The Dental Care Group Partnership c/o Vaid, Radia and Shah

Chesterton Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 13 December 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

Chesterton Dental Practice provides NHS treatment to both adults and children. The team consists of three dentists, two dental nurses, a receptionist and practice manager. The practice is situated in a converted residential property and has two treatment rooms, a decontamination room for sterilising dental instruments, a small office, and a reception and waiting area. The practice is part of the Dental Care Group that owns 11 dental practices across East Anglia and was acquired by them in April 2016.

The practice is open **Mondays to Fridays from 8am to 5pm.**

The practice is registered with the Care Quality Commission (CQC) as an organisation. One of the directors is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- Information from 26 completed Care Quality Commission comment cards gave us a positive picture of a caring and professional service.
- The practice had 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.

Summary of findings

- Risk assessment was robust and action was taken to protect staff and patients.
- 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.
- Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- Audits and reviews were carried out to monitor and improve services,
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted upon.
- Although incidents and accidents were recorded, there was little evidence that learning from them was shared across the practice team.

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

- Review the security of prescriptions in the practice and ensure there are systems in place to monitor and track their use.
- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had robust arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays). Staff had received safeguarding training and were aware of their responsibilities regarding the protection children and vulnerable adults. Risk assessment was comprehensive and effective action was taken to protect staff and patients. Equipment used in the dental practice was well maintained. Although incidents and accidents were recorded, there was little evidence that learning from them was shared across the practice team.

Are services effective?

No action

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

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.

Patients were referred to other services in a timely manner and urgent referrals were actively followed up. Clinical audits were completed to ensure patients received effective and safe care.

Are services caring?

No action

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

We collected 26 completed patient comment cards and obtained the views of a further three patients on the day of our visit. These provided a very positive view of the service the practice provided. Patients commented on friendliness and helpfulness of the staff and told us dentists were good at explaining the treatment that was proposed. They told us they were involved in decisions about their treatment, and did not feel rushed in their appointments.

Are services responsive to people's needs?

No action

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

The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly if needed. The practice had made some adjustments to accommodate patients with a disability; however its toilet was not wheelchair accessible.

There was a clear complaints system and the practice responded quickly and appropriately to issues raised by patients.

Summary of findings

Are services well-led?

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

There was a clear leadership structure and staff were supported in their work. The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were systems in place to monitor and improve quality, and identify risk. The practice proactively sought feedback from staff and patients, which it acted on to improve services to its patients.

No action

Chesterton Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 13 December 2016 by a CQC inspector who was supported by a specialist dental adviser.

During the inspection we spoke with the clinical director, two operations business managers, a dentist, a dental nurse and the practice manager. We reviewed policies, procedures and other documents relating to the management of the service. Before the inspection we sent comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 26 patients. These provided a mostly positive view of the service.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a number of policies and procedures in place to investigate and respond to any significant events that occurred, although these needed to be streamlined to form a single definitive policy to guide staff. Staff we spoke with had a good understanding of their reporting requirements under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) and we noted that RIDDOR guidance was available in the practice.

We viewed the practice's accident book, which contained details of four incidents, including two injuries from equipment and a staff member who accidently sprayed oil in their eye. However, there was no evidence to show that learning from these events had been recorded and formally shared with staff to prevent their reoccurrence. One of the Operations Business Managers (OBM) told us there were plans in place to introduce a regular newsletter where learning from unusual incidents that occurred in any of the provider's practices would be shared across the group.

National patient safety alerts were emailed to the practice manager who then disseminated them to relevant members of staff for action if needed. Staff we spoke with were aware of recent alerts affecting the dental practice including those relating to medicines and equipment.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined whom to contact for further guidance if they had concerns about a patient's welfare. A flow chart outlining reporting procedures was on display in each treatment room and in the staff office. Records showed that all staff had received safeguarding training for both vulnerable adults and children. One of the provider's OBMs was the safeguarding lead within the practice and was about to undertake level three training for this role. Staff we spoke with demonstrated their awareness of the different types of abuse and understood the importance of safeguarding issues.

