team.

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

- Review the fire safety risk assessment to ensure all risks are identified and oxygen cylinders are signposted.

# 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 systems and processes to provide safe care and treatment.

Staff received training in safeguarding patients and knew how to recognise the signs of abuse and how to report concerns. Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. 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 did not provide suitable signage to indicate that oxygen cylinders were held on site.

No action



### Are services effective?

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. The staff received professional training and development appropriate to their roles and learning needs.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals, and referrals were monitored to ensure they had been received.

No action



### Are services caring?

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

We received feedback about the practice from 24 people. Patients were positive about all aspects of the service and spoke highly of the treatment they received, and of the staff who delivered it. Staff gave us specific examples of where they had gone out of their way to support patients. They clearly enjoyed working with patients with special needs and gave us many practical examples of how they ensured they received a positive dental experience.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action



### Are services responsive to people's needs?

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.

No action



# Summary of findings

Staff considered patients' different needs. This included providing some facilities for disabled patients, and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss. However, it could not provide treatment for wheelchairs users on the premises.

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

## Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for staff to discuss the quality and safety of the care and treatment provided.

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

Staff were well supported in their work, and it was clear the dentist valued them and supported them in their professional development.

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.

**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. Further information was available in the staff office. We saw evidence that staff received safeguarding training and a member of Norfolk County Council's multi agency safeguarding hub team had visited the practice to raise staff awareness of safeguarding issues. Information about safeguarding matters was also on display in the patient waiting area, making it easily accessible to them.

The practice had a whistleblowing policy which was on display in the staff office. Staff told us they felt confident they could raise concerns without fear of recrimination.

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

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

The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. Files we reviewed for two recently recruited staff showed that the practice followed their recruitment procedure.

All 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 and gas appliances. Records showed that fire detection and firefighting equipment was regularly tested. A fire risk assessment had been undertaken by the practice itself, although had not identified all potential fire hazards in the building. The practice did not display suitable signage to indicate that oxygen cylinders were held on site.

Stock control was effective and medical consumables we checked in cupboards and in drawers were within date for safe use. Staff told us they had the equipment needed for their job and had access to 'masses' of instruments.

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. Clinical staff completed continuous professional development in respect of dental radiography. Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured. Regular radiograph audits were completed for the dentist.

### **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 comprehensive 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 practice followed relevant safety laws when using needles and other sharp dental items, and the dentist was using the safest types of sharps. We noted that some conventional matrix bands were used and nurses were not removing them correctly. Sharps bins were labelled and sited correctly.

Staff were aware of forthcoming changes in regulations in the use of dental amalgam and we noted these had been discussed at the staff meeting held on 21 May 2018.

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. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Staff undertook emergency medical simulations and told us that the dentist had recently pretended to faint in the entranceway so they could practice their response.

# 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 twice a year. The latest audit showed the practice was meeting the required standards. The audit had highlighted a rip in one dental chair: staff told us that a new one had already been ordered.

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.

A legionella risk assessment had been completed and the practice had implemented procedures to reduce the possibility of Legionella or other bacteria developing in the water system.

We noted that all areas of the practice were visibly clean, including the waiting area, corridors, toilet and staff area. There was a hand hygiene station in the reception area for patients to use. We checked the treatment room and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Staff uniforms were clean and their arms were bare below the elbows to reduce the risk of cross contamination. We noted they changed out of them during their lunch break.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored in a locked container externally, although we noted these needed to be secured to a wall to prevent their removal.

## **Safe and appropriate use of medicines**

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did

not pass their expiry date and enough medicines were available if required. The fridge temperature in which medicines were stored was monitored each day to ensure they were kept cool.

The practice stored and kept records of NHS prescriptions as described in current guidance. The dentists were aware of current guidance with regards to prescribing medicines and antimicrobial prescribing audits were carried out. The most recent audit demonstrated the dentists were following current guidelines.

## **Information to deliver safe care and treatment**

Dental care records were kept securely and complied with data protection requirements. Patients' paper records were stored securely in fireproof cabinets in the staff office, behind reception.

Staff were aware of new guidelines in relation to the management of patient information and we noted that the receptionist gave out information consent forms for patients to sign.

## **Lessons learned and improvements**

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. We found that untoward events were recorded and managed effectively to prevent their reoccurrence. For example, staff told us their communication systems had been reviewed, in light of severe weather causing difficulties for some to get to work. Incident and events were a standing agenda item on the practice's team meetings, evidence of which we viewed.

The practice had signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We viewed the practice's MHRA alert folder where relevant alerts had been downloaded and signed off by staff to indicate they had read and understood them.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

We received 26 comments cards that had been completed by patients prior to our inspection. All the comments reflected high patient satisfaction with the quality of their dental treatment with patients describing their treatment as quick, efficient and pain free. One patient told us that dental problems were spotted quickly and pre-empted.

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Dental care records we reviewed were comprehensive and clearly detailed patients' assessments and treatments. They were audited regularly to check that the necessary information was recorded.

Check-up appointments were 20 minutes long to allow for a full assessment of patients' oral health.

### Helping patients to live healthier lives

It was very clear that both the dentist and her nurse were passionate about providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The dentist had increased her clinical time to allow her more time to give oral health education to patients. She also regularly used disclosing tablets on both children and adult patient to help them identify plaque build-up, and watched them brush their teeth to improve their method.

