

# Dental Pods (Hygiene Services) Ltd

## Unit 1 & 2 St Peters Arcade

### Inspection Report

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### Overall summary

We carried out this announced inspection on 17 December 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

We found that this practice was not providing well-led care in accordance with the relevant regulations.

##### **Background**

Dental Pods is based in Peterborough city centre and provides private dental treatment to about 1300 patients. The dental team includes three part-time dentists, a practice manager, two dental nurses and a receptionist. There are two treatment rooms.

The practice opens on Mondays, Tuesdays, Fridays and Saturdays from 9 am to 5 pm; and on Wednesdays and Thursdays from 9.30 am to 5.30 pm. Car parking spaces, including some for blue badge holders, are available in public car parks near to the practice.

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

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. One of the directors, who is also the practice manager, is the registered manager for the service.

On the day of inspection, we collected 45 CQC comment cards completed by patients. We spoke with a dentist, the practice manager, one of the directors, a nurse and the receptionist.

We looked at practice policies and procedures and other records about how the service is managed.

## **Our key findings were:**

- Information from completed Care Quality Commission comment cards gave us a positive picture of a caring and professional service. Staff understood the needs of nervous patients.
- Access to appointments was good and the practice opened six days a week, including Saturdays from 9 am to 5 pm.
- The practice appeared clean and well maintained.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Recruitment procedures ensured only suitable staff were employed.
- Patients' care and treatment was provided in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.

- The practice proactively sought feedback from staff and patients, which it acted upon.
- There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence.
- The management of risk was limited and potential hazards in relation to fire and the premises had not been identified or assessed to reduce potential harm.
- Staff did not receive regular appraisal of their performance and not all had personal development plans in place.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

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

- Review the practice's responsibilities to meet the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.

# Summary of findings

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

We always ask the following five questions of services.

We asked the following question(s).

### **Are services safe?**

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

Staff received training in safeguarding patients and knew how to recognise the signs of abuse and how to report concerns. Premises and equipment were clean and properly maintained. The practice mostly 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.

Patients told us they were very happy with the quality of their treatment. Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients.

The staff received professional training appropriate to their roles and learning needs. However, we found one dentist did not yet have a thorough knowledge of current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice, as they had only been in the UK for three months.

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

**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 46 patients. Patients were positive about all aspects of the service and spoke highly of the staff who delivered it. Staff had a good understanding of the needs of nervous patients and gave us specific examples of where they had gone out of their way to support patients.

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

**No action**



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

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

**No action**



# Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. The practice opened six days a week, including Saturdays offering patients good access to appointments.

Staff considered patients' different needs and provided some facilities for disabled patients, including wheelchair access and a downstairs treatment room and toilet. However, the practice did not have a hearing loop or information about its services in any other formats or languages.

The practice's complaints' procedure was well-advertised to patients, although their management once received needed to be strengthened.

## Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The practice had some arrangements to ensure the smooth running of the service. There was a clearly defined management structure and staff felt supported and appreciated. The practice asked for, and listened to the views of patients and staff.

However, we found several shortfalls which indicated that the practice's governance procedures were not effective. This included the management of emergency medical equipment, the provision of staff appraisal and the control of infection.

The management of risk was limited and potential hazards within the practice in relation to fire and the premises had not been fully assessed. Staff had a limited understanding of significant events management.

Requirements notice 

# Are services safe?

## Our findings

### **Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))**

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. There was comprehensive information and contact details about protection agencies on the staff noticeboard, making it easily accessible. All staff had undertaken appropriate training in safeguarding matters, apart from one dental nurse.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

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

Not all the dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment to protect patients' airways. The practice did not have a formal written protocol in place to prevent wrong site surgery.

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

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Records showed that fire detection and firefighting equipment was regularly tested. However, at the time of our inspection a fire risk assessment had not been completed, so it was not clear how the practice was managing potential fire hazards. The practice did not provide suitable signage to indicate that oxygen cylinders were held on site and could not provide evidence that five yearly fixed wiring testing had been undertaken. Not all staff had received formal training in fire safety.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file. Clinical staff completed continuous professional development in respect of dental radiography. Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured. Regular radiograph audits were completed for the dentists. Rectangular collimation was used on intra-oral X-ray units to reduce patient exposure.

