

Dr. Siew Lim

The Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 2 October 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

The Dental Practice is a well-established practice based in Kings Lynn that provides private treatment. The dental team include two dentists, a practice manager and three dental nurses. There are two treatment rooms. There is ramp access for people who use wheelchairs and those with pushchairs. Car parking spaces, including some for blue badge holders, are available near the practice.

The practice opens on Mondays to Thursdays from 8.45 am to 5.30 pm, and on Fridays from 8.45 am to 1 pm.

Summary of findings

The practice is owned by an individual who is the principal dentist. He has 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 13 CQC comment cards completed by patients, and spoke with another two. We spoke with both dentists and two nurses.

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, professional and high-quality service.
- The practice had effective systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and managing radiation 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.
- Patients received their care and treatment from well supported staff, who enjoyed their work.
- 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.
- Patients' complaints were taken seriously, managed effectively and used as a tool to improve the service.
- The practice asked staff and patients for feedback about the services they provided. Staff felt involved and worked well as a team.
- Recommendations from the practice's legionella risk assessment had not been implemented and the fire risk assessment had not identified all the risks.
- Not all dentists routinely used rubber dams as recommended by the British Endodontic Society
- The fridge temperature was not monitored daily to ensure it operated correctly.

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

- Review the practices' current Legionella risk assessment and implement the required actions taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'
- Review the practice's protocols for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the fire safety assessment to ensure all risks are identified, that oxygen cylinders are signposted and that fixed wiring testing is undertaken.
- Review the practice's responsibilities to meet the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

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. 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 and immediately purchased missing emergency medical equipment on the day of our inspection.

Fire risk assessment was limited and the practice had not undertaken five yearly fixed wiring testing.

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 staff received professional training and development 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?

Are services caring?

We received feedback about the practice from 13 patients. Patients were positive about all aspects of the service and spoke highly of the staff who delivered it. One patient praised staff for their understanding approach to their autism. 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 portable ramp and a downstairs treatment room. However, the practice did not have a hearing loop or information about its services in any other formats or languages.

The practice took patients' views seriously. The principal dentist valued compliments from patients and responded to concerns and complaints quickly, empathetically 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 staff to discuss the quality and safety of the care and treatment provided.

Staff were well supported in their work, and it was clear the dentist valued them and assisted them in their professional development.

The practice 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. Information about safeguarding agencies was on display in treatment rooms and in the reception area, making it easily accessible to them.

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

All staff had Disclosure and barring checks (DBS) in place to ensure they were suitable to work with vulnerable adults and children.

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

Dentists mostly used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment to protect patients' airways, although consideration should be given to more universal use of rubber dams in line with recognised guidance.

There was no formal written protocol in place to prevent wrong site surgery.

The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. Files we reviewed for two recently recruited staff showed that the practice followed their recruitment procedure and appropriate preemployment checks had been undertaken. All clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover.

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. A fire risk assessment had

been undertaken by the practice itself, although we noted it was basic and had not identified all potential fire hazards in the building. The practice did not provide suitable signage to indicate that oxygen cylinders were held on site and had not undertaken five yearly fixed wiring testing. Staff did not practice regular fire evacuations.

Stock control was effective and medical consumables we checked in cupboards and in drawers were within date for safe use, although we noted some items in the practice's first aid kit that had become out of date for safe use.

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

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. We noted that recent risk assessments had been discussed with staff at the practice meeting of August 2018.

The practice followed relevant safety laws when using needles and other sharp dental items, and the dentists were using the safest types of sharps. Sharps' bins were sited safely, although their labels had not been completed. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. However, staff did not undertake regular medical emergency simulations to keep their knowledge and skills up to date. Not all recommended emergency equipment and medicines were available.

Are services safe?

There was no portable suction, syringes or needles. There was no buccal Midazolam and we found some out of date adrenalin ampules. These missing items were ordered during 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 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.

