

Apex Dental Ltd

# Market Street Dental

## Inspection Report

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### Overall summary

We carried out this announced inspection on 19 September 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**

Market Street Dental is in Gainsborough, a town in the West Lindsey district of Lincolnshire. It provides NHS and private dental treatment to adults and children. Services provided include general dentistry, implants and sedation.

There is level access for people who use wheelchairs and those with pushchairs. The practice does not have its own patient car parking facilities, but public car parking is situated at the rear of the premises. This includes spaces for blue badge holders.

# Summary of findings

The dental team includes two dentists, three dental nurses, one trainee dental nurse, one dental hygienist, one dental hygiene therapist and a practice manager. The practice has three treatment rooms; these are on ground floor level.

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 at Market Street Dental is one of the principal dentists.

On the day of inspection, we collected 22 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, three dental nurses and the practice manager. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday, Tuesday, Thursday and Friday from 8.45am to 5.30pm, Wednesday from 8.45am to 7.30pm and Saturday from 9am to 12.30pm.

## **Our key findings were:**

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff were dedicated and took pride in their work. The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

# 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

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

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The lead for safeguarding was one of the principal dentists.

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.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider had a whistleblowing policy. It included internal and external contact details for reporting concerns. Staff felt confident they could raise concerns without fear of reprimand.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. This included details of another practice that patients could be referred to in the event of the premises becoming un-useable.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure.

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

Staff 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 were regularly tested and serviced. We saw records dated within the previous 12 months.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

### **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 reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The dentists used traditional needles rather than a safer sharps system. There were safeguards available for those who handled needles. A sharps risk assessment had been completed. This included a provision that dental nurses were not to handle used needles.

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 every year. Immediate life support training with airway management for sedation was also completed.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

# Are services safe?

A dental nurse worked with the dentists, the dental hygienist and hygiene therapist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

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

The provider 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 (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment dated January 2019. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

The provider utilised an external company for cleaning the general areas of the practice. We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

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

The provider carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

## 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 complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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 provider had reliable systems for appropriate and safe handling 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.

We saw staff stored NHS prescriptions as described in current guidance. Monitoring arrangements were not in place however to enable staff to identify if an individual prescription went missing. Following the inspection, we were informed of arrangements that had been implemented.

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

Antimicrobial prescribing audits were carried out.

## Track record on safety, and lessons learned and improvements

The practice had a positive safety record.

The practice had processes to record and investigate accidents when they occurred. We looked at one accident report completed in March 2019. This related to a sharp's injury involving a staff member. We saw that preventative action was taken to reduce the likelihood of an occurrence in the future.

The practice had a policy for reporting significant events and staff showed awareness of the type of incident they would report to managers. We looked at an incident record

## Are services safe?

dated within November 2018. This showed it was investigated, reviewed and discussed amongst the team. Incidents were subject to discussion in practice meetings held.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

We received very positive comments from patients about treatment received. Patients described the treatment they received as professional, excellent, efficient and gentle. One patient told us they had received the best care and treatment that anyone could have had.

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.

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

Staff had access to technology and equipment available in the practice, for example, an intra-oral camera to enhance the delivery of care.

### **Helping patients to live healthier lives**

The practice was providing preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staff were aware of national oral health campaigns in supporting patients to live healthier lives. For example, smoking cessation. They signposted patients to appropriate support.

A dental hygienist and dental hygiene therapist worked within the practice and patients were referred to them when required.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

The practice's website included information for adults and children about maintaining good oral health on its website.

### **Consent to care and treatment**

Staff 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 and we saw this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment. One patient told us that their 'treatment options were always fully explained' and they were 'confident when having the treatment carried out'.

The practice's consent policy did not specifically include information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act however when treating adults who might not be able to make informed decisions. The policy referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 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**

We looked at a small sample of patients' records. We found that the practice kept detailed dental care records

# Are services effective?

(for example, treatment is effective)

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.

The practice carried out conscious sedation for patients who were nervous. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history; blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. This included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

The sedationist was supported by a trained second individual.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, a trainee nurse was employed and received ongoing training and support from the team. One of the dental nurses told us they had completed an implant course, and two dental nurses had completed sedation training. One of the principal dentists was trained to provide dental implants and the other principal dentist was due to commence this training in November 2019. The practice manager had undertaken an online management course to assist them in their role.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff 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

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.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

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.

