Elegance Dental Limited

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Inspection Report

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Date of inspection visit: 11 February 2020
Date of publication: 16/03/2020

Overall summary

We carried out this announced inspection on 11 February 2020 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

Elegance Dental Surgery is a well-established practice that offers private treatment to approximately 3,000 patients. The dental team includes two dentists, four dental nurses, a hygienist and a practice manager.

There is level access for people who use wheelchairs and those with pushchairs. There is a dedicated parking space for patients with limited mobility just outside the practice.

The practice is open Monday to Thursday from 8am to 5pm., and on Fridays from 8am to 4pm. It also opens about two Saturdays a month by appointment only.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at the practice is the principal dentist.

On the day of inspection, we collected 23 CQC comment cards filled in by patients. We spoke with the practice manager, two dentists and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Patients were positive about all aspects of the service the practice provided and commented positively on the treatment they received, and of the staff who delivered it.
- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The provider had systems to help them manage risk to patients and staff.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients' care and treatment was provided in line with current guidelines.
- The practice had effective leadership and staff worked well as a team. Staff felt respected, supported and valued.
- The provider asked staff and patients for feedback about the services they provided

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

- Improve the practice's protocols for medicines management and ensure all medicines are accounted for and dispensed to patients within national guidelines.

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** 
Are services effective?	**No action** 
Are services caring?	**No action** 
Are services responsive to people's needs?	**No action** 
Are services well-led?	**No action** 

Are services safe?

Our findings

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training (some to level three) and knew about the signs and symptoms of abuse and neglect, and how to report concerns. Information about protection agencies was available around the practice, making it easily accessible to staff and patients. The principal dentist was the appointed lead for safeguarding concerns. All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults

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

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

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We looked at staff recruitment information for the most recently recruited employee, which showed the practice had followed their policy.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Records showed that fire detection and firefighting equipment was regularly tested, and staff undertook timed fire drills. The practice manager had undertaken specific fire marshal training. The recommendation from the practice's fire risk assessment in 2019 to conduct internal testing of the fire alarm and illuminate fire signage had been implemented.

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

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

The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year, although these were limited in use as there was no resulting analysis, action plan or discussion of their results. Clinical staff completed continuing professional development in respect of dental radiography.

Closed-circuit television (CCTV) had been installed to improve security for patients and staff., and there was appropriate signage in place warning of its use.

Risks to patients

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

A sharps risk assessment had been undertaken and staff followed relevant safety laws when using needles. 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.

Emergency equipment and medicines were available as described in recognised guidance, although the practice should consider obtaining a second oxygen cylinder. Staff kept records of their equipment and medicines checks to make sure they were available, within their expiry date, and in working order.

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

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

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health

Are services safe?

Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff carried out infection prevention audits and the latest audit showed the practice was meeting the required standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. Zoning in the decontamination room was particularly clear, with differently coloured work surfaces in place to indicate clean and dirty areas.

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

We noted that all areas of the practice were visibly clean, including the waiting areas corridors toilets and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. We noted they changed out of their uniforms when leaving the building for lunch.

The practice used an appropriate contractor to remove dental waste from the practice and external clinical waste bins were stored securely.

Safe and appropriate use of medicines

It was not clear if both dentists were aware of current guidance with regards to prescribing medicines, as we noted several occasions where antibiotics were prescribed to patients for seven days and not the nationally recommended five days. There were no patient group directions in place for the hygienist who administered local anaesthetics to patients.

The practice dispensed medicines to patients but there was no stock control system in place for the medicines to account for and track their use. Labels placed on medicines containers did not include the practice's name and address.

There was no system in place to easily track and monitor private prescriptions issued to patients.

Information to deliver safe care and treatment

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

Lessons learned and improvements

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints, and staff were aware of formal reporting procedures. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. For example, following a recent sharps injury, staff had changed the way they managed matrix bands. A child lock had been placed on the cleaning materials cupboard after a child had wandered into the staff area unsupervised.

A system was in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and implement any action if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 23 comment cards that had been completed by patients prior to our inspection. All the comments received reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it. Patients commented that they had received superb attention from skilled staff, and that their treatment had been first class.

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken, and the advice given to them. Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. However, we noted that better recording was needed in relation to the new periodontal codes as recommended by the British Society of Periodontology.

The practice had systems to keep dental practitioners up to date with current evidence-based practice.

Staff had access to an intra-oral scanner and camera to enhance the delivery of care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate.

A dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. We noted information about smoking cessation services in the patient information folder and a poster on display showing the number of units in different types of alcoholic drinks.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

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

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

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who might not be able to make informed decisions. Staff were aware of the need to consider this when treating young people under 16 years of age.

Effective staffing

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with General Dental Council Standards for the Dental Team.

