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Dentata Charta

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 8 November 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

Dentata Charta provides both private and NHS treatment to adults and children. The team consists of three dentists, two part-time hygienists, four dental nurses, a receptionist and practice manager.

The practice is situated in a converted residential property and has four treatment rooms, an x-ray room and a decontamination room for sterilising dental instruments. There are two waiting areas, a reception area, technician's lab, offices and staff room.

The practice is open on Mondays to Thursdays from 8.30am to 5.30pm, and on Fridays from 7.30am to 3pm.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. 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.

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 23 patients. These provided a very positive view of the service provided.

Our key findings were:

- Information from 23 completed Care Quality Commission comment cards gave us a positive picture of a caring, professional and high quality service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.
- 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.
- There were sufficient numbers of suitably qualified and competent staff. Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- 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.

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.

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 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.

There were sufficient numbers of suitably qualified staff working at the practice to support patients.

No action ✓

Are services effective?

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.

No action ✓

Are services caring?

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

We collected 23 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.

Staff gave us specific examples where they had gone beyond the call of duty to support patients.

No action ✓

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required and the practice opened early one day a week to meet the needs of patients. Appointments were easy to book and patients were able to sign up for text and email reminders for their appointments. The practice had made good adjustments to accommodate patients with a disability.

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

No action ✓

Summary of findings

Are services well-led?

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

We found staff had an open approach to their work and shared a commitment to continually improving the service they provided. 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 

Dentata Charta

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 8 November 2016 by a CQC inspector who was supported by a specialist dental adviser. During the inspection, we spoke with three dentists, two dental nurses and a receptionist. We reviewed policies, procedures and other documents relating to the management of the service. We received feedback from 26 patients about the quality of the service, which included comment cards and patients we spoke with during our inspection.

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

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. They also understood their obligations under the duty of candour. This also gave details of the national patient safety agency. Although there had not been any significant events in the last three years, staff told us they would inform the practice manager of any incidents and we viewed the practice's incident reporting protocol.

National patient safety alerts were sent to the practice and then disseminated to relevant members of staff for action if needed. Staff we spoke with were aware of recent alerts affecting the dental practice.

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. The practice had a comprehensive safeguarding file in place with details of local protection agencies, reporting protocols, General Dental Council guidance and the multi-agency referral form. Additional information about safeguarding was available in the reception area. Records showed that all staff had received safeguarding training for both vulnerable adults and children. A safeguarding lead and deputy for the practice had been appointed to deal with any concerns. 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, which might be contaminated). Staff spoke knowledgeably about action they would take following a sharps' injury and a sharps' risk assessment had been completed for the practice. Guidance about dealing with sharps' injuries was on display near where sharps were used. The dentists did not always use a safer sharps' system which allowed one handed recapping of needles, and not all sharps' boxes were wall mounted to ensure their safety.

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. Dentists told us they regularly used rubber dams.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. An automated external defibrillator (AED) was available and staff had received training in how to use it. Staff had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff. The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. However, staff did not regularly rehearse emergency medical simulations so that they could keep their skills up to date.

The practice held emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The emergency medicines we checked were all in date and stored in a central location known to all staff.

Staff recruitment

The practice manager showed a good understanding of the importance of robust staff recruitment procedures. She told us she always collected a range of information about the prospective employee such as their professional registration details, qualifications, and indemnity prior to inviting them for an interview. Interviews were undertaken by two people and a record of them kept.

We checked recruitment records for two members of staff which contained proof of their identity, references, their GDC registration, an employment contract, references and a disclosure and barring check (DBS). The Disclosure and

Are services safe?

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 spoke with one staff member who told us her recruitment to the practice had been thorough and she was given an adequate induction to the practice.

Monitoring health & safety and responding to risks

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 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. For example, a fire risk assessment had been completed in February 2015 and recommendations to update fire and oxygen notices had been implemented. Firefighting equipment such as extinguishers was regularly tested and building evacuations involving patients were carried out. A Legionella risk assessment had been completed in 2015 and its recommendation to service the boiler had been implemented, and quotes had been obtained to replace the air-conditioning units. 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. However, its contents needed to be reviewed as we found data sheets for products not 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.