The practice had undertaken disclosure and barring checks for all staff to ensure they were suitable to work with vulnerable adults and children.

The practice had minimised risks in relation to used sharps (needles and other sharp objects that may be contaminated) by using a sharps safety system that allowed staff to discard needles without the need to re-sheath them. We saw that sharps' bins were securely attached to the wall in treatment rooms to ensure their safety, and had been assembled correctly, signed and dated. Staff we spoke with were aware of how to deal with a sharps' injury and there was guidance about dealing with injuries on display near where sharps were used.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The dentist told us he regularly used rubber dams and we noted rubber dam kits available in both surgeries.

Medical emergencies

All staff, including the receptionist, had received training in cardiopulmonary resuscitation and those we spoke with knew the location of all the emergency equipment in the practice .We checked the emergency medical treatment kit available and found that this had been monitored daily to ensure that it was fit for purpose. The practice had all equipment in place as recommended by the Resuscitation Council (UK) to deal with a range of medical emergencies commonly found in dental practice. The practice held training sessions each year for the whole team however, staff did not regularly rehearse emergency medical simulations so that they could keep their skills up to date.

Emergency medicines were available in line with guidelines issued by the British National Formulary to deal with a range of emergencies including angina, asthma, chest pain and epilepsy, and all drugs were within date for safe use.

Staff recruitment

At the time of our inspection the practice had three staff vacancies and had experienced a number of recruitment difficulties. However, a new practice manager had been

Are services safe?

appointed and was due to start soon and an employment offer had just been given to an additional receptionist. The OBM told us she had plans to over recruit to the practice to ensure there were enough staff to meet patients' needs.

We found the OBM had a good understanding of the importance of robust recruitment procedures and she showed us a checklist she had recently implemented to assist practice managers in ensuring all the required checks for new employees were completed.

We checked recruitment records for two recently recruited members of staff which contained proof of their identity, references, their GDC registration (where applicable), an employment contract, references and a disclosure and barring check (DBS). The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who might be vulnerable. We also viewed detailed job descriptions for all roles within the practice.

All new staff undertook a period of induction during which they had the opportunity to familiarise themselves with the practice's policies and procedures. We were shown the provider's 16-week induction programme for trainee dental nurses.

We spoke with a newly recruited dental nurse who told us her recruitment had been thorough and she had been impressed by the honesty of staff who had interviewed her.

Monitoring health & safety and responding to risks

There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. The practice had a range of policies and risk assessments that 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.

A fire risk assessment had been completed, firefighting equipment such as extinguishers was regularly tested and building evacuations were carried out twice a year. A Legionella risk assessment had been completed in August 2016 and we saw that its recommended actions had been implemented. Water temperatures were monitored monthly to ensure they were at the correct level. Regular flushing of the dental unit water lines was carried out in accordance with current guidelines to reduce the risk of legionella bacteria forming.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for products used within the practice.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and utility companies. A copy of the plan was kept on the provider's shared computer drive, making it easily accessible in an emergency.

We noted that there was good signage throughout the premises clearly indicating fire exits, unexpected steps, and X-ray and compressed warning signs to ensure that patients and staff were protected.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice.

The practice had comprehensive infection control policies in place to provide guidance for staff on essential areas such as hand hygiene, instrument decontamination and the use of personal protective equipment. Regular audits were carried out to test the effectiveness of the practice's infection prevention and control procedures and the practice had scored 95% on its latest one, indicating that it met essential quality requirements.

We noted that all areas of the practice we viewed were visibly clean and hygienic, including the waiting area and toilet. The toilet had liquid soap, paper towels and a hand washing prompt poster to promote good hand hygiene. We checked both treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed flooring and modern sealed work surfaces so they could be cleaned easily. There were separate hand washing sinks for staff. Dirty and clean zones were clearly identifiable and there was plenty personal protective equipment available for staff and patients. Equipment used to clean different parts of the premises was colour coded and stored according to guidance.

Are services safe?

