

Esmerelle Limited

# Church Street Dental Practice

## Inspection Report

Church Street Dental Practice, London House  
6A Church Street, Attleborough  
Norfolk  
NR172AH  
Tel: 01953454358  
Website:

Date of inspection visit: 9 October 2017  
Date of publication: 14/11/2017

### Overall summary

We carried out this announced inspection on 9 October 2017 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. A CQC inspector, who was supported by a specialist dental adviser, led the inspection.

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

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

These questions 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**

Church Street Dental Practice is a well-established practice that provides mostly NHS dentistry to patients of all ages. The dental team consists of six dentists, seven dental nurses, a hygienist and three receptionists. The practice has five treatment rooms and is open Mondays, Wednesdays, Thursdays and Friday from 8.30am to 5pm, and on Tuesdays from 8.30am to 6.30pm.

There is ramped access for wheelchair and pushchair users at the rear of the building.

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.

# Summary of findings

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 at the practice is the principal dentist.

During the inspection we spoke with three dentists, the practice manager and three dental nurses. We looked at the practice's policies and procedures, and other records about how the service was managed. We collected 43 comment cards filled in by patients prior to our inspection and spoke with another three patients on the day.

## **Our key findings were:**

- We received many positive comments from patients about the dental care they received and the staff who delivered it.
- The practice was clean and well maintained, and had infection control procedures that reflected published guidance.
- Staff knew how to deal with emergencies and life-saving equipment was available.
- The practice had systems to help them manage risk.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.

- 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.
- There was a clear leadership structure and staff felt supported and valued by the principal dentist and practice manager. Teamwork in the practice was excellent.
- The practice proactively sought feedback from staff and patients, which it acted on to improve its service.

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

- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result
- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review the practice's protocols for the use of rubber dams for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.

# 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 had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults. The practice had suitable arrangements for dealing with medical and other emergencies.

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

No action



### Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs.

Clinical audits were completed to ensure patients received effective and safe care.

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 46 patients. They were positive about all aspects of the service the practice provided. Patients spoke highly of the dental treatment they received and of the caring and supportive nature of the practice's staff.

Staff gave us specific examples of when they had gone above the call of duty to assist patients.

No action



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

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

The practice had good modern facilities and was well equipped to treat patients and meet their needs. Routine dental appointments were readily available, as were urgent on the day appointment slots. Patients told us it was easy to get an appointment and also contact the practice.

Good information was available for patients on the web site. The practice had made reasonable adjustments to accommodate patients with a disability.

A clear complaints' system in place was in place and complaints were dealt with professionally and empathetically.

No action



# Summary of findings

## Are services well-led?

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

Staff felt supported and appreciated by the principal dentist. The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were systems in place to monitor and improve quality, and identify risk. We found staff had an open approach to their work and shared a commitment to improving the service they provided.

It was clear that the principal dentist and practice manager listened to the views of staff and patients and implemented their suggestions where appropriate.

No action



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had an incident policy in place, but this was narrow in scope and only covered serious events. There was no other guidance for staff on how to manage other types of incidents. We found staff had a limited understanding of what might constitute an untoward event, and any learning that might arise as a result.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Alerts were emailed to the practice and the practice manager told us she put relevant alerts on the staff notice board for all to see. They would also be discussed with staff during their lunch break and staff we spoke with were aware of recent alerts affecting dental practice.

### Reliable safety systems and processes (including safeguarding)

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 where to report concerns was displayed around the practice. We noted a specific safeguarding vulnerable information leaflet for patients in the waiting area, which gave them information about the different types of abuse people could face and both local and national contact numbers of protection agencies. Staff gave us a specific example where they had reported the non-attendance of one child for treatment to the relevant protection agency, demonstrating they took protection issues seriously.

Staff we spoke with were aware of whistle blowing procedures and knew what to do if they witnessed poor practice by a colleague.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments that staff reviewed. The practice followed relevant safety laws when using needles but had not yet considered a move to

a safer sharps' system to offer maximum protection to staff. Not all dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.[BJ1]

The practice had a business continuity plan describing how the practice would deal events that could disrupt the normal running of the practice, although this required update to include contact details of staff and utility companies.

There was CCTV in communal areas of the practice for additional security. Posters were on display to inform patients that they were being filmed.