The dentists were supported by appropriate numbers of dental nurses and administrative staff. Staff reported that they did not feel rushed in their work and that patients had plenty appointment time to meet their needs.

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.

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

Co-ordinating care and treatment

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear 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.

Patient referrals were not actively monitored to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as approachable, friendly and caring. Patients told us their needs were always put first and one patient commented that their dentist had even rang their home to check they were okay.

Staff gave us specific examples of where they had gone out of their way to support patients such as telephoning them after complex treatment, sending a condolence card to a bereaved patient and delivering antibiotics to a patient's home. Staff told us of the additional support they provided one patient on the autistic spectrum.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it. The waiting area was separate to the reception area, allowing for some privacy. The practice should consider displaying a poster in reception advising patients that a separate room could be provided for any confidential discussions.

Patients' orthodontic model boxes were stored in a locked room where there was no public access.

Staff password protected patients' electronic care records and backed these up to secure storage.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy. Blinds were in place on downstairs treatment room windows to prevent passers-by looking in.

Involving people in decisions about care and treatment

The practice's website provided useful information to patients on a range of dental procedures 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.

Dental records we reviewed showed that treatment options had been discussed with patients. Dentists used intra-oral scanners, leaflets, models and X-ray images to help patients better understand their treatment options. One dentist often used videos to help patients understand their orthodontic treatment. Articles about cosmetic orthodontics written by one of the dentists were available for patients to read in the waiting area.

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 which gave patients information about its services and staff members. The waiting area was comfortable with a children's toy box and TV screen to keep patients occupied whilst they waited. New chairs with arms had recently been purchased to help people with limited mobility get out of them.

Free Wi-Fi and cold drinks were available. The patient's toilet had baby changing facilities as well as free tooth brushes and toothpaste for patients to brush their teeth before their appointment.

In addition to general dentistry the practice offered orthodontics and an interest free payment plan to help with the cost of treatment.

The practice had made good adjustments for patients with disabilities. This included level entry access, downstairs treatment rooms, a fully enabled toilet, a hearing loop, and a specialist dental chair for people with limited mobility. The practice's patient information leaflet was available in large print and medical history forms could be enlarged on the patient clinipads to make them easier to read.

Staff spoke a variety of languages between them including Romanian, Cantonese and Mandarin, and had access to translation services if needed for any patient who did not speak or understand English.

Timely access to services

At the time of our inspection the practice was taking on new private patients. The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

Appointments could be made by telephone or in person and the practice operated an email and text appointment reminder service for patients. The waiting time for a routine appointment was about a week. Patients confirmed they could make emergency appointments easily and were rarely kept waiting for their appointment once they had arrived. One patient told us they always had a speedy response to their dental needs.

There were specific emergency slots each day for anyone in dental pain.

Listening and learning from concerns and complaints

We were not able to assess how the practice managed complaints as none had been received since it opened in November 2018.

However, there was a policy providing guidance to staff on how to handle a complaint and details of how to complain were available in waiting area and toilet for patients.

Are services well-led?

Our findings

Leadership capacity and capability

There were clear responsibilities, roles and systems of accountability to support good governance and management. The principal dentist had overall responsibility for the management and clinical leadership of the practice but was well supported by a practice manager and experienced staff. There were specific staff lead roles in the practice for infection control, complaints management, reception and safeguarding.

Staff spoke highly of senior staff, describing them as approachable and responsive to their requests. Staff had confidence in the leadership of the practice commenting that the practice manager was very knowledgeable.

Culture

The practice had a culture of high-quality sustainable care. Staff told us they felt valued and respected, citing good communication, access to training, and a family like atmosphere in the practice as the reason.

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

Governance and management

There were effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any serious issues. Staff took immediate action to rectify minor issues we identified during our visit.

Communication across the practice was structured around a regular meeting for all staff which they told us they found useful. In addition to this was a daily morning huddle for all staff, where the previous day's events were reviewed.

The practice had purchased a governance tool to help with the running of the service and the practice manager told us plans were in place to subscribe to the British Dental Association's good practice scheme.

Appropriate and accurate information

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

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

Engagement with patients, the public, staff and external partners

Feedback about the quality of the service was gathered by a survey that was available at reception. This asked patients for feedback in relation to privacy, the surgery's opening hours, cleanliness and the dentists'' skill. We viewed around 10 completed forms and noted that patients rated the practice highly. The practice also encouraged patients to leave Google reviews and at the time of our inspection the practice had scored five stars out of five based on 39 reviews.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and told us these were listened to and acted upon. Their requests for a new kettle and water filter had been implemented.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements, although we noted the quality of the radiograph audit could be improved.

Staff discussed their training needs at appraisals and one to one meetings, evidence of which we viewed.