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Market Place Dental Group

Inspection Report

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Overall summary

We carried out this announced inspection on 4 September 2017 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 Place Dental Group is in Great Dunmow and provides private treatment to patients of all ages.

There is a portable ramp for access at the rear of the building for people who use wheelchairs and pushchairs, with a notice and doorbell at the foot of the front steps to alert staff of patients' presence. Car parking spaces, including those for disabled patients who are blue badge holders, are available in a car park near the practice.

The dental team includes two dentists, four dental nurses including one nurse/practice manager, one dental hygienist, one dental hygienist therapist and two

Summary of findings

receptionists. The practice has three treatment rooms, two on the ground floor and one on the first floor. There is a stair lift for patients with limited mobility to access the treatment room on the first floor.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 31 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, three dental nurses, one dental hygiene therapist, one receptionist and the nurse/practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday 9 am to 5 pm, from 5pm to 7pm Tuesday evenings and Friday from 9 am to 12 pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. There was scope to ensure fridge temperatures were checked and monitored.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice 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.
- Patients provided positive feedback about the service and the staff.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's protocols for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Review stocks of medicines and equipment and the system for identifying, disposing and replenishing of out-of-date stock.
- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review its responsibilities to the needs of people with a disability, including those with hearing impairments and the requirements of the Equality Act 2010.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve. However there was scope to extend the range of events recorded to ensure trends and learning needs were identified

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean. There was scope to improve the review of stocks of medicines and equipment and the system for identifying, disposing and replenishing of out-of-date stock. In addition the monitoring and recording of fridge temperature to ensure that medicines and dental care products were being stored in line with the manufacturer's guidance needed review.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients told us they received effective treatment from friendly staff in a clean and safe environment. We were told dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 34 people. Patients were positive about all aspects of the service the practice provided. They told us staff treated them with care and respect. They said that they were given professional treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Summary of findings

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

There was a portable ramp for access at the rear of the building for people who used wheelchairs or pushchairs. There was a notice and doorbell at the foot of the front steps to alert staff to patients' presence. An internal stair lift provided access to the first floor treatment room for patients with limited mobility.

The practice did not provide a hearing loop to assist patients' who wore hearing aids or information about its services in other formats or languages.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. A comments and compliments book was available for patient to read or add to in the waiting room. The practice had responded to comments in the book.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. The recording of events was limited and could not ensure trends and learning needs were identified. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice manager understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Following our inspection the practice was able to evidence that they were now signed up to receive these alerts. The practice manager confirmed relevant alerts would be discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

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. There was good information around the practice about reporting procedures and staff had received relevant training for their role. All relevant staff had DBS checks in place to ensure they were suitable to work with vulnerable adults and children.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice was in the process of developing a new business continuity plan following the retirement of the previous principal dentist. This would describe how the practice would deal with events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Equipment included an automated external defibrillator (AED), medical oxygen and portable suction. The practice had oxygen masks for both adults and children. We saw that both the adult and paediatric masks and single use syringes and needles were out of date. In addition we noted there were no oropharyngeal airways available. Following the inspection the practice provided evidence to show that out of date equipment had been replaced and the missing airways had been purchased.

A whistle was used as an alarm in case of a medical or other emergency. Whistles were available in each room in the building. Guidance on the action to take in case of fire or medical emergency was also available. Staff we spoke with were able to give clear examples of how the 'alarm system' would be used.

Staff recruitment

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

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed annually to help manage potential risk. These covered general workplace and specific dental topics. The practice manager was the lead person with overall responsibility for health and safety at the practice. The practice had current employer's liability insurance and the certificate was on display in the reception area for patients' reference. The practice manager checked annually that the clinicians' professional indemnity insurance was up to date.

Are services safe?

We saw that regular health and safety audits were completed, reviewed and where necessary updated.

The practice had an automatic fire alarm system which was serviced regularly; this included automatic fire detection and emergency lighting. The practice had a whistle system to alert patients and staff to an emergency. Whistles were located in all treatment rooms and the reception area. Staff at the practice had been trained in fire safety with training certificates held within the practice. We saw the fire risk assessment had been reviewed on an annual basis.