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05), decontamination in primary care dental practices. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. Staff manually cleaned instruments prior to their sterilisation. When the instruments had been sterilized, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively. Staff wore appropriate personal protective equipment during the procedure including heavy-duty gloves, visor and apron.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. The practice used an appropriate contractor to remove clinical waste from the practice and waste consignment notices were available for inspection. Clinical waste was stored externally in a bin, although this was not secured safely.

We noted that staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. Records showed that all dental staff had been immunised against Hepatitis B.

Equipment and medicines

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. All other types of equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this. For example, portable appliance testing had been completed in October 2016, the air-conditioning unit had been serviced in October 2015, and the fire extinguishers in May 2016.

The batch numbers and expiry dates for local anaesthetics were recorded in patients' dental care records that we viewed. Prescription pads were held securely, although there was no logging system in place to account for the prescriptions issued. There was a system in place to ensure that relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Authority were received and actioned.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for each X-ray set and the notification to the Health and Safety Executive. A copy of the local rules was available. Training records showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations. We noted that rectangular collimation was used to confine x-ray beams in only one of the treatment rooms.

Regular radiographic audits were completed and a recent audit had identified that not all dentists were grading their x-rays. An action plan was in place to address this.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. All new patients to the practice were asked to provide their medical history including any health conditions, current medication and allergies. Patients were asked to confirm any changes in their health at subsequent visits. This ensured the dentists were aware of the patient's present medical condition before offering or undertaking any treatment. Our discussion with the dentist and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. Assessments included an examination covering the condition of the patient's teeth, gums and soft tissues. Antibiotic prescribing, wisdom tooth extraction and patients' recall frequencies also met national guidance. Where relevant, preventative dental information was given in order to improve the outcome for the patient.

We saw a range of clinical audits that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, the quality of dental radiographs, infection control and action plans were in place to address any identified shortfalls.

Health promotion & prevention

A range of oral health care products was available for sale to patients including interdental brushes, mouthwash and floss. Free samples of toothpaste were also available. Patients were asked about their smoking and alcohol intake as part of their medical history and dental care records we reviewed demonstrated that the dentist had given oral health advice to patients and prescribed high fluoride toothpaste and fluoride application if required. Staff were aware of guidelines issued by the Department of Health's publication 'Delivering better oral health: an evidence-based toolkit for prevention'. This is an evidence-based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

There were leaflets available in the treatment rooms giving patients advice on gum disease, diet, tooth brushing and smoking.

Staffing

The practice had faced considerable difficulty in recruiting staff but a new practice manager and receptionist had just been appointed and were due to start soon. Staff from another of the provider's practices had been providing temporary cover.

Files we viewed demonstrated that staff were appropriately qualified, trained, had current professional validation and professional indemnity insurance. Records showed that all staff had undertaken recent essential training in infection control, safeguarding people, information governance and basic life support. All staff received an annual appraisal of their performance that they described as useful.

The practice had appropriate Employer's Liability insurance in place.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves and there were clear referral pathways in place. A log of the referrals made was not kept so they could be tracked, although any urgent referrals for suspected malignancy were followed up with a phone call to ensure they had been received.

Consent to care and treatment

The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Dental staff we spoke with had a clear understanding of patient consent issues and the key principles of the Act when dealing with patients who were unable to give consent. The practice had specific polices about patient consent to guide staff.

Leaflets were available describing a number of treatment options to enhance patients' understanding of what was involved and there were additional consent forms for procedures such as tooth whitening and extraction.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent comment cards so patients could tell us about their experience of the practice. We collected 26 completed cards These provided a very positive view of the service. Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as sympathetic and supportive.

Computer screens at reception were not overlooked and computers were password protected. All consultations were carried out in the privacy of the treatment rooms and we noted that doors were closed during procedures to protect patients' privacy. Windows in treatment rooms were frosted to ensure patients could not been seen from outside.

The main reception area itself was not particularly private and those waiting could easily overhear conversations between reception staff and patients. However, staff assured us they could offer a separate room to any patient who wanted to speak privately and that they were careful not to give out patients' personal details when speaking on the phone. Patients' notes were held securely in locked fireproof filing cabinets in the staff room which was not accessible to the public.