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



# Are services caring?

## Our findings

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

### **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 commented positively that staff were polite, understanding and had an 'excellent attitude'. One patient told us that 'nothing was too much trouble for staff'. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist when they first contacted the practice.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. One patient said they were fearful of having an injection, yet their concerns were quickly allayed as it was administered with ease.

We saw that topics such as dementia friendly dentistry were discussed in practice meeting minutes.

We looked at feedback left on the NHS Choices website. The practice had received five stars out of five stars based on 42 patient experiences. The reviews included positive comments regarding dental care administered, the overall service and the professionalism of staff.

A water machine was available for patient use in the waiting area.

### **Privacy and dignity**

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting

area provided some limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients as privacy screens had been fitted to prevent any potential data breach when patients walked past. 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. They stored paper records securely.

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

We looked at how staff helped patients be involved in decisions about their care and their compliance with requirements of the Accessible Information Standard and the Equality Act. (The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given). We saw that interpreter services were available for patients who did not speak or understand English. Staff told us they communicated with patients in a way that they could understand.

Staff gave patients clear information to help them make informed choices about their treatment. 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.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, using the computer screen, videos, X-ray images, verbal and written information and an intra-oral camera.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### 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. Patients included some of those who resided in local care homes; they had a range of disabilities and needs that were taken account when they attended the practice. The practice welcomed patients who had dental phobia and offered sedation to those who would benefit. One patient told us they will 'never avoid the dentist again' since they found the practice. We were provided with examples of additional measures taken to consider individual patient's needs. For example, a patient who did not like the treatment room door closed was booked an appointment at the end of a day, so their privacy was not compromised by others walking by.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, treatment in a ground floor surgery, a lowered area at the reception desk to accommodate those in wheelchairs and accessible toilet with a hand rail and a call bell. The practice did not have a hearing loop.

A disability access audit had been completed in April 2019. When we reviewed this, it was not clear whether a hearing loop would benefit patients or if the practice could obtain information in other formats such as large clear print, should patients require.

A patient appointment reminder service was provided based on their preference of communication.

### Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and this information was also available online.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Time was blocked out in diaries in the morning and afternoon to accommodate any dental emergencies. Patients had enough time during their appointment and did not feel rushed. Appointments appeared to run smoothly on the day of the inspection and patients were not kept unduly waiting.

The practice's answerphone provided telephone numbers 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 not often kept waiting for their appointment.

### Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint. The practice posted information in the waiting area that explained how to make a complaint. The information leaflet also included information about reporting complaints.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these, if appropriate. Information was available about some organisation's patients could contact if not satisfied with the way the practice manager had dealt with their concerns. We noted that not all relevant contact details for complaints were included in the information displayed. For example, NHS England and the Parliamentary Health Service Ombudsmen.

# Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and verbal and written complaints the practice received within the previous 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

We found leaders had the capacity and skills to deliver high-quality, sustainable care. The principal dentists, supported by the team demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The principal dentists were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### **Vision and strategy**

There was a clear vision and set of values. The practice's statement of purpose included the provision of high-quality dental care to the community. They aimed to provide regular care at appropriate intervals for patients, the promotion of good oral health and fostering an understanding of its benefits.

The strategy was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population. For example, the provision of treatment for vulnerable patients who resided in care facilities.

### **Culture**

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The staff focused on the needs of patients. As a result of patient feedback, the practice was holding a waiting list for

new patients who wanted to join. This was implemented because of some existing patients who had encountered difficulty obtaining a timely appointment to have their treatments completed.

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

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 responsibilities, roles and systems of accountability to support good governance and management.

The principal dentists had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical 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 saw there were clear and effective processes for managing risks, issues and performance.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider 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, staff and external partners to support high-quality sustainable services.

The provider used patient surveys, verbal and written comments to obtain staff and patients' views about the service. We looked at survey results from January to June 2019. This showed that patients were happy with the

# Are services well-led?

practice's appearance, they liked the appointment system and waiting times were not a point of patient concern. Patients also said that staff explained treatment plans and costings well.

During a refurbishment, patients had been asked to select the new floor by selecting from a range of pre-selected finishes.

We saw examples of suggestions from patients the practice had acted on. Chairs with arm supports had been placed in the waiting room to provide more support for patients with mobility problems, a digital fish tank was placed on a wall in the reception area and magazines were provided to occupy patients whilst they waited to be seen.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider 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.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, antibiotic prescribing, a 'poisoned chalice' audit that examined all processes, 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 dentists showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The staff team had regular and annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.