We noted that there was good signage throughout the premises clearly indicating fire exits, the location of emergency equipment, the name of fist aiders, fire marshals and X-ray 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, waste disposal, transporting dirty instruments and the use of personal protective equipment. Cleaning equipment was colour coded and stored according to guidance. The practice conducted regular infection control audits and had scored 97% on its latest one undertaken in October 2016. This indicated that the practice met essential quality requirements and there were plans in place to achieve best practice.

Two of the dental nurses undertook all cleaning duties and we noted that all areas of the practice we viewed were visibly clean and hygienic, including the waiting areas, toilet, corridors and stairway. We checked 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. We noted some loose and uncovered local anaesthetics, burs and matrix bands in the drawers: these were within the splatter zone and risked becoming contaminated in the long term

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. However, the staff were not timing the autoclaves to ensure and record that the correct temperature was being held for 3 minutes as required to attain effective sterilisation.

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 to the side of the property, 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. Staff told us they were given enough uniforms for their work. Records showed that all dental staff had been immunised against Hepatitis B.

Equipment and medicines

All treatment rooms had recently undergone extensive refurbishment and all had had intra-oral cameras installed. We found that there were plenty instruments available for each clinical session to take account of decontamination procedures. Staff told us they had appropriate equipment for their work and that repairs were managed quickly.

The practice's equipment was tested and serviced regularly. For example, portable appliance testing had been completed in April 2016, the gas boiler had been serviced in March 2016, the dental chairs and compressor in November 2015, and electrical installation had been checked in February 2016. The practice had a clear maintenance schedule in place to help manage the equipment.

Stock control was good and medical consumables we checked were within date for safe use. The temperature of the fridge used to store temperature sensitive consumables was monitored to ensure it was at the correct level, although food was also stored in this fridge.

The practice stored prescription pads safely to prevent loss due to theft; however, a logging system was not 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 not used to confine x-ray beams in one of the treatment rooms.

Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with three patients during our inspection and received 23 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment. Patients told us the dentists made them feel relaxed and that their treatment had been pain free.

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our discussion with the dentists 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 found good quality treatment planning in place and appropriate referrals to the hygienists if required.

We saw a range of clinical 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.

Health promotion & prevention

Staff were not fully aware of guidelines issued by the Department of Health 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. However, our review of records and discussion with staff showed a clear application of what was required by the tool kit. Plans were in place to train two staff as oral health educators so they could provide informed advice to patients.

Free samples of toothpaste were readily available to patients and the practice manager reported that a special display of oral health care products for sale to patients was about to be set up.

Patients were asked about their smoking and alcohol intake as part of their medical history, and dental nurses told us that the dentists always asked about people's smoking habits when they came for treatment, especially in relation to any implant treatment. However, this information was not always recorded on patients' notes and there were no leaflets easily available to patients about smoking cessation.

Staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us they were enough of them for the smooth running of the practice. A dental nurse always worked with each dentist, although the dental hygienists worked alone. The General Dental Council (GDC) recommends that dental staff are supported by an appropriately trained member of the dental team at all times when treating patients in a dental setting.

Both staff and patients told us they did not feel rushed during appointments.

Files we viewed demonstrated that staff were appropriately qualified, trained had current professional validation and professional indemnity insurance. Training records showed that all staff had undertaken recent essential training in infection control, information governance, Legionella and basic life support, and two staff had recently undertaken treatment co-ordinator training. The practice had appropriate Employer's Liability insurance in place.

All staff received an annual appraisal of their performance that they described as useful. Appraisal documentation we saw demonstrated a meaningful appraisal process was in place which covered staff's communication skills, customer care, competencies, and product knowledge.

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. We viewed a small sample of referrals letters and found they contained appropriate information about the patient, although this could have been more detailed for referrals to the practice's in-house hygienists. A log of the referrals made was not kept so they could be could be tracked, and patients were not routinely offered a copy of the referral for their information.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Patients told us that they were provided with good information during their consultation and they had the opportunity to ask questions before agreeing to a particular treatment. Dental records we reviewed demonstrated that treatment options had been explained to patients. Patients were provided with plans that outlined their treatment, which they signed.

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. Staff had received training in the MCA and had a clear understanding of patient consent issues. One staff member told us how she had applied its principles when treating a patient with significant cognitive impairment. Another told us how Gillick competences might apply to a younger patient requesting tooth whitening treatment.