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. Minutes of a meeting held in November 2017 showed that staff had discussed if they were communicating the risk of gum disease effectively to patients.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Advice was available on the practice's website about gum disease, plaque and tooth brushing. Information was on display in the waiting room in relation to smoking and alcohol units in different types of drink.

### 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. All staff we spoke with showed a thorough understanding of the Mental Capacity Act and Gillick competence guidelines, and how they might impact on treatment decisions.

The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### Effective staffing

The dentist was 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.

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. Staff told us they discussed their 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

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 monitored all referrals to make sure they were dealt with promptly.



# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as extremely caring and understanding of their needs. One patient reported that the dentist showed great care and understanding of their child who had autism. One young patient told us, 'I think she is really kind and she doesn't want to make it hurt, and she has stickers and when I go I am not afraid'. An older patient told us they particularly appreciated the counting method used during procedures as it helped calm their anxiety.

Staff gave us examples of where they had gone out their way to assist patients. For example, coming in on their day off to help with a distressed patient with a fractured tooth and visiting a patient in their care home following an extraction.

The dentist demonstrated great understanding and empathy towards her patients with special needs. She spoke at length about the many practical ways she worked with them to ensure they had a positive dental experience. It was very clear she enjoyed treating these patients and was passionate about their dental health.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality and the practice had a separate waiting area allowing for good privacy for reception staff when talking to other patients on the phone. Staff did not 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.

### **Involving people in decisions about care and treatment**

Dental records we reviewed showed that treatment options had been discussed with patients. The dentist described to us the methods they used to help patients understand treatment options discussed. These included photographs, diagrams, and pictures..

One patient told us that treatment was explained well and that their concerns about it listened to well by the dentist.

We noted information leaflets available in the waiting area on a range of dental health matters including gum disease, root canal treatment, extraction and mouth cancer to help patients make informed choices.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The waiting area provided good facilities for patients including interesting magazines and a specific children's play area with toys and books to keep them occupied while they waited. Bottles of water were available which patients told us they particularly appreciated in the warm weather. One patient described the environment as calming and welcoming, which greatly enhanced their dental experience.

The practice had made reasonable adjustments for patients with disabilities which included a hearing loop and information in large print. As treatment rooms were on the first floor, they were not accessible to wheelchair users, however arrangements were in place to refer patients with disabilities to another practice nearby. A Disability Access audit had been completed and the practice was considering moving to a more suitable location as a result. The practice has a few patients who did not speak English and had access to translation services.

Although the practice was not able to offer text or email reminders, they telephoned patients to remind them of their appointment.

### Timely access to services

Patients told us they were satisfied with the appointments system and said that getting through on the phone was easy. Patients and the receptionist told us that the dentist was good at running to time and they rarely waited long for their appointments. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

### Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Clear and detailed information about how patients could raise their concerns was available in the practice leaflet, on the website and in the waiting area, making it easily accessible.

We viewed information in relation to a recent complaint received by the practice. This demonstrated it had been managed in a timely, professional and empathetic way. The dentist had provided a full and genuine apology to the patient. Minutes of team meetings we viewed showed that it had been discussed so that learning was shared across the staff team.

Reception staff spoke knowledgeably about how they would deal with a patient who wanted to complain.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The dentist had overall responsibility for the management and clinical leadership of the practice and was well supported by his staff. She worked closely with the other dentist on site, and it was clear they supported each other to provide a quality service to their respective patients.

Staff showed knowledge, enthusiasm and commitment to improve things where possible. Minor shortfalls we identified during our inspection were addressed immediately.

### Vision and strategy

The practice had a clear vision to provide person centred quality dental care to patients. Plans for the future included becoming fully computerised and moving to more appropriate premises to meet the needs of its aging patient population.

### Culture

The practice had a culture of high-quality sustainable care. Staff stated they felt respected, supported and valued and were clearly proud to work in the practice. The interaction we observed between them was friendly, co-operative and very supportive.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

### Governance and management

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

Communication across the practice was structured around regular meetings. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them. Minutes we viewed were comprehensive and we noted standing agenda items for policy changes, audit results, patient feedback and CQC topics to ensure all staff were kept up to date.

### Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal 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.

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, a suggestion box and verbal comments to obtain patients' views about the service. The practice's patient survey asked for feedback amongst other things, about ease of contacting the practice, time spent waiting for an appointment, cleanliness and the overall quality of the service. Results from 30 patients who completed the survey in 2017 showed high levels of satisfaction with the service. Patient feedback was acted upon: for example, their suggestions to refurbish the waiting area; to provide drinking water and change the type of hand towel dispenser had been implemented.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us that the dentist listened to them and was supportive of their suggestions. For example, their suggestion to improve communication with patients about oral cancer screening had been implemented, and their request for additional paid time was agreed.

Minutes of practice meetings we viewed demonstrated that staff were actively consulted about, and involved in, the performance and development of the practice.

### Continuous improvement and innovation

The practice 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. For example, as a result of the antibiotic audit, a thermometer had been purchased to record patients' temperatures to detect infection. Results were also discussed at practice meetings, evidence of which we viewed.

## Are services well-led?

It was clear that the dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. She paid for staff's on-line training to help keep them up to date with their professional development. All staff received annual appraisals, which they told us they found useful.