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, although we noted that staff did not undertake daily helix of Bowie Dick tests of the autoclave as recommended.

A legionella risk assessment had been completed in 2011. We noted it had not been reviewed since this date and its recommendations to monitor water temperatures each month and undertake regular boiler checks had not been implemented. However, the practice had commissioned a new risk assessment that had been completed the day prior to our inspection. Staff were awaiting its results and assured us they would implement all its recommendations.

We noted that all areas of the practice were visibly clean, including the waiting area, toilet and staff area. We checked both treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Staff uniforms were clean and their arms were bare below the elbows to reduce the risk of cross contamination. Uniforms were laundered on site and we noted staff changed out of them during their lunch break.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored securely inside the treatment rooms.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines and antimicrobial prescribing audits were carried out. The most recent audit demonstrated the dentists were following current guidelines.

We noted that fridge temperature in which medicines were stored was not monitored each day to ensure it was operating effectively. The practice's name and address was not included on medicines dispensed to patients.

Information to deliver safe care and treatment

We looked at a sample of dental care records and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

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

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. We found that untoward events were recorded and managed effectively to prevent their reoccurrence. Patients complaints were classified as significant events and we saw detailed records of how these had been managed and used to improve the service.

The practice did not have a system in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and staff were unaware of recent alerts affecting dental practice as a result. However, the principal dentist signed up to receive these during our inspection and assured us he would check for any outstanding alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 13 comments 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. Patients described the dentists as careful and thorough.

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. Dental care records we reviewed clearly detailed patients' assessments and treatments. We noted however the recording and management of patients' gum disease was not always in line with the British Periodontal Society's guidelines. Medical histories were not signed by patients as frequently as recommended.

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

The practice had its own dental cone beam computed tomography and combined OPG machine 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.

Staff told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. We noted information on display in the waiting room in relation to 'Stoptober', a national campaign to encourage people to give up smoking.

The practice had a selection of dental products for sale including mouth wash, interdental brushes and floss. Free samples of toothpaste were also available.

Consent to care and treatment

Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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 competence guidelines, and how they might impact on treatment decisions.

The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Nurses were given additional time after a consultation to explain treatments to patients if needed. Staff told us they regularly used dental models, information leaflets and computer software to aid the consent process.

Effective staffing

The dentists were supported by appropriate numbers of dental nurses and staff told us there were enough of them for the smooth running of the practice and to cover their holidays.

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

Co-ordinating care and treatment

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.

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 and responsive. One patient told us they had autism and staff were very understanding and accommodating of this. Another, that their dentist's gentle approach had helped them overcome their anxiety.

Staff gave us examples of where they had assisted patients such as giving them a lift home after complex treatment and agreeing to see patients even when all emergency appointment slots have been filled.

Privacy and dignity

The practice did not have a separate waiting room, so the reception area was not particularly private. However, staff told us some of the practical ways they maintained patient 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.

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

One patient told the dentist answered all their questions well and explained things clearly. Another, that staff always involved them in decision about their oral care. Dental records we reviewed showed that treatment options had fully been discussed with patients. The dentist told us patients were always given plenty time to consider different treatments and he actively encouraged and gave dental nurses additional time to further explain treatments to them.

One of the nurses described to us some of the ways she helped patients understand their treatment by writing it down, taking time to explain it, using demonstration models and giving them written information to take away.

We noted information leaflets available in the waiting area on a range of dental health matters including implants, root planning, jaw problems and mouth cancer to help patients make informed choices.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

A wide range of treatments were available to patients. In addition to general dentistry, the practice offered implants and orthodontics and one dentist had a particular interest in endodontics.

The waiting area provided good facilities for patients including interesting magazines and a specific children's basket with toys and books to keep them occupied while they waited.

The practice had made some reasonable adjustments for patients with disabilities which included portable ramp access and a downstairs surgery. However, there was no accessible toilet or hearing loop available to assist those with hearing aids. Information about the practice was not available in any other formats or languages.