Additional written patient consent forms were available for some treatments including teeth whitening and implants.

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 23 completed cards and obtained the views of a further three patients on the day of our visit. These provided a very positive view of the practice. 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. During our inspection we observed that members of staff were courteous and helpful to patients. Staff gave us examples of where they had gone out their way to support patients, such as staying on late after hours to enable patients to receive dental care and ringing patients after complex treatment to check on their welfare

Computer screens at reception were not overlooked and all computers were password protected. Patients sat in completely separate rooms to the reception area, allowing for good privacy. 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.

At the time of our inspection patients' paper files were kept in unlocked drawers at reception, however the practice manager told us that new lockable drawers were being fitted in a few days' time.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was located on a main road and there was ample free car parking on site. A helpful website and information leaflet gave details about the dental clinicians, the range of treatments available and charges. We also found good information about NHS and private charges on large TV screens in the waiting areas to ensure patients knew how much their treatment would cost. In addition to this, all new patients to the practice were emailed a practice leaflet, medical history form and a price list when they booked an appointment.

The practice offered a full range of NHS treatments and patients had access to some private cosmetic treatments including teeth whitening, implants and short-term orthodontics. Two hygienists worked at the practice to support patients with treating and preventing gum disease.

The practice opened from 8.30am to 5.30pm from Mondays to Thursdays. On Fridays it opened from 7.30am to 3pm. 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. Patients told us they were satisfied with the appointments system and that getting through on the phone was easy. One patient told us that when she phoned and left a message, the practice's staff always rang back promptly. Patients could sign up for text reminders of their appointments. Appointment diaries were not overbooked and although there were no specific emergency appointment slots held aside, staff told us that any patient in pain would be seen on the same day. Clinicians were able to offer appointments outside of normal opening hours if needed.

At the time of our inspection the practice was unable to take on new NHS patients, and had 400 patients on its waiting list for this. To address this, the practice had introduced dental treatment at a discounted fee, just above NHS charges, to allow patients access to dental care whilst they waited.

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, downstairs treatment rooms and a disabled friendly toilet. The practice manager told us that some information could be printed off in larger print if needed.

There were no easy riser chairs, or wide seating available in one waiting area to accommodate patients with mobility needs, and no portable hearing loop for patients with hearing aids.

Concerns & complaints

There was a policy and a procedure in place that set out how complaints would be addressed, and there was a named lead within the practice for dealing with them. Minutes of practice meetings we reviewed showed that patients' complaints were discussed so that learning from them could be shared across the staff team. However, information advising patients how they could raise their concerns was not easily available: there was no information in the patient waiting areas or on the practice's website.

We viewed the practice's complaints log which showed that patients' concerns had been dealt in a professional and timely way, and had been discussed with relevant staff if needed. We were given an example of how patients' complaints had been used in the performance management of one staff member

Are services well-led?

Our findings

Governance arrangements

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. There were plans in place to refurbish the upstairs waiting room, recruit an additional dentist and hygienist; improve administration systems and implement the role of treatment co-ordinators to enhance patients' care. The practice had an overarching governance framework that supported the delivery of good quality care. 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. Practice specific policies were reviewed and implemented.

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. In addition to this, there was a weekly 'huddle' meeting involving the practice manager, nurses and reception staff which was used to communicate essential information for the day-to-day running of the practice.

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, with high achievement rates, confirming what we found during our inspection.

Leadership, openness and transparency

It was clear that the management approach of the principal dentist and practice manager created an open, positive and inclusive atmosphere for both staff and patients. Staff spoke highly of the principal dentist describing him as approachable and caring.

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

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, although the number of responses in general had been low. In response to patient feedback, staff told us that electric socket covers put in place in communal areas to safeguard young children.

The practice manager told us she regularly monitored feedback left by patients on the NHS Choices website and responded to both positive and negative comments, evidence of which we viewed.

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 the practice manager or principal dentist. All staff were involved in discussions about how to run and develop the practice, and the principal dentist encouraged all members of staff to identify opportunities to improve the service delivered. For example, one staff member was developing a Facebook page for the practice, and had also suggested a discount voucher for patients who recommended the practice to new patients which had been implemented.