Care Quality Commission

Royston Dental Care Ltd

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Inspection Report

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Date of inspection visit: 3 December 2019
Date of publication: 24/12/2019

Overall summary

We carried out this announced inspection on 3 December 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

Royston Dental Care is a well-established practice based in Royston town centre that offers private treatment to approximately 10,000 patients. The dental team includes five dentists, three dental nurses, two dental hygienist/ therapists and a practice manager. In addition to general dentistry, the practice is a referral clinic for dental implants, orthodontics, endodontics, periodontics, oral surgery and prosthodontics.

There is ramp access for people who use wheelchairs and those with pushchairs. Parking is available in nearby public car parks.

Summary of findings

The practice opens Monday to Friday from 8.30 am to 5.30 pm.

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

On the day of inspection, we collected 22 comment cards filled in by patients and spoke with two other patients. We spoke with the four dentists, the practice manager, two nurses and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Patients were positive about all aspects of the service the practice provided and commented positively on the treatment they received, and of the staff who delivered it.
- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients' care and treatment was provided in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Audit systems were used effectively to drive improvement.
- There was a clear leadership structure and staff felt supported and valued. The practice proactively sought feedback from staff and patients, which it acted upon.

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

- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the 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?	**No action** 
Are services effective?	**No action** 
Are services caring?	**No action** 
Are services responsive to people's needs?	**No action** 
Are services well-led?	**No action** 

Are services safe?

Our findings

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Information about reporting concerns was widely available around the practice and in the waiting area, making it easily accessible to both staff and patients. We saw evidence that staff had received safeguarding training. All three of the principal dentists were the leads for safeguarding and all had undertaken level three training.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults

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

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

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. However, we looked at recruitment information for two recently recruited employees which showed the practice had not obtained references for one of them. One staff member told us their recruitment procedure had been thorough and they had attended two interviews for the post and met all the principal dentists. All staff received a full induction to their role, which they told us equipped them for their role.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Records showed that fire detection and firefighting equipment was regularly tested, and staff undertook quarterly fire evacuations with patients. A new fire risk assessment was planned to be undertaken on 13 December 2019.

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

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had the required information in their radiation protection file. The dentists justified, graded and reported on the radiographs they took. The practice carried out comprehensive radiography audits every year following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography.

The provider had installed closed-circuit television, (CCTV) in communal areas, to improve security for patients and staff. Appropriate signage was in place warning of its use.

Risks to patients

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

A sharps risk assessment had been undertaken, although needed to include information about all the different types of sharp instruments used in the practice. Staff mostly followed relevant safety laws when using needles, although clinicians were not using the safest type. Sharps bins were wall mounted and had been labelled correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Emergency equipment and medicines were available as described in recognised guidance. The equipment had been organised into specific 'grab bags' that could be accessed quickly depending on what type of medical incident it was. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. We noted that a couple of sizes of airways were missing but were assured these would be ordered immediately. Staff knew how to respond to a

Are services safe?

medical emergency and completed training in emergency resuscitation and basic life support every year. They also undertook medical emergency simulations to keep their skills and knowledge up to date.

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

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 and Social Care. Staff completed infection prevention and control training and received updates as required. Staff carried out infection prevention audits twice a year and the latest audit showed the practice was meeting the required standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05, although we noted that the water temperature was not always tested when manually cleaning instruments to ensure it was below 45 degrees. Records we viewed showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had undertaken an assessment of the risk of legionella in 2017 and its recommendation to descale tap outlets had been actioned. A further legionella assessment had been commissioned to take place on 8 January 2020. Records of water testing and dental unit water line management were in place, although we noted several occasions where the temperature had not reached the required level. The practice manager told us a heating engineer had been organised to address the problem.

We noted that all areas of the practice were visibly clean, including the waiting areas corridors toilets and staff areas. All treatment rooms had recently been refurbished to a high standard

and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Instruments and medical consumables in drawers had been covered to prevent aerosol contamination. Staff uniforms were clean, their hair tied back, and their arms were bare below the elbows to reduce the risk of cross contamination.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste bags were stored securely in the basement of the premises.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines. Antimicrobial prescribing audits were carried out and the most recent audit indicated dentists were prescribing them according to national guidelines.

The practice had a direct access hygienist and patient group directions were in place so that they could administer local anaesthetics.

The fridge's temperature, in which Glucagon was kept, was monitored to ensure it operated effectively and kept the medicine at the correct temperature.

Information to deliver safe care and treatment

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

Lessons learned and improvements

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints, and staff were aware of formal reporting procedures. Adverse incidents were a standing agenda at the monthly practice meetings so that any learning from them could be shared, across the staff team.

The practice manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and implemented any action if required. We found staff were aware of recent alerts affecting dental practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 22 comment cards that had been completed by patients prior to our inspection. All the comments received reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it.

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken, and the advice given to them. Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. The practice had systems to keep dental practitioners up to date with current evidence-based practice.

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

The practice used intra-oral cameras, and digital impression and restoration systems to enhance the delivery of care to patients.

