

Mr. Daniel Evans

St Mary's Street Dental Practice

Inspection Report

St Marys Dental Surgery
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Overall summary

We carried out this announced inspection on 08 April 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

St Marys Street Dental Surgery is a well-established practice based in Bungay that provides both NHS and private dental treatment to patients. The dental team includes two dentists, two dental nurses and reception staff. There is one treatment room.

The practice opens on Mondays to Fridays from 9am to 5pm.

Summary of findings

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 collected 21 CQC comment cards completed by patients. We spoke with two dentists, a nurse and the receptionist.

We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Information from completed Care Quality Commission comment cards gave us a positive picture of a caring and professional service.
- The practice appeared clean and well maintained.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients received their care and treatment from well supported staff, who enjoyed their work.

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Members of the dental team were up-to-date with their continuing professional development and were supported to meet the requirements of their professional registration.
- The provider asked staff and patients for feedback about the services they provided.

There were areas where the provider could make improvements and should:

- Review the practice's system for documentation of actions taken and learning shared, in response to incidents with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the management of prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review practice's recruitment procedures to ensure that appropriate background 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?

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

Staff received training in safeguarding patients and knew how to recognise the signs of abuse and how to report concerns. 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 and purchased missing emergency medical equipment following our inspection.

Staff were qualified for their roles, although recruitment procedures needed to be strengthened to ensure essential checks were completed for new staff and tighter monitoring of prescriptions was needed.

No action



Are services effective?

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

Patients told us they were very happy with the quality of their treatment. Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

The practice obtained consent to care and treatment in line with legislation and guidance. The staff received professional training appropriate to their roles and learning needs.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals, although non-NHS referrals were not actively monitored to ensure they had been received.

No action



Are services caring?

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

We received feedback about the practice from 21 patients. Patients were positive about all aspects of the service and spoke highly of the staff who delivered it. Staff gave us specific examples of where they had gone out of their way to support patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action



Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

No action



Summary of findings

Staff considered patients' different needs and provided some facilities for disabled patients, including a stair lift. However, the practice did not have a hearing loop or information about its services in any other formats or languages. There was no accessible toilet.

Complaints were responded to in an empathetic and professional way, although not always within the practice's own timescales.

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. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were clearly written or typed and stored securely.

The provider monitored 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))

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. All staff had undertaken appropriate training in safeguarding matters and the principal dentist was the named lead. Information about protection agencies was easily available in the treatment room and at reception. All staff, apart from the receptionist, had a disclosure and barring check (DBS) in place to ensure they were suitable to work with vulnerable adults and children. The principal dentist told us that a DBS check for the receptionist had been applied for.

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

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running. This needed to be updated to contain essential contact numbers and be kept off-site so it was accessible in case of emergency.

Dentists used rubber dams in with guidance from the British Endodontic Society when providing root canal and endodontic treatment to protect patients' airways. The practice had a formal written protocol in place to prevent wrong site surgery and staff told us some of the practical ways they ensured tooth extractions were managed safely.

The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation, although did not include the need to undertake DBS checks. Files we reviewed for one recently recruited staff showed that the practice had not received assurance of the clinician's training or Hepatitis B status. The practice had not kept a record of the interview to show it had been conducted in line with good employment practices.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to

manufacturers' instructions, including portable electrical appliances. A fixed wiring certificate was not available but the principal dentist assured us he would seek a copy of this from the landlord of the premises.

Records showed that fire detection and firefighting equipment was regularly tested. However, staff did not routinely rehearse evacuating the practice so they would know what to do in the event of a fire. The practice's fire risk assessment was limited, but immediately following our inspection the provider organised a visit from a fire safety officer.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file. Clinical staff completed continuous professional development in respect of dental radiography. Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured. Regular radiograph audits were completed, although rectangular collimation was not used on the X-ray unit to reduce patient dosage.

Risks to patients

Although the dentists were using the safest types of syringes, a sharps risk assessment had not been completed for other sharps hazards used in the practice. The sharp's box was wall mounted for safety and its labels had been completed. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus, although this had not been confirmed for one dentist.

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

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Not all recommended emergency equipment was available but missing items were ordered immediately following our inspection.

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

Are services safe?

updates as required. Staff carried out infection prevention and control audits, although not as frequently as recommended in best practice guidance. The latest audit showed the practice was meeting the required standards, although we noted some minor discrepancies in its findings.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. Records showed that equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

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

We noted that all areas of the practice were visibly clean, including the waiting area, toilet and staff area. We checked the treatment room and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The flooring was not coved as recommended but the principal dentist was aware of this and plans were in place to install it.

The practice used an appropriate contractor to remove dental waste. Clinical waste was stored externally, and had been secured adequately.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines. However, antimicrobial auditing had not been undertaken to ensure staff were prescribing them in accordance with national guidelines.

The fridge's temperature, in which Glucagon was kept, was only monitored weekly and not daily as recommended, to ensure it operated effectively. Prescription pads were held securely but there was no tracking in place to monitor individual prescriptions to identify any theft or loss.

Information to deliver safe care and treatment

Dental care records were kept securely in locked filing cabinets. Staff were aware of new guidelines in relation to the management of patient information and had updated the practice's policies and procedures accordingly.

Lessons learned and improvements

There was limited guidance for staff on how to manage unusual events and we found that staff had a limited understanding of what might constitute an untoward event. We noted that some accidents had been recorded in the practice's accident book (e.g. a burn from a kettle, and a burn from an autoclave), but there was no evidence to show how learning from them had been shared, or of measures put in place to prevent their recurrence.