### Medical emergencies

Staff knew what to do in a medical emergency and had completed training in emergency resuscitation and basic life support, although they did not regularly rehearse emergency medical simulations, so they could practise their skills. Most emergency equipment and medicines were available as described in recognised guidance, apart from airways equipment and a spacer and blood glucose-monitoring device. These were ordered immediately following our inspection. Staff had access to first aid, and bodily fluids and mercury spillage kits.

Staff kept records of their checks to make sure equipment and medicines were available, within their expiry date, and in working order.

### Staff recruitment

We looked at staff recruitment files that showed that most pre-employment checks had been undertaken, although some checks such as references and current DBS checks had not been obtained before they had started working at the practice to ensure they were suitable. The practice did not keep a record of employment interviews to demonstrate they had been conducted fairly.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

# Are services safe?

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, although one priority recommendation from the practice's legionella assessment undertaken in May 2017 still needed to be actioned by staff.

Firefighting equipment such as smoke alarms and extinguishers were regularly tested, although staff did not regularly rehearse fire evacuations. Fire training for all staff had been arranged for 16 November 2017.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for products used within the practice.

## Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice had comprehensive infection control policies in place to provide guidance for staff on essential areas such as hand hygiene, the use of personal protective equipment and decontamination procedures. The practice conducted infection prevention and control audits, although these were not undertaken as frequently as recommended. Results from the latest audit indicated that the practice met essential quality requirements.

All areas of the practice were visibly clean and hygienic including the waiting area, toilet and stairway. Cleaning equipment was colour coded and stored correctly. We checked two treatment rooms and surfaces including walls, floors and cupboard doors were free from visible dirt. The rooms had sealed work surfaces so they could be cleaned easily. Treatment room drawers were clean and uncluttered, although loose items were not covered to prevent aerosol contamination. We also noted a very full sharps bin in one surgery dating from April 2016, and an unlabelled sharps bin in another surgery.

We noted that staff uniforms were clean, their hair tied back and their arms were bare below the elbows to reduce the risk of cross contamination. Records showed that clinical staff had been immunised against Hepatitis B.

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

Suitable arrangements were in place for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. We noted some damaged work surfaces around two sinks in the decontamination room, making them difficult to clean.

The practice's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally at the rear of the property but needed to be secured.

## Equipment and medicines

Staff told us they had enough instruments and equipment needed for their job and the principal dentist always met their request for additional items if needed. We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines, although staff did not keep a log of any local anaesthetics prescribed for monitoring purposes.

Dentists were aware of the British National Formulary's website for reporting adverse drug reactions

## Radiography (X-rays)

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. 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. The practice carried out X-ray audits every year following current guidance and legislation.

Rectangular collimation was used on X-ray units to reduce patient dosage.

[BJ1]Mike- were the dentist using alternative methods to protect airways ok>

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We received 43 comments cards that had been completed by patients prior to our inspection and spoke with another two patients on the day. All the comments received reflected that patients were very satisfied with the quality of their dental treatment and the staff who provided it. Staff were described as caring, efficient and accommodating.

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our discussion with the dentists and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. Record keeping generally was of a good standard.

The practice regularly audited dental care records to check that the necessary information was recorded.

### Health promotion & prevention

Dental care records we reviewed demonstrated that dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. A direct access dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. The hygienist visited local primary schools to provide demonstrations on oral hygiene and one trainee nurse was undertaking an additional qualification in oral hygiene.

Dental nurses confirmed that the dentists discussed smoking, alcohol consumption and diet with patients during appointments. We noted leaflets on the reception desk with information for patients on support services for smoking cessation.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. Free samples of toothpaste for patients were also available on the reception desk.

### Staffing

There had been a recent turnover of staff, and the practice was going through a period of transition, with a new practice manager and another location opening nearby. Staff told us there were enough of them to ensure the smooth running of the practice, and that 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. There was appropriate employer's liability in place.

### Working with other services

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. Referrals were not routinely monitored by the practice to ensure they had been received.

### Consent to care and treatment

The practice had policies in relation to the Mental Capacity Act 2005 and patient consent and staff had undertaken training in these. Staff had a good understanding of the Mental Capacity Act and how it affected their management of patients who could not make decisions for themselves. They gave us specific examples where they had applied the Act's principles when treating patients.

Dental records we reviewed demonstrated that treatment options had been explained to patients. Patients confirmed the dentists listened to them and gave them clear information about their treatment.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We received positive comments from patients about the quality of their treatment and the caring nature of the practice's staff. Patients told us that staff were good at making them feel relaxed, and explained what was going to happen to them. Staff gave us specific examples of where they had supported patients such as informing them in advance of road closures near the practice; delivering lab work personally and staying late to accommodate patients who could not attend during normal opening hours.