Although the practice was not able to offer text reminders, they did telephone patients to remind them of their appointment.

Timely access to services

At the time of our inspection the practice was not registering any new patients, to ensure that it could meet the needs of its current patients and reduce waiting times for treatment.

Patients told us they were satisfied with the appointments system and said that getting through on the phone was easy. Patients told us that the dentists were usually good at running to time and they rarely waited long for their

appointments. There were up to four emergency appointment slots each day for patients experiencing dental pain. Patients could ring the principal dentist out of hours if they required emergency advice or treatment.

Check-up appointments were between 15 to 20 minutes long, and new patients were allocated half hour appointments to allow for a full assessment of their mouth.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information about how patients could raise their concerns was available in the waiting area, making it easily accessible. A poster displaying the General Dental Council's nine principles to be followed was also on display, informing patients of the standards of treatment they could expect.

We found the principal dentist had an open and transparent approach to patients' complaints and viewed this as a way for them to improve the service. Complaints were treated as significant events so that learning from them could be shared across the staff team. We noted that one complaint had been discussed at the staff meeting of July 2018. As a result, staff had decided to extend appointments times so that the dentist concerned would be less likely to overrun.

Reception staff spoke knowledgeably about how they would deal with a patient who wanted to raise a concern, and showed us the information they gave patients about the practice's complaints procedure.

We viewed information in relation to two recent complaints received by the practice. This demonstrated they had been managed in a timely, professional and empathetic way. The dentist had provided a full and genuine apology to the patient when needed.

Are services well-led?

Our findings

Leadership capacity and capability

The dentist had overall responsibility for the management and clinical leadership of the practice. He worked closely with his staff, and it was clear they supported each other to provide a quality service to patients. There was a clear staffing structure within the practice with specific staff leads for areas such as infection control, radiography and implants. Staff clearly enjoyed the additional responsibilities these roles gave them and took them seriously as a result.

The principal dentist told us that he ‘trained his nurses to be dentists, not just chairside support’. It was clear he listened to staff and their requests for specialist pieces of equipment to improve the patient experience had been implemented

Staff told us they enjoyed their work citing team work, a mutual respect for one another, and access to training as the reasons. Staff described the principal dentist as approachable and responsive to their needs, and the practice manager as knowledgeable and ‘willing to muck in when needed’.

Vision and strategy

The practice’s mission was to provide quality dental care to patients in a friendly relaxed environment. The principal dentist was in the process of reducing his hours and plans were in place to recruit a permanent associate to sustain the practice.

Culture

The practice had a culture of high-quality sustainable care. Staff stated they felt respected, and valued and were proud to work in the practice. The interaction we observed between them was friendly, co-operative and very supportive. Minutes of practice meetings we viewed demonstrated that staff were actively consulted about, and involved in, the performance and development of the practice.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it. Patients’ complaints we reviewed showed the dentist had given an open and genuine apology if needed.

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.

Communication across the practice was structured around regular meetings. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them.

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.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Engagement with patients, the public, staff and external partners

The practice used a patient survey to gather feedback about its services. This asked questions, amongst other things, in relation to cleanliness, staff appearance, opening hours, telephone response times and the quality of their dental treatment. Results of the survey held in 2018 had been analysed, and an action plan had been implemented which included upgrading the practice’s toilet facilities, displaying the practice’s fees more clearly and discussing the possibility of extended hours opening. The dentist told us that patients’ suggestions to redecorate the waiting area and review waiting times and had been implemented.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. Results were discussed at practice meetings, evidence of which we viewed.

It was clear that the principal dentist showed a commitment to learning and improvement and valued the

Are services well-led?

contributions made to the team by individual members of staff. He paid for staff's on-line training to help keep them up to date with their professional development. Some staff had undertaken additional training in oral health education, impression taking and radiography.

All staff received annual appraisals, which they told us they found useful. However, the associate dentist did not receive a formal appraisal so not clear how their performance was assessed and monitored.