The Dental Hygiene Suite Ltd

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## Inspection Report

17 Frances Street
Truro
Cornwall
TR1 3DN
Tel: 01872 859948
Website: www.thedentalhygienesuite.com

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## Overall summary

We carried out this announced inspection on 31 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. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told Healthwatch that we were inspecting the practice. They did not provide any information.

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 Hygiene Suite is in Truro and provides private direct access dental hygiene services to patients of all ages.

The practice treatment room was on the ground floor but involved some small steps to reach it. Therefore it was not suitable for wheelchair users. Car parking spaces were available in nearby public car parks.

# Summary of findings

The staff team comprises of the company directors, who are the dental hygienist and the practice manager/ receptionist. No additional staff are employed. The practice has one treatment room.

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 at The Dental Hygiene Suite was the dental hygienist.

We collected ten CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with the dental hygienist and practice manager/receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday 9am – 5.30pm. Tuesday 8.30am – 5pm. Wednesday 8am – 5pm. Thursday 1pm – 7pm. Friday 8.30am – 4pm. Saturday 9am – 1pm.

**Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures, which reflected published guidance.
- Staff knew how to deal with emergencies.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The dental hygienist followed current guidelines for the assessment of and delivery of treatment.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. The directors of the business worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice has not received any complaints.

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

- Review availability of equipment such as an Automated External Defibrillator (AED) to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team. A risk assessment should be undertaken if a decision is made to not have an AED on-site.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting, taking into account the guidance issued by the General Dental Council.

# 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

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

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

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

Staff working at the practice had undergone suitable background checks.

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

Improvements could be made to risk assess the availability of emergency equipment.

The dental hygienist worked without support from a second dental professional on the premises. They had considered the risks associated with this.

**Are services effective?**

No action

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

The dental hygienist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional and thorough. The dental hygienist discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The hygienist and practice manager/receptionist completed training relevant to their roles and had systems to help them monitor this.

**Are services caring?**

No action

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

We received feedback about the practice from ten people. Patients were positive about all aspects of the service the practice provided. They told us the dental hygienist was gentle when providing treatment, that staff were friendly and provided good after care information. They said that they were given helpful, honest explanations about treatment, and said the hygienist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting a dental service.

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

# Summary of findings

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

No action 

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

The practice's appointment system was efficient and met patients' needs.

The premises were not accessible to wheelchair users. The practice had access to telephone interpreter services.

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

**Are services well-led?**

No action 

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

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

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

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.

# Are services safe?

## Our findings

**Reporting, learning and improvement from incidents**

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 were told that there had not been any significant events to report. There had been one incident, which had been appropriately reported and acted upon to minimise future risk.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

**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. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments, which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

**Medical emergencies**

The staff team knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

The practice did not have its own Automated External Defibrillator (AED) for use during a medical emergency. We also noted that the practice did not have a portable suction unit or inflation bag/valve and airways available for use with the portable oxygen equipment. We were told by the directors that they had access to AED devices nearby. Improvements could be made to ensure that access to a shared AED devise was risk assessed. Immediately following the inspection the directors wrote to us and sent evidence of invoice details for the purchase and delivery of portable suction equipment and other emergency equipment for use with the oxygen cylinder, in line with Resuscitation Council UK guidance.

The hygienist kept records of their checks on emergency medicines and equipment to make sure these were available, within their expiry date, and in working order.

**Staff recruitment**

The practice had a staff recruitment policy and procedure to help them employ suitable staff. Currently only the company directors worked at the practice and no additional staff were employed. The directors had undergone background checks when registering with CQC.

The dental hygienist was qualified and registered with the General Dental Council (GDC). They 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. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

The dental hygienist and practice manager/administrator were the staff team. This meant that the dental hygienist worked without another qualified dental professional on the premises. They had risk assessed this and were aware that it is recommended by the General Dental Council.

**Infection control**

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. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

# Are services safe?

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. In discussion with the dental hygienist they agreed to sign the start of day checks for the vacuum autoclave in order to provide an audit trail of equipment compliance.

The practice carried out an infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. We noticed that the clinical waste bag in use was not labelled with the practice address. We discussed this with the dental hygienist who said that clinical waste bags would now be labelled to show traceability of originator.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

**Equipment and medicines**

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 medicines used at the practice (local anaesthetic solutions and fluoride varnish) using written Patient Group Directions signed by an appropriate dentist and pharmacist.