All consultations were carried out in the privacy of treatment rooms and we noted that the door was closed

during procedures to protect patients' privacy. The reception area was not particularly private but computer screens were not overlooked and were password protected. Reception staff showed a good understanding of how to maintain patient confidentiality.

### **Involvement 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. Plans outlining proposed treatment and associated costs were given to patients.

Patient information leaflets about various oral conditions and treatments were available in the waiting area and staff downloaded information if needed.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice was easily accessible, with parking immediately outside or in nearby free car parks. Patients told us they were mostly satisfied with the appointments system although three told us there could be a delay in getting an appointment for treatment after a check-up. Emergency appointments were available each day between 11 and 11.30am, and 3 and 3.30pm.

Patients were able to contact the practice via email or sms text messaging and could book their appointments on-line. A text appointment reminder service was also available. Telephone consultations with the dentist were offered to patients who struggled to attend the practice.

The practice offered both private and NHS patients with full ceramic crowns, inlays, veneers and bridges using the Cerec system, and one dentist offered private orthodontic treatment to adults.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing

loop and accessible toilet. The practice manager told us that information about the practice had been translated into Polish and Lithuanian as some patients spoke these languages. Knee break dental chairs were available in two treatment rooms.

### Concerns & complaints

Information about the practice's complaints procedure for both was available in the waiting area,. This is included the timescales by which complaints would be responded to and other organisations that patients could contact to raise their concerns. Reception staff we spoke with had a good understanding of how to manage patients' complaints. The practice's patient survey specifically asked if patients were aware of the practice's complaints procedure. As a number of patients had replied 'No' to this question, the practice manager told us she had made the procedure more visible in the waiting room. It was clear that complaints were taken seriously: we noted a memo written to all staff about a patient who had complained about staff 'gossiping' in the reception areas.

We reviewed documentation in relation to a number of complaints and found they had been investigated and responded to in a professional and timely way.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice, supported by the practice manager. The new practice manager had been recruited and had only been in post a short while. We found she had a good understanding of what needed to be done to improve the service and was very committed and keen to get on and make the necessary changes.

The practice had 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 had also recently purchased an on-line governance tool to help them improve the management of the service.

Communication across the practice was structured around regular practice meetings that all staff attended. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns. Staff sat together as a team at lunchtimes and told us this also provided a good way to communicate with their colleagues and discuss a range of issues. Written memos were also issued to staff when they needed to be aware of specific or important issues.

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.

Staff received an annual appraisal which one member of staff described as useful as it had shown them how they could improve their performance.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff we spoke with told us they enjoyed their work, citing good teamwork, support and organisation. They described the dentists and practice manager as approachable and responsive to their needs. They told us there was a very open culture within the practice. One trainee nurse told us that the dentists had really helped her with her course work

for college. Another commented that the dentists, 'never treated you like they were above you'. It was clear that morale and teamwork amongst the staff was positive. All participated in regular staff social events such as Christmas dinners and 'High Teas'.

One staff member told us they had raised concerns about a colleague's practice and that this had been dealt with effectively by the practice manager.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits on the quality of dental care records, radiographs, health and safety, and infection prevention and control. We reviewed records of the results of these audits and the resulting action plans and improvements.

Staff told us they completed mandatory training, including medical emergencies and basic life support. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so. All trainee staff are appointed a supervisor to support them.

There was a strong emphasis on training and learning within the practice. The principal dentist had been asked by the local college to provide study days for their dental nurses on new dental technology. They had also been asked by national dental suppliers to provide day courses on digital dentistry. There were regular lunch and learn sessions for staff with a range of external providers.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice used surveys, comment cards and verbal comments to obtain patients' views about the service. The practice's survey asked patients for feedback about their waiting times, the quality of oral hygiene advice and if they were treated respectfully. 20 patients a month were sent a survey and the practice manager actively monitored the results. We saw examples of suggestions from patients the practice had acted on such as redecorating the premises and moving the information leaflets stand to make it more accessible. Following complaints about getting through to the practice by phone, two additional telephone lines had

## Are services well-led?

been installed. Patients could also 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.

Staff told us that the principal dentist and practice manager listened to them and were supportive of their ideas. For example, their suggestions to purchase a new steriliser, more scalers and hand pieces had been implemented. There was also an annual staff survey