### **Risks to patients**

The practice had not completed any type of risk assessment to identify potential hazards on its premises.

The practice followed relevant safety laws when using needles and other sharp dental items, and clinicians had just started using the safest types of sharps. Sharps bins were wall mounted and labelled correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Staff completed training in emergency resuscitation and basic life support every year, although they did not undertake regular medical emergency simulations to keep their knowledge and skills up to date. Not all recommended emergency equipment and medicines were available, however. Various sizes of clear face masks were missing and airways equipment was not stored hygienically. There was no in date buccal Midazolam. These items were ordered following our inspection.

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

We noted that all areas of the practice were visibly clean, including the waiting area, toilets and staff area. We checked one treatment room and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. However, we noted an old-fashioned cabinet with exposed wood work, making it difficult to clean, and a strip of bare wood in the decontamination area.

The practice had an infection prevention and control policy and procedures. Staff completed infection prevention and

# Are services safe?

control training and received updates as required. Staff carried out infection prevention and control audits every three months. The latest audit showed the practice was meeting the required standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05, Records showed that equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. We noted that water used to manually scrub instruments was not monitored to ensure it was below 45 degrees Celsius so that they could be cleaned effectively.

A legionella risk assessment for the practice had been completed in 2018 but its recommendations to remove three dead legs in pipework had not yet been implemented. Water temperatures were tested each month. Dental water unit lines were flushed through each morning and there was regular dip slide testing.

The practice used an appropriate contractor to remove dental waste. Clinical waste was stored in a shared area outside the practice, but the bins had not been secured adequately.

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

The dentists were aware of current guidance with regards to prescribing medicines and antimicrobial prescribing audits were carried out, although not for individual dentists. The most recent audit demonstrated the practice was following current guidelines.

The practice issued private prescriptions to patients but there was no tracking or monitoring system in place to identify any loss.

## **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.

## **Lessons learned and improvements**

There was no guidance for staff on how to manage significant or unusual events and we found that staff had a limited understanding of what might constitute an untoward event, and of the relevant reporting organisations.

The practice had a system in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and staff were aware of recent alerts affecting dental practice as a result.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

We received 45 comments cards that had been completed by patients prior to our inspection. All the comments reflected high patient satisfaction with the results of their treatment and their overall experience of it.

We found that dentists assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols, although one dentist with was not fully aware of all the NICE or FGDP guidance as they had only been working as a dentist in the UK for three months. Twenty to thirty minutes was scheduled for routine appointments to allow dentists time to fully assess patients' oral health.

The practice had a Cone Beam CT scanner to enhance the delivery of care to patients, which had been installed correctly but lacked a robust ongoing quality assurance programme.

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

### Helping patients to live healthier lives

Staff told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. 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 children and adults based on an assessment of the risk of tooth decay. The dentist we spoke with was not fully conversant with the Delivering Better Oral Health toolkit, but patient dental care records showed they were applying some of its principals.

There was a wide range of dental health leaflets in the waiting area making them easily available to patients.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance. Patients confirmed their dentist listened to them and gave them clear information about their treatment. Information about patients' capacity to consent to treatment was asked as part of their registration process so that clinicians were aware of any issues before treatment started. The dentist told us that treatment risks and benefits were always discussed with the patient, although notes we viewed did not always evidence this.

Staff we spoke with showed a satisfactory understanding of the Mental Capacity Act and Gillick competence and how these might impact on treatment decisions.

### Effective staffing

All clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The dentists were supported by appropriate numbers of dental nurses. Staff told us there were enough of them for the smooth running of the practice and to cover their holidays. The registered manager was also a dental nurse and told us she could help if required.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

### Co-ordinating care and treatment

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear systems in place for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored referrals to ensure they had been received. Many of them were hand delivered by the practice manager.



# Are services caring?

## Our findings

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

Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as helpful, caring and professional. One patient told us that staff always made them feel comfortable and relaxed, and another that staff took their dental pain and discomfort seriously.

Staff described to us some of the practical ways they helped very nervous patients which included arranging a pre-treatment discussion, showing them around the surgery and encouraging them to bring a friend or relative. The practice had been decorated to promote a relaxing environment, with a forest mural on one treatment room wall. Staff gave us examples of where they had gone out their way to support patients such as giving one vulnerable patient a lift home and chasing up another's denture repair.