Helping patients to live healthier lives

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

One dentist was a periodontist and dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. We met a patient during our inspection who told us the treatment they had received for their gum disease had been excellent. One nurse had been trained in oral health education.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives such as local smoking cessation services and 'Sugar Smart' initiatives. The practice ran a scheme which offered local residents free oral health screening and had plans in place to facilitate free toothbrushing clinics for patients.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed clinicians listened to them and gave them clear information about their treatment. One patient told us, 'Everything was explained in detail before during and after treatment'.

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

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

Effective staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff, and staff told us there were enough of them for the smooth running of the practice. They told us they did not feel rushed in their work.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. Some of the dentists had undertaken further specialist training in areas such as orthodontics, endodontics and periodontics. One dentist had a special interest in prosthodontics.

Staff discussed their training needs at annual appraisals, evidence of which we viewed.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

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

The practice was a referral clinic for dental implants, orthodontics, and endodontics. One of the dentists took the lead for referrals management and had implemented comprehensive management pathways for both internal and external patient referrals.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as understanding, gentle and kind. Staff gave us specific examples of where they had gone out of their way to support patients. For example, remaining open after hours to treat patients in pain and providing a new denture the same day so that a patient could attend an important family event. One dentist described to us the additional measures they implemented to help calm nervous patients and distressed children. One patient commented, 'they have been so helpful and accommodating when I've had to bring my young children to my appointments.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it. Staff password protected patients' electronic care records and backed these up to secure storage. Archived paper records were stored securely.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy.

Involving people in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. One patient commented, 'The practitioners here always explain things with such clarity'

Another told us, 'staff were very good, they informed me of the procedures that they were doing, and invited me to ask them any questions or queries'.

Dental records we reviewed showed that treatment options had been discussed with patients. Dentists used intra-oral cameras, models, X-ray images and leaflets to help patients better understand their treatment options. One dentist told us they sent YouTube videos for patients to watch.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a website which gave patients information about its services, and descriptions of the different types of treatment available. In addition to general dentistry, the practice was a specialist referral centre and could offer a wide range of treatments including periodontics, prosthodontic, endodontics, orthodontics and implants.

There was a patient folder in the waiting room with helpful information about the practice's key policies, its complaints procedure, and a range of leaflets in relation to dental treatments and conditions. There was free wi-fi for patients and a TV screen could be viewed providing information about a range of dental treatments and conditions.

The practice had made reasonable adjustments for patients with disabilities. This included ramp access, a downstairs treatment room, a hearing loop, and reading glasses. However, there was no downstairs accessible toilet available. Interpreter services were available for patients who did not speak or understand English

Timely access to services

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. One patient told us, 'The practice has been so accommodating with my appointments'.

Reception staff told us that the waiting time for a routine appointment was less than a week.

Specific emergency appointments were available each day, and staff told us that patients in pain would be seen the same day. The practice offered email and text appointment reminders for patients.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in the waiting area for patients.

We viewed the paperwork in relation to two recent complaints. These showed the practice had responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

We found that staff had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable and clearly committed to providing a good service to patients. The current provider had taken over the practice just over a year ago, and despite introducing considerable change, both staff and patients told us the transition had been smooth and well managed.

We found that senior staff were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Staff spoke highly of the practice manager, citing her work ethic, experience and ability to communicate with staff as some of her strengths. One dentist described her as the 'heartbeat' of the practice. Staff told us the principal dentists were approachable and responsive to their needs.

One dentist commented 'the principals always give me ear time if I need it'.

There were clear responsibilities, roles and systems of accountability to support good governance and management. There were specific staff roles for safeguarding, decontamination, auditing and referral management.

Culture

Staff described to us a positive and supportive working environment, in which they felt valued and respected. They told us teamwork was actively promoted and some staff had undertaken a 'mud run' as a result. One staff member told us the principal dentists described staff as 'their Royston family', something which they clearly valued and agreed with.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it. 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 and effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice used an on-line governance tool to assist with the management of the service.

Communication across the practice was structured around scheduled meetings which staff told us they found beneficial. We viewed minutes of the meetings which demonstrated that staff were actively involved in, and consulted about, the running of the practice. There were 'WhatsApp' groups for the dentists and the staff to ensure that key messages and information was shared.

Appropriate and accurate information

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate. The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services. The practice had its own survey and patients were asked for their feedback in relation to value for money, waiting times, ease of obtaining an appointment and privacy. Staff told us that patients' suggestions for reading material in the waiting room and for a different way to confirm their identity had been implemented. Staff also encouraged patients to complete on-line reviews of the practice and recent results showed that the practice had scored five stars out of five based on 10 reviews.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and told us these were listened to and acted upon. Their suggestions to offer patients early morning access orthodontic appointments, and to have lockers to put personal belongings in had been implemented.

The practice held peer training and information sharing sessions with local dentists.

Are services well-led?

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, antibiotic prescribing, and infection prevention and control. One of the principal dentists took responsibility for conducting them and feeding the results back to colleagues.

Some of the dentists attended local study groups, where they shared complex and interesting cases to extend their knowledge. Protected study time was given to trainee dental nurses, and one told us they had received excellent support from their mentor, who was a dentist.

Two of the dentists ran their own training company which provided both clinical and non-clinical courses to other dental health professionals.

The whole staff team had annual appraisals, which staff described as useful. The appraisals covered areas such as staff's key duties, team work, areas for development and clinical competence. All staff had personal development plans in place, evidence of which we viewed.