

Direct Dental Hygienists Limited

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Inspection Report

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Overall summary

We carried out this announced inspection on 30 September 2019 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

Direct Dental Hygienists Limited is in Great Dunmow, Essex and provides private direct access dental hygiene treatment to adults over 18 years of age. Due to a change in legislation patients are able to go straight to a dental hygienist without seeing a dentist first. This is called direct access. The practice undertakes scale and polish treatments to remove plaque, tartar and stains and

Summary of findings

educates patients on the prevention of gum disease with oral health advice. The practice does not undertake tooth whitening, prescribe fluoride or administer any local anaesthetics.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available in local public car parks near the practice. There is one parking space directly outside the practice.

The dental team includes one dental hygienist and one dental nurse who undertakes decontamination and reception duties. The practice has one treatment room, a decontamination room for sterilising dental instruments, a reception room/waiting area, an accessible toilet and a staff room/kitchen. The practice is decorated in a unique 1920s theme.

The practice is owned by an individual who is the hygienist 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 47 CQC comment cards filled in by patients.

During the inspection we spoke with the dental hygienist and the dental nurse/receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 9am to 5.30pm.

Tuesday - Closed.

Wednesday from 9am to 7.30pm.

Thursday from 9am to 5.30pm.

Friday - Closed.

Saturday from 9am to 5.30pm by appointment.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice carried out infection prevention and control audits.
- Staff knew how to deal with emergencies. Most medicines and life saving equipment were available, and missing items were purchased following our inspection.
- 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.
- The appointment system met patients' needs. The practice opened late on Wednesday till 7.30pm and on Saturdays from 9am to 5.30pm for appointments.
- 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.

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

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

Safety systems and processes, including staff recruitment, equipment and premises.

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation. Information was also available for patients in the practice waiting room and in the practice toilet.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the provider followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff 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 were regularly tested and serviced.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The providers health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation, but did not use needles or other sharp dental items. A sharps policy was reviewed and updated annually. We discussed the need for a sharps risk assessment to ensure any that the potential for any sharps used by the hygienist were appropriately risk assessed.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

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

Most emergency equipment and medicines were available. However, the practice was missing equipment such as some sizes of clear face masks. Following the inspection, the practice sent confirmation that these were in place. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

The dental hygienist worked without chairside support when they treated patients. A risk assessment was in place and the appointments were scheduled to provide protected time for the decontamination of instruments throughout the day. We discussed the lack of chair side support with the hygienist and were assured they would review their risk assessment to ensure they were in line with General Dental Council (GDC) Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Are services safe?

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We saw 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 noted following the latest risk assessment there were no recommendations. Records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

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

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 hygienist 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.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of emergency medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

Track record on safety, and lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

Where there had been a safety incidents we saw these had been investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We noted Sepsis (a serious complication of an infection) guidance was displayed.

We spoke with the hygienist who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. Patients were made aware that successful treatment hinged upon their own compliance and were provided with patient specific prevention advice regimes.

Records showed patients with more severe gum disease were referred to their dentist. The hygienist told us patients would often report back when they had been seen by their dentist to confirm the outcome. However, there was scope to ensure there was a more robust documented system in place to ensure that where patients were referred to their dentist this was followed up to ensure the patient had taken further dental action. The practice often saw patients at more frequent intervals for review and to reinforce preventative advice.

We received 47 comment cards that had been completed by patients prior to our inspection. All the comments received reflected patient satisfaction with the quality of their treatment and the staff who delivered it. One patient told us they had been coming to the practice for two years, they were always listened to and as a result had no problems at their dental appointments due to their teeth being cleaned by the hygienist. Another patient commented that their teeth felt very clean, they had expressed their worries regarding their teeth to the hygienist and reported they were given clear advice as a result. They told us all their needs were responded to with the right care. Many other cards commented that their

treatment had been excellent with lots of good and effective advice given. One commented, 'Efficient and comfortable scale and polish, with useful advice given for improved tooth brushing'.

The hygienist told us that the practice team really enjoyed being part of the community and each month the practice created a health themed window display. This was supplemented with information and advice provided within the practice. Patients were given gift packs reflecting the current health theme which included samples relating to the latest promotion including toothpaste or dental cups and information to educate and assist patients. We were told the previous month had focussed on the reduction of tooth erosion and this month was hand hygiene with free samples of antimicrobial hand wipes available for patients.

We noted a patient folder in the waiting area which detailed the monthly campaigns the practice had run. There was a picture gallery of previous health promotions providing a multitude of areas for patient education which related to the prevention of gum disease with both oral and other health advice. The seasonal and monthly displays included areas such as a 'Go Dry January' theme with information and guidance on reducing alcohol intake. 'Love your smile' for February and Valentine's Day and a 'To be Sure To be Sure' to see your Dentist display for St Patricks Day. Other displays included a Keep Calm and Floss On display and Mouth Cancer Awareness Smile month where the practice encouraged patients through the display to undertake a regular self-examination of seven checks for changes and directed patients to see their dentist.

There were pictures of the hygienist and dental nurse both dressed as toothbrushes outside the practice to promote health care for Eat Drink, Chew, Smile month and a Magical and Mythical Creatures display which incorporated treatment for bleeding gums for the town carnival in September 2019. The practice had been awarded a trophy for the best Shop Window Competition for the second consecutive year. During the carnival staff stood outside the practice handing out balloons to the public with oral health messages on them. The topics that are covered on the windows, are then followed through to the information/patient satisfaction packs given out to patients, this included information such as think before you

Are services effective?

(for example, treatment is effective)

drink, tooth erosion leaflets, sugary drinks leaflets and samples of toothpaste. In addition, the practice advertised in local newspapers for anyone to collect a free information goody bag from the practice.

