

# The Dentist

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## Inspection Report

The Dentist  
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### Overall summary

We carried out this announced inspection on 10 December 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 Dentist is a well-established practice that offers mostly NHS treatment to approximately 10,500 patients. It is based in Bishop's Stortford town centre. It is one of five practices based in Hertfordshire, and of 16 owned nationally by the provider.

The dental team includes seven dentists, nine dental nurses, four hygienists, reception staff and a practice manager.

There is ramp access for people who use wheelchairs and those with pushchairs and a public car park nearby.

# Summary of findings

The practice opens Monday to Thursdays from 8 am to 6pm, and on Fridays from 8am to 5pm. The practice opens on a Saturday morning by appointment for privately paying patients

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. At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is registered

On the day of inspection, we collected 75 CQC comment cards filled in by patients. We spoke with one of the directors, the regional manager, the operations manager, the practice manager, two dentists, two dental nurses, and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

## **Our key findings were:**

- Patients were positive about all aspects of the service the practice provided and commented positively on the treatment they received, and of the staff who delivered it.
- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients' care and treatment was provided in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Staff felt respected, supported and valued. The practice proactively sought feedback from staff and patients, which it acted upon.
- There was strong and effective leadership and an emphasis on striving to improve.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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 and knew about the signs and symptoms of abuse and neglect, and how to report concerns. The practice manager was the nominated lead for safeguarding concerns and had undertaken level three training for this role. Information about protection agencies and reporting flow charts were displayed around the practice, making it easily accessible.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults

The practice had a whistleblowing policy. Staff 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.

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We looked at staff recruitment information for recently recruited employees which showed the practice had not always followed their procedure to obtain two references prior to their employment.

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, and staff undertook annual fire evacuations. The practice manager had undertaken specific fire marshal training.

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

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had the required information in their radiation protection file. The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography.

CCTV was in use in communal waiting areas to increase patient and staff safety and appropriate signage was in place warning of its use.

### **Risks to patients**

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff.

A sharps risk assessment had been undertaken, and staff mostly followed relevant safety laws when using needles, Sharps bins, although not wall mounted, were sited safely and had been labelled correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Staff were aware of the signs and symptoms of sepsis. Sepsis prompts for staff and patient information posters were displayed in the practice

Emergency equipment and medicines were available as described in recognised guidance and a couple of missing items were ordered on the day of our inspection. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for all materials used within the practice.

# 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 audits twice a year and the latest audit showed the practice was meeting the required standards.

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 was validated, maintained and used in line with the manufacturers' guidance.

The practice had undertaken an assessment of the risk of legionella on the day prior to our inspection and found water management systems were satisfactory. However, staff had not always been monitoring water temperatures each month since the previous manager had left. The regional manager told us this would be implemented immediately.

We noted that all areas of the practice were visibly clean, including the waiting areas corridors toilets and staff areas. We checked treatment rooms 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.

The practice used an appropriate contractor to remove dental waste from the practice, which was stored securely.

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

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

Antimicrobial prescribing audits were carried out and the most recent audit indicated dentists were prescribing them according to national guidelines.

Prescription pads were held securely, and there was a system in place to identify any loss of theft of individual prescriptions.

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

We looked at a sample of dental care records to confirm our findings and noted that records were written in a way that kept patients safe. Dental care records we saw were accurate, complete and legible. They were kept securely and complied with The Data Protection Act and information governance guidelines.

## **Lessons learned and improvements**

There were systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice. We viewed several event logs which clearly outlined the incidents and the action taken to prevent their recurrence.

The deputy manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and implemented any action if required. We viewed recent alerts posted on the staff room wall.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

We received 75 comment cards that had been completed by patients prior to our inspection. All the comments received reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it. One patient told us, 'The service from beginning to end was fabulous. I am so very happy with the result'. Another commented, 'the hygienist is amazing and has really helped me improve my mouth cleanliness'.

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 Health and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. The practice had systems to keep dental practitioners up to date with current evidence-based practice.

The practice had two intra-oral cameras, a Cerec machine, a cone beam computed tomography scanner and digital X-rays to enhance the delivery of care to patients.

The practice offered dental implants. These were placed by one of the dentists who had undergone appropriate post-graduate training. We found the provision of dental implants was in accordance with national guidance.

### 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. Dentists used fluoride varnish for children based on an assessment of the risk of tooth decay.

Four 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. There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. Free samples of toothpaste were also available. We noted information about local stop smoking services in the upstairs patient waiting room.

### 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 dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed clinicians listened to them and gave them clear information about their treatment.

Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who might not be able to make informed decisions. Staff were aware of the need to consider this when treating young people under 16 years of age. We noted that the five principles of the MCA had been displayed on the staff room wall to ensure staff became familiar with them.

### Effective staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff, and staff told us there were plenty of them for the smooth running of the practice. Staff reported that they did not feel rushed in their work. The hygienists worked without chairside support, but risk assessments had been completed for this.