The practice had a system in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and 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 21 comment cards that had been completed by patients prior to our inspection. All the comments reflected high patient satisfaction with the results of their treatment and their overall experience of it. One patient told us, 'my children have been looked after so well and the treatment they have received has been superb'. Another patient stated, 'I was listened to and my needs responded to with the right treatment at the right time'.

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that dentists assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The principal dentist told us that the recent installation of digital X-rays had led to improvement in the accuracy of diagnoses, and reduced patients' radiation exposure significantly. A new endodontic system had made root filling much easier and more effective.

The principal dentist offered visits to patients in care homes and took into account guidelines as set out by the British Society for Disability and Oral Health and each visit was carefully risk assessed.

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. Staff told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

One dental nurse had attended a special needs school to deliver oral health education to students there.

Consent to care and treatment

Patients confirmed their dentist listened to them and gave them clear information about their treatment. Notes we viewed demonstrated that staff gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

The practice team understood the importance of obtaining and recording patients' consent to treatment. All staff we spoke with showed an understanding of the Mental Capacity Act and Gillick guidelines, and how it might impact on treatment decisions.

Effective staffing

All clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. Staff told us there were enough of them for the smooth running of the practice and to cover their holidays. Cover could be provided from the provider's sister practice if needed.

We confirmed clinical staff completed the continuous professional development required for their registration with the GDC and records we viewed showed they had undertaken appropriate training for their role.

Co-ordinating care and treatment

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

The practice did not actively monitor non-NHS referrals to ensure they had been received and patients were not routinely offered a copy of their referral.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as caring, patient and responsive. One patient stated, 'the practice offers a 5-star service in their interpersonal skills. Very caring and compassionate'. Another patient told us, 'I don't like having my teeth touched but with this dentist I don't mind at all. He is very careful and tells me what he is going on. He is the very best'.

Staff gave us examples of where they had assisted patients such as delivering dentures to a patient who was unable to travel to the practice; giving patients a lift home and helping patients up and down the practice's steep stairway.

Privacy and dignity

The practice had a separate waiting room, so the reception area was reasonably private. Staff told us some of the practical ways they maintained patients' privacy such as playing music to distract them and speaking quietly on the phone. 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. Patients' paper notes were stored in lockable filing cabinets. The principal dentist told us staff now used patients' ID numbers, rather than their names on lab work to increase confidentiality and meet requirements of GDPR regulations.

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

Involving people in decisions about care and treatment

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Patients commented that the dentists always listened to their concerns and took them seriously. One patient told us their dentist, 'always gives a full and clear explanation of options and is happy to expand and clarify any points followed by a detailed treatment plan'.

Staff described to us the methods they used to help patients understand treatment options discussed. These included visual aids, dental models and information leaflets to help patients better understand their treatment.

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 provided patients with information about individual clinicians, the treatments available and their costs. There were magazines and children's toys in the waiting area to help keep patients occupied whilst they waited.

The practice had made some reasonable adjustments for patients with disabilities which included a chair lift on the stairway. Patients who needed a ground floor surgery could be seen at the provider's other practice in Halesworth. There was no information about translation services available to patients, although one dentist spoke Mandarin and as result supported a Chinese family in the area. There was no hearing loop available to assist those with hearing aids. Information about the practice was not available in any other formats or languages.

Staff told us they made special arrangements for patients who felt anxious about waiting for their appointment so they could be seen in a timely way.

Timely access to services

At the time of our inspection, the practice was not accepting any new adult NHS patients.

Patients told us they were satisfied with the appointments system and said that getting through on the phone was easy. Although the practice was only open between Monday to Friday between 9am and 5pm, patients could request later appointments at the provider's other practice if needed.

Three emergency appointment slots were available each day for patients experiencing dental pain.

Listening and learning from concerns and complaints

Information about the practice's complaints procedure was available on the website and on display in the waiting area. We found the principal dentist had an open attitude to complaints and clearly viewed them as an important way to improve the service. However, they were not always responded to within the practice's own timescales.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had overall responsibility for the management and clinical leadership of the practice. We found he had the capacity and skills to deliver high-quality, sustainable care. Staff described him as approachable and responsive to their needs. He took immediate action following our inspection to address some of the shortfalls we had identified, demonstrating his commitment to improving the service.

The principal dentist told us he had plans to recruit another clinician which in turn would allow the practice to give their NHS patients more time. He also wanted to recruit a hygienist and expand his private work.

Culture

Staff stated they felt respected and valued in their work. Many had worked there a number of years and told us they felt listened to by the principal dentist.

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

Governance and management

The principal dentist had identified areas needed to improve the service and told us of the plans already in place to achieve this. Staff knew the management arrangements and their roles and responsibilities.

Communication across the practice was structured around practice meetings, however these were infrequent and not always fully documented. Staff told us they would value more of these, one stating, 'it would ensure we are all singing from the same song sheet'.

The principal dentist told us there was a 'Whats App group' used to communicate key messages to all staff.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in

protecting patients' personal 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.

Engagement with patients, the public, staff and external partners

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Their suggestions to redecorate the surgery, provide digital X-rays and rotary endodontics, and choose colourful uniforms had been implemented.

We viewed the minutes of one meeting held in November 2018 where staff were consulted about the ways the service could be improved.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We viewed the results of 25 recent responses received that showed that 100% of patients would recommend the practice. We found that patients' feedback was acted upon. For example, a better method for triaging emergencies was implemented so that those needing urgent care were seen as a priority.

Continuous improvement and innovation

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, and infection prevention and control which have resulted in a number of changes including digital X-rays and computerised record keeping.

The principal dentist was a member of local British Dental Association committee who met to discuss clinical issues and share best practice. He was also a trainer and mentor for newly qualified foundation dentists which he told us he greatly enjoyed.

Not all staff had received regular appraisal of their performance, however the principal dentist was aware of this and implementing measures to rectify it.