Patients commented on the window displays on the CQC comment cards we reviewed and they reported the practice provided excellent oral health advice and on-going support to ensure decay was prevented. The hygienist told us they planned to address a Help the Homeless theme for their December promotion.

Helping patients to live healthier lives

The practice was providing preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The hygienist where applicable, 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.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. We noted contact numbers in the waiting room for local smoking cessation groups. They directed patients to these schemes when necessary.

Consent to care and treatment

Staff 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 hygienist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed the hygienist 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 might not be able to make informed decisions. The practice

did not treat people under 18 years of age. The policy also referred to Gillick competence, by which a child under the age of 16 years of age might give consent for themselves and staff were clearly aware of the need to consider this.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The hygienist confirmed they verbally referred patients to their dentist or GP where necessary.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections. There was scope to ensure the systems to follow up were more formalised and robust. In particular, the systems for referring patients with suspected oral cancer to their dentist to ensure they were seen 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.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were lovely, professional and exceptional. We did not see any patients on the day of the inspection as the practice was closed for training however comment cards reported that staff treated patients respectfully, kindly and were friendly towards patients at the reception desk and over the telephone. One card reported that the 'staff were amazing and the practice was amazing', giving them a score of ten out of ten. Another card reported that the patient had moved away from the area but they 'travelled back to the practice to ensure they received the same level amazing of treatment'.

Patients said staff were compassionate and understanding.

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

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it. They stored paper records securely.

Magazines were available in the waiting room to help relax patients before their appointments. Relaxing music was played throughout the practice for patients. Neck pillows were available for patient comfort.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act.

- Interpreter services were available for patients who did not speak or understand English. We saw notices in the reception areas, written in languages other than English, informing patient's translation service were available.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The hygienist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The hygienist described to us the methods they used to help patients understand treatment options discussed. These included models, pictures, websites and oral health leaflets.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The practice had an efficient appointment system to respond to patients' needs with late evening and Saturday appointments available. The hygienist told us they stayed open at lunch time as this was when many people had the time during their working week to attend the practice.

Staff were clear on the importance of emotional support needed by patients when delivering care.

The hygienist described how they ensured prices were kept reasonable so that patients could continue to access treatment. Following, patient survey results the practice began offering 'mini ten minute teeth cleaning appointments' between regular appointments to assist patients with stained teeth.

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

Of the 47 CQC comment cards completed before the inspection we noted all the cards were wholly positive regarding the treatment patients had received, six cards stated that this was their first visit and they would definitely be returning, eight cards stated that they had or would recommend the practice to friends or family. Another card stated, 'I am always greeted with a smile and my views and concerns are always considered'.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop, reading glasses and an accessible toilet with hand rails and a call bell. There were parking spaces available in the street and in local car parks and one space available directly outside the practice. In addition, a copy of the practice leaflet was available in both braille and larger font for patients with reduced or limited vision.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Every patient who had consented received a text message reminder a few days before their appointment.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice offered extended hours appointments opening late on Wednesdays until 7.30pm. The practice opened on Saturdays from 9am to 5.30pm for appointments.

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

The practice had an appointment system to respond to patients' needs. Patients had enough time during their appointment and did not feel rushed.

Listening and learning from concerns and complaints

The hygienist took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

They had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The hygienist was responsible for dealing with these. Staff would tell the hygienist about any formal or informal comments or concerns straight away so patients received a quick response.

The hygienist 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 hygienist had 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

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

Leadership capacity and capability

We found the hygienist had the capacity and skills to deliver high-quality, sustainable care. They demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The hygienist was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. They were supported by the dental nurse/receptionist. It was clear they worked closely together and were committed to delivering a high standard of patient care.

Vision and strategy

There was a clear vision and set of values. The practice aims and objectives were displayed in the waiting room. These included to develop a service of such a quality in a safe, caring and friendly environment where patients' best interests come first and to identify the viewpoint of patients attending the practice regarding the care they receive.

The strategy was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population. The hygienist described the monthly meetings they attended with other local providers in the town to discuss the needs of the local population. There was a plan to extend and grow the practice. The hygienist told us they strove to ensure they could continue to provide affordable hygiene care which was available at times to suit more people. They hoped to increase and extend the range of equipment they used.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The staff focused on the needs of patients. The hygienist described how nervous patients were given the option to receive their treatment sitting upright in the dental chair as opposed to being laid flat if this helped to reassure them and reduce their anxiety.

We saw the provider had systems in place to deal with staff poor performance.

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

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The hygienist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

They had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance. Where required staff took immediate action to address some of the minor issues we had identified during our inspection, demonstrating their commitment to providing a good service.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. These were displayed in the practice waiting room along with a selection of practice protocols.

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

Staff involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. New patients were given a satisfaction survey which detailed previous patients feedback and any action

Are services well-led?

the practice had taken as a result. These were also available for patients to read on the waiting room notice board. We saw examples of suggestions from patients the practice had acted on. These included the provision of a neck pillow for patients if required and mini ten minute teeth cleaning appointments.

The hygienist gathered feedback from staff through daily discussions, we were told they were a very small team and any discussion had been informal and not recorded other than recording actions required on a wipe board in the staff room. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

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

audits of dental care records and infection prevention and control audits. They had clear records of the results of these audits and the resulting action plans and improvements.

The hygienist showed a commitment to learning and improvement and valued the contributions made to the practice by the dental nurse/receptionist. The dental nurse described the training they had undertaken and their plans for future development. They told us the hygienist was very supportive.

The dental nurse/receptionist had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The hygienist supported and encouraged staff to complete CPD.