Involvement in decisions about care and treatment

Patients told us that their dental health issues were discussed with them and they felt well informed about the options available to them. A plan outlining the proposed treatment was given to each patient so they were fully aware of what it entailed and its cost. A range of leaflets was available to help patients better understand their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was located in a central area of Cambridge, close to a number of bus routes. There was parking for bicycles directly outside the building and limited on-street car at the front of the property.

The practice offered a full range of NHS treatments and patients had access to some private cosmetic treatments including teeth whitening. There was good information available for patients in the waiting area including NHS and private treatment fees, and the practice's complaints' procedure. The clinical director told us patients also had access to a web site but that this was not available at the time of our inspection.

The practice opened from 8 am to 5pm from Mondays to Thursdays. Information about emergency out of hours' service was available on the practice's answer phone message, and on the front door should a patient come to the practice when it was closed. Emergency appointment slots were available each day to accommodate patients in dental pain. The OBM told us plans were in place to provide appointments on a Saturday once the practice was fully staffed. Patients told us they were satisfied with the appointments system, although two stated that reception staff did not always ring them back when they left a message on the answerphone.

Tackling inequity and promoting equality

The practice had made some adjustments to help prevent inequity for patients that experienced limited mobility. There was ramp-enabled access to the practice and two downstairs treatment rooms. The clinical director manager told us that some information could be printed off in other languages if needed. However there was no disabled toilet and no portable hearing loop, despite a number of patients with hearing aids.

No information was available about translation services for patients who did not speak English

None of the staff had undertaken training in equalities and diversity to help them better understand the diverse needs of patients.

Concerns & complaints

The practice had an appropriate complaints procedure in place that included the timescales within which they would be dealt and other agencies that patients could contact. Information about how to raise a complaint was available in the waiting area and staff spoke knowledgeably about how they would handle a patient's concerns.

All complaints about treatment were overseen by the provider's clinical director, and non-clinical complaints were dealt with by the practice manager. We reviewed the paperwork in relation to two recent complaints and found they had been managed in a professional and empathetic way.

Are services well-led?

Our findings

Governance arrangements

The practice had been acquired in April 2016 and it was clear that the new provider's systems and procedures were still bedding in. In addition to this, the practice had faced considerable staffing difficulties and interim management arrangements were in place at the time of our visit. Despite this, we found that the practice was running well and patient care appeared not to have been affected. There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

There was evidence of appraisals and personal development plans for all staff. The clinical director was responsible for appraising the dentists within the practice and met with them regularly. Each dentist's performance was audited against the NHS Dental Assurance Framework to monitor areas including antibiotic prescribing, number of extractions and recalls. The results from these audits were reviewed with individual dentists and areas for improvements were shared where they were identified.

Communication across the practice was structured around regular practice meetings, which all staff attended. These meetings were minuted, and staff told us that they felt able to raise issues at them. The practice also used a specific staff 'What's App' tool, which staff told us was effective for sharing information and helping in the day to day management of the service.

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. All staff received training on information governance and each year the practice completed an information governance toolkit to ensure it handled patients' information in line with legal requirements.

A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The quality of these audits was good, and action plans were implemented to address highlighted shortfalls if necessary.

Leadership, openness and transparency

Although the practice had been without a permanent practice manager for some time, the interim manager told us she had received excellent support from the provider's senior staff, especially the OBMs. Staff told us they felt able to raise issues of concern with senior managers, and were confident that these would be dealt with professionally.

Staff we spoke with had a good understanding of their obligations under the duty of candour and the practice had recently implemented a policy in relation to it. We found staff to be open and honest about the difficulties the practice faced, and they were clearly keen to address the minor issues we found during our inspection.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had introduced the NHS Friends and Family test as a way for patients to let them know how well they were doing. Results of the test were displayed in the waiting are and recent figures showed that 80% of respondents would recommend the practice. Feedback left by patients on the NHS Choices website was also monitored and responded to, evidence of which we viewed. This feedback had highlighted the need for more staff, which were being recruited for as a result.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, and gave us specific examples where they had done so.