

Dr. Stella Bicknell

# Dr Stella Bicknell & Associates

## Inspection Report

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### Overall summary

We carried out this announced inspection on 27 June 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

##### **Background**

Dr Stella Bicknell and Associates is in Romford in the London Borough of Havering. The practice provides private treatment to patients of all ages.

There is step free access to the practice and two surgeries which are located on the ground floor. The practice is situated close to public transport bus and train services.

# Summary of findings

The dental team includes the principal dentist and one dental nurse. The clinical team are supported by an office manager.

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

On the day of inspection we received feedback from 15 patients.

During the inspection we spoke with the principal dentist, the dental nurse and the office manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays to Fridays between 9am and 5.30pm.

Saturdays between 9am and 1.30pm by prior booked appointment only.

The practice closes between 1pm and 2pm each day for lunch.

## **Our key findings were:**

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- 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 practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- 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.
- The practice had suitable information governance arrangements.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray ensuring compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.
- Review the practice's systems in place for auditing infection control procedures taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.
- Introduce protocols regarding the prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

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

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

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

No action



### Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as efficient, exemplary and carried out in a very proficient manner. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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

No action



### Are services caring?

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

We received feedback about the practice from 15 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly and caring.

Patients said that they were given detailed information about their care and treatment. They said their dentist listened to them and helped them to understand the treatment provided.

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

No action



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

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

No action



# Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. Patients commented that they received treatment in a timely manner.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had arrangements to help patients whose first language was not English and those with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and had systems to respond to concerns and complaints quickly and constructively.

## Are services well-led?

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

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

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

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

No action



# Are services safe?

## Our findings

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

The practice 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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The principal dentist was the practice safeguarding lead who had responsibility for overseeing the practice procedures.

We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns to the local safeguarding team and notification to the CQC.

Staff were aware of issues which may render some people more vulnerable such as people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

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

The principal dentist told us that they did not use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. There was a risk assessment document in place. However this did not include details of how risks to patients were assessed or the arrangements to manage these.

The practice had business continuity plans describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. No new staff had been employed at the practice within the previous 10 years. We saw that relevant staff working at the practice had Disclosure and Barring Service (DBS) checks.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. There were systems in place to monitor this.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including sterilising and X-Ray equipment, electrical and mechanical appliances.

The practice had a fire safety risk assessment which was reviewed regularly. Records showed that fire detection and firefighting equipment such as fire extinguishers were regularly tested. There was a fire evacuation procedure in place and regular fire evacuation drills were carried out.

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

The principal dentist did not routinely record the justification, grade and report of the radiographs they took.

The principal dentist carried out radiography audits periodically following current guidance and legislation to assess the quality of dental radiographs. The results of audits were used to maintain and improve quality.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

### **Risks to patients**

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

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

We looked at the practice's arrangements for safe dental care and treatment. Improvements were needed to the arrangements to identify and manage risks associated with dental sharps. There was no sharps risk assessment in place to identify risks to patients and we noted that staff did not follow relevant safety regulations when using needles and other sharp dental items.

# Are services safe?

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

Emergency medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available and within their expiry date.

On the day of the inspection we noted that there was no Automated External Defibrillator (AED) available. The principal dentist told us that the practice was in very close proximity to the local hospital which they felt negated the need for an AED on the premises. There was a risk assessment in place. However this was around the probability of a person experiencing a cardiac emergency and did not identify how risks associated the lack of equipment would be mitigated.

Following the inspection the principal dentist informed us they had purchased an AED and we were provided with documentary evidence shortly after the inspection.

The dental nurse worked with the principal dentist when they treated patients in line with GDC Standards for the Dental Team.

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

The practice 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 (HTM01-05) published by the Department of Health. Staff were aware of and followed these procedures. Staff completed infection prevention and control training and received updates as required.

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 were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We saw records of water testing and dental unit water line management were in place.

The practice was clean when we inspected and patients confirmed that this was usual.

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

Improvements were needed to ensure that the practice carried out infection prevention and control audits twice a year. The latest audit had been carried out in 2016.