**Radiography (X-rays)**

The hygienist reviewed radiographs sent by referring dentists and kept up to date with relevant continuous professional development dental radiography training to remain competent when reviewing radiographs. The hygienist did not take radiographs of patients visiting the practice and there was no X-ray equipment at the practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

**Monitoring and improving outcomes for patients**

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The hygienist assessed patients' treatment needs in line with recognised guidance.

The hygienist had not yet completed an audit cycle of patients' dental care records to check that they recorded the necessary information. However, they told us this was planned as part of the governance structure. The practice opened in June 2016 and the hygienist was waiting to amass a suitable size of care records for any audit to be meaningful.

**Health promotion & prevention**

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The hygienist told us they prescribed fluoride varnish some patients based on an assessment of the risk of tooth decay.

The hygienist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

**Staffing**

The company did not employ staff. Services were provided by the company directors. We confirmed that the hygienist completed the continuous professional development required for their registration with the General Dental Council.

**Working with other services**

The hygienist confirmed that 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. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly. We looked at a selection of referral letters and suggested devising a clearer template for the referral form.

**Consent to care and treatment**

The hygienist understood the importance of obtaining and recording patients' consent to treatment. The hygienist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed the hygienist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the hygienist was aware of the need to consider this when treating young people under 16.

We noted that the patient consent for treatment document included consent for the practice to use ongoing photographic images for dental treatment. We discussed this with the hygienist. They told us they would review this documentation and develop a stand-alone consent form for photographic images that enabled consent to be updated by patients, including withdrawal of their consent to share such images.

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were were gentle when providing treatment, friendly and provided good after care information. There were no patients at the practice on the day of the inspection. However, we heard patients who rang the practice being spoken to respectfully, appropriately and kindly over the telephone.

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area provided privacy when the reception staff member was dealing with patients. Staff told us that if a patient asked for more privacy they would use the treatment room when free. The reception computer screen was not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

There were magazines in the waiting area. The practice provided drinking water.

Patient testimonials about the service were available to read on social media.

**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. The hygienist described conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us the hygienist was kind and helpful when they were in distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included oral hygiene assessment and advice, extra and intraoral checks, scaling services, periodontal treatments, teeth polishing, cleaning around orthodontic appliances and around implants. The practice also provided fluoride treatment and tooth whitening under the prescription and authorisation of a dentist.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting patients' needs**

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that same day appointments were usually available. Patients told us they had enough time during their appointment and did not feel rushed. There were no patients booked in for treatments at the practice on the day we visited.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment. Staff told us that they sent appointment reminders for patients.

**Promoting equality**

The practice treatment room was on the ground floor but involved some small steps to reach it. The practice had a patient toilet, although this was not an accessible toilet for wheelchair users. The practice told us that they had a referral system in place should a disabled user wish to see a dentist/hygienist locally with good wheelchair access.

Staff said they had access to telephone translation services for patients speaking English as a second language.

**Access to the service**

The practice displayed its opening hours in the premises and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice advised patients to seek dental treatment if they were in pain and assisted with referrals for dental treatment if patients agreed to this.

**Concerns & complaints**

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The directors were responsible for dealing with these. They told us they aimed to settle complaints in-house and would invite patients to speak with them in person to discuss any. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. The practice had not received any complaints.

# Are services well-led?

## Our findings

**Governance arrangements**

The dental hygienist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. There were clear lines of accountability and this staff team of two company directors worked well together to ensure effective governance of the practice.

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 information governance arrangements and the directors were aware of the importance of these in protecting patients' personal information.

**Leadership, openness and transparency**

The company directors were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

The directors told us there was an open culture at the practice. A range of polices to support an open, candid culture at the practice were in place.

The directors kept records of monthly practice meetings which minuted discussions held about governance of the practice, forward planning and learning opportunities for themselves as professionals.

**Learning and improvement**

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits, which included patient feedback, appointment trends and cancelled appointments, waiting times, continuous professional development validity and infection control. The directors had clear records of the results of audits completed and any resulting action plans and improvements.

The directors showed a commitment to learning and improvement. They discussed together learning needs, general wellbeing and aims for future professional development. They told us they completed mandatory training, including medical emergencies and basic life support, each year. We discussed training scenarios for medical emergencies as additions to mandatory training. These were not currently forming part of the annual training. The directors said they would consider incorporating these into their annual plan. We saw that the dental hygienist completed continuous professional development in line with requirements of the General Dental Council.

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

Patients were encouraged to leave reviews of the practice on social media. We were told of improvements to signpost a trip hazard at the practice following patient feedback. The practice had developed a patient survey and we were told that there were plans to distribute this during 2018.