### **Privacy and dignity**

The practice did not have a separate waiting room, so the reception area was not particularly private. Reception staff used a portable electronic tablet device which was not visible to patients. Patient records were not held on site, but stored electronically in a secure cloud based system.

All consultations were carried out in the privacy of the treatment room and we noted that the door was closed during procedures to protect patients' privacy. The large window which looked out onto the street had been made opaque.

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

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Patients commented that the dentists always listened to their concerns, and took them seriously.

Staff described to us the methods they used to help patients understand treatment options discussed. These included visual aids, dental models, and information leaflets. One dental nurse told us the dentist always invited patients to sit with them by computer screen to discuss their X-ray image and what it showed.

There was good information available on the practice's website about the range treatments available and what each entailed.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had its own website, providing patients with information about its staff and the services it provided. Patients could request an 'e-consultation' where they could submit their dental related concerns or questions. In addition to general dentistry, the practice offered implant treatment and was about to employ a hygienist to better support patients with gum disease.

The practice had made reasonable adjustments for patients with disabilities which included level access entry, a downstairs surgery and fully enabled toilet. However, there was no hearing loop available to assist those with hearing aids. Information about the practice was not available in any other formats or languages.

The waiting area provided good facilities for patients including information leaflets and children's toys and books to keep them occupied while they waited.

### Timely access to services

Patients told us they were satisfied with the appointments system and said that getting through on the phone was easy.

Appointments could be made by telephone, on-line or in person and the practice operated an email and text appointment reminder service. Specific emergency slots were available for those experiencing pain and the practice offered sit and wait if needed. Information about out of hours services was available in the patients' information booklet. The out of hours telephone number was staffed by the registered manager.

### Listening and learning from concerns and complaints

We found comprehensive information in the waiting area, the patient information booklet and on the practice's website advising patients how they could raise their concerns and complaints. This explained clearly the process, who would handle their complaint and the timescales for responding to it. It also provided details for organisation that patients could contact if they were unhappy with how the practice had managed their concerns.

The practice had received one complaint since it had opened in April 2018. We were only able to partially assess how it had been handled as not all the relevant paperwork had been kept tracking its management.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

The registered manager had overall responsibility for the management and clinical leadership of the practice, supported by one of the associate dentists and the other director. Staff described the manager as approachable and responsive to their needs. One staff member told us they had raised an issue about the autoclave in the practice and the manager had listened to and responded to their concern.

The manager and director had limited experience of operating a dental practice, but were aware of some of the shortfalls we had identified, and were clearly keen to address them.

### **Culture**

Staff stated they felt respected and valued in their work. The dental nurse told us the manager often thanked them for their work, something which they appreciated.

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

### **Governance and management**

We identified a number of shortfalls during our inspection which indicated that governance procedures were not robust. This included the management of medical emergency equipment, the identification of risk, the management of complaints and the provision of staff appraisal. The practice had a comprehensive staff operating manual which set out its key policies and procedures. However, there was no evidence to show that staff had read and understood them.

Communication across the practice was structured around practice meetings, however these were infrequent and not always fully documented.

### **Appropriate and accurate information**

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

### **Engagement with patients, the public, staff and external partners**

The practice used surveys, comment cards and verbal comments to obtain patients' views about the service. The survey asked patients to rate the quality of their treatment, the staff and the management of the practice. Only two surveys had been completed since the practice opened in April 2018, but the director told us plans were in place to conduct a full survey in the coming months. We found that patients' feedback was acted upon. For example, patients' suggestions to provide toys in the waiting area and music in the treatment room had been implemented.

### **Continuous improvement and innovation**

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, and infection prevention and control

Staff had not received regular appraisal or supervision of their performance, and none had a personal development plan in place.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Services in slimming clinics Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 (1) Good Governance</b></p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Dental Pods practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence.</li><li>• There was no system in place to track and monitor individual prescriptions.</li><li>• Complaints were not recorded effectively and learning from them was not shared.</li><li>• There was no system in place to ensure that all dentists were aware of current NICE guidance.</li><li>• Risk assessment was not robust and potential hazards within the practice had not been identified</li><li>• There was no system in place to ensure that staff received regular supervision and appraisal of their performance.</li></ul>

This section is primarily information for the provider

## Requirement notices

### Regulation 17 (1)