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that some improvements were needed to the way in which individual records were written and managed to keep patients safe. Dental care records we saw were legible and were kept securely. Improvements were needed so that dental records were complete and included details of assessments and treatment provided.

Information handling processes at the practice were in compliance with General Data Protection Regulations (GDPR) (EU) 2016/679.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

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

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

# Are services safe?

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

The principal dentist was aware of current guidance with regards to prescribing medicines.

## **Track record on safety**

The practice had a good safety record.

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

In the previous 12 months there had been no safety incidents.

## **Lessons learned and improvements**

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

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The principal dentist was aware of current evidence-based practice and assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### 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.

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

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets and information to help patients with their oral health.

The principal dentist described to us the procedures they used to improve the outcome of periodontal treatment. They told us that this involved preventative advice, taking plaque and gum bleeding scores. Improvements were needed so that detailed information in relation to patient's gum conditions were recorded within their dental care records.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

### 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 principal dentist told us they gave patients information about treatment options and the risks and benefits of these so

they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment and time to consider any treatment options available.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to the Gillick competence by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Improvements were needed so that detailed dental care records contained information about the patients' current dental needs, past treatment and medical histories.

### Effective staffing

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

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. There were systems in place to monitor this and to support staff as needed.

### Co-ordinating care and treatment

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

The principal dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.



# Are services caring?

## Our findings

### **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 polite, respectful and helpful. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

Patients confirmed that staff were considerate and gentle when they were in pain, distress or discomfort.

Information leaflets and magazines were available in the waiting area for patients to read.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area was open plan in design and we noted that staff were mindful of protecting patients' privacy when they were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room.

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

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Patients were also told about multi-lingual staff who might be able to support them. Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials could be made available as needed.
- 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.

The practice gave patients clear information to help them make informed choices. Patients confirmed that the principal dentist listened to them, did not rush them and discussed options for treatment with them.

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

The principal dentist described to us the methods they used to help patients understand treatment options discussed. These included for example and models and X-ray images which were shown to the patient to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### 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. Patients said that they were always able to access appointments that were convenient to them.

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

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. A Disability Access audit had been completed and the practice had made reasonable adjustments and supported patients with reduced mobility and those with wheelchairs.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. The practice displayed its opening hours in the premises, and on the practice website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who

requested an urgent appointment were where possible seen on the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

### Listening and learning from concerns and complaints

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

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

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

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

The practice had not received any complaints within the previous 12 months.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The principal dentist could demonstrate that they had the capacity and skills to deliver high-quality care to meet the needs of their patients.

The dental practice was small and the principal dentist and the team worked well together to ensure the effective day to day management of the service.

The principal dentist, we were told by staff was approachable.

The practice had systems, policies and procedures in place which underpinned the management and the delivery of the service. These were accessible to staff and discussed periodically during practice meetings and more informally as needed.

### Vision and strategy

There was a clear vision and set of values to meet the needs of patients. The practice had systems and business plans to achieve priorities.

The practice planned its services to meet the needs of the practice population.

### Culture

The practice had a culture of high-quality care, which focused on the needs of patients.

Staff told us that they were supported, valued and that they were happy to work in the practice.

The practice had arrangements to support staff, address and act on behaviour and performance inconsistent with the vision and values.

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 we spoke with told us they were able to raise concerns and were encouraged to do so. 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 principal dentist had overall responsibility for the clinical management and leadership of the practice. The office manager and the practice manager shared responsibilities for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

Some improvements were needed to the system of clinical governance in place to ensure that audits and reviews were carried out in line with current regulations and guidance.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice was aware of and had systems in relation to the General Data Protection Regulation. Patients were told how information about them would be used and were assured of the measures in place to protect this information.

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

The practice involved patients, staff and external partners to support high-quality sustainable services.

The practice used patient comments and feedback to obtain patients' views about the service.

The practice gathered feedback from staff through meetings, reviews and informal discussions. 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 radiographs and infection prevention and control. Some improvements were needed so that audits and reviews of clinical and non-clinical aspects of the service were carried out in line with current regulations and guidance.

## Are services well-led?

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

There were arrangements to review staff and appraise staff performance and to support all members of staff to develop skills, knowledge and experience.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.