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 discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

The provider had current employer's liability insurance in place.

### 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

# Are services effective?

(for example, treatment is effective)

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 manager monitored 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 many comment cards we received described staff friendly, gentle and caring. One patient told us 'my health issues are always discussed sensitively and helpfully'. Another commented, 'my dentist is brilliant, especially with the children'. One patient appreciated being allowed to sit in with their partner whilst they underwent her treatment.

Staff gave us specific examples of where they had gone out of their way to support patients. Such as paying for a taxi to take an unwell patient home. The practice manager spoke passionately about their ideas to make visits to the dentist for children an enjoyable experience for them.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. The three waiting areas were separate from the reception, allowing for patient confidentiality. The reception computer screens were not visible to patients

and staff did not leave patients' personal information where other patients might see it. Staff password protected patients' electronic care records and backed these up to secure storage.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy.

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

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. One patient told us 'I visited with a specific request which was immediately attended to, with advice for follow up actions'. Another reported, 'I am always listened to and always get an explanation of treatment'.

Dental records we reviewed showed that treatment options had been discussed with patients. Dentists used intra-oral cameras, models, and X-ray images to help patients better understand their treatment options.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had made reasonable adjustments for patients with disabilities. This included step free access, downstairs treatment rooms, an accessible toilet and reading glasses. A hearing loop to assist patients who wear hearing aids was on order at the time of our inspection. The practice's information leaflet and medical history forms could be provided in large print if needed.

There was a specific car parking space at the rear of the property for people with limited mobility.

There was information in relation to translation services for patients who did not speak English, and reception staff were aware of the service.

### Timely access to services

At the time of our inspection the practice was taking on both private and new NHS patients.

Appointments could be made by telephone or in person and the practice operated an email and text reminder service.

Although there were no specific emergency slots for patients, staff told us that anyone in pain would be seen the same day. Patients confirmed they could make emergency appointments easily and were rarely kept waiting for their appointment once they had arrived.

### Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in waiting areas for patients and at the reception desk.

We viewed the practice's complaints/events log and found that patients' concerns had been investigated and responded to appropriately. All complaints were managed as untoward events and learning from them was shared with staff.

Reception staff spoke knowledgeably about how they would manage a patient's complaint and showed us the information they gave patients about the procedure.

# Are services well-led?

## Our findings

### Leadership capacity and capability

There were clear responsibilities, roles and systems of accountability to support good governance and management. The practice manager took responsibility for the day to day leadership in the practice, supported by a deputy practice manager. They were also well supported by a regional, area and operations manager, as well as the directors of the company, whom they described as approachable and responsive.

We found all senior staff to be knowledgeable, experienced and clearly committed to providing a good service to both patients and staff.

### Culture

The practice had a culture of high-quality sustainable care. Staff said they felt respected, supported and valued. They described their morale as high, citing effective management, support and good communication as some of the reasons. One dentist told us, 'there's always someone you can go to for advice, and I always get a prompt response'. Senior managers listened to staff and their suggestion to streamline systems for managing lab work had been actioned.

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

### Governance and management

There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented.

There were 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. Staff had easy on-line access to the provider's policies and procedures.

Communication across the practice was structured around a monthly meeting for all staff which they told us they found useful. Minutes showed that different topics and

policies were discussed each month to ensure staff kept up to date with the latest guidance. We noted that health and safety, the Mental Capacity Act and accident reporting had all been discussed at recent meetings. There were also 'Whats App' groups for the dentists and nurses so that any key messages could be shared quickly. One dentist told us they had been praised by the directors on the 'what's app' group, something which they had valued.

The practice manager told us they always had dedicated time each morning to meet with their deputy manager and plan the day ahead.

The practice used an online governance tool to help with the running of the service.

### Appropriate and accurate information

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

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

Staff involved patients, the public, staff and external partners to support high-quality sustainable services. Staff told us that patients' suggestions to replace waiting room chairs had been implemented.

We viewed the result of the practice's most recent patients' survey audit which 190 people had completed. The results had been carefully analysed by the deputy manager. We noted the results were very positive, with patients showing high levels of satisfaction with the service provided. The practice had introduced the NHS Friends and Family Test as a way for patients to let them know how well they were doing. These were monitored by staff at the provider's headquarters.

The practice monitored both the NHS Choices website and online reviews and responded to both negative and positive patient feedback. At the time of our inspection, the practice had received a score of 4.4 out of five stars based on 65 reviews.

## Are services well-led?

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and told us these were listened to and acted upon.

### **Continuous improvement and innovation**

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, antibiotic prescribing, hand hygiene, patients' complaints and infection prevention and control. These audits were undertaken by managers to ensure their objectivity.

The practice manager told us they wanted to support staff to 'blossom and progress' in their role.

We noted that recommendations we had made in our inspection of the provider's other practices had been implemented, showing that learning was shared across the company.

The provider ran its own accredited National Examining Board for Dental Nurses course for trainee nurses. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development.