A dental nurse worked with the dentists, dental hygienists and dental therapists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. The practice had a business plan to develop one area of the practice into a purpose built decontamination room in the future.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing and storing medicines. There was scope to ensure the temperatures of fridges where medicine was stored were regularly checked. We discussed this with the practice manager who agreed to ensure a system of regular checks for fridges storing medicines and dental care products were put in place to ensure they were being stored in line with the manufacturer's guidance.

The practice provided private prescriptions which were printed as and when required.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

The dental therapist had carried out an X-ray audit in 2017, we were shown one X-ray audit undertaken by a dentist in 2015, there were no other audits undertaken by dentists since that date. We discussed this with the practice manager who agreed action would be taken to ensure the practice was following current guidance and legislation.

We were told clinicians completed continuous professional development in respect of dental radiography. However there was scope to ensure records of these were maintained by the practice for all relevant staff.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The clinicians assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the clinicians recorded the necessary information.

The practice did not provide sedation services; patients who required sedation were referred elsewhere, which gave them a choice with regard to where they received their treatment.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The hygienists provided practical support and advice around good oral hygiene to patients.

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

The dentists told us they 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.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. There was scope to ensure inductions were recorded and a formal introduction to the practice put in place. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of some completed appraisals, although at the time of our inspection the dentists, hygienist/therapist and hygienist had not been appraised.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients for sedation services, implants, comprehensive orthodontics and oral surgery and 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 told us the dentists monitored their individual urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

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

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentist was aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring, diligent and professional. We saw that staff treated patients with a high degree of care and respect and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting area provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave 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.

There were magazines and a television in the waiting room. The practice provided drinking water. Patient survey information was available on the practice website.

Information, a comments book and thank you cards were available for patients to read in the waiting room.

Involvement 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. We saw examples in patients' dental care records that demonstrated patients had been involved in discussions about their dental care. Dentists had recorded the treatment options and noted that these had been discussed with patients.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as crowns and dentures, and cosmetic options including tooth straightening, whitening, and facial aesthetics

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment. The hygienist/ therapist used models and flip charts for oral hygiene instruction and education.

The practice provided treatment on a private basis which included cosmetic dentistry, whitening and dermal filler treatments. The costs for private dental treatments were displayed in the practice leaflet, in the waiting room and on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff told us that they either telephoned or sent text messages depending on the patients' choice, three days before their appointment to make sure they could get to the practice.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included a portable ramp for rear step free access, an internal stair lift and spare reading glasses for patients who needed assistance to complete forms. Due to the layout and age of the building, its listed status and limited room, the practice did not offer a disabled toilet or baby changing facilities

Staff told us they did not provide a hearing loop or information in different formats or languages to meet

individual patients' needs as there had been no demand for these services. We discussed this with the practice manager who confirmed they would continue to review the demand for these services.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept one appointment per dentist free for same day appointments. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received over 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

Governance arrangements

The principal dentist 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 practice had 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. The policies were not regularly reviewed with a date of the review recorded on the policy. We discussed this with the principal dentist and practice manager who confirmed this would be actioned.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and apologetic to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included

audits of dental care records, X-rays and infection prevention and control. However the latest record keeping audit was dated 2014 to 2015 and there was only one X-ray audit undertaken by the dental hygienist/ therapist. They had records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff had annual appraisals although at the time our inspection the dentists, hygienist/therapist and hygienist had not been appraised. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used surveys and verbal comments to obtain staff and patients' views about the service. The results from the practice survey and the patient comments book were positive. We saw examples of suggestions from patients the practice had acted on. For example following concerns identified at the 2013/2014 practice survey the practice had improved the decoration of the waiting room, improved the lighting and had introduced a fold away ramp at the rear entrance to improve access for patients with wheelchairs and pushchairs. As a result of comments from the practice 2015/2016 patient survey the practice had introduced a leaflet to explain the services provided by the hygienist and hygienist/therapist, a practice leaflet detailing practice information, staff information and a detailed fees list and a diet advice leaflet providing diet advice for the prevention of gum disease and tooth decay.