

Dr Georgina O'Callaghan

Huntingdon House Dental Practice

Inspection Report

18 Huntingdon Street
St Neots
Cambridge
PE19 1BG
Tel: 01480470570
Website: www.spiredental.co.uk

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Overall summary

We carried out this announced inspection on 30 January 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

Huntingdon House Dental Practice Street Dental Practice is a well-established practice based in St Neots that provides both private and NHS treatment to about 6,000 patients. The dental team includes five dentists, two dental therapists, a hygienist and six nurses.

Summary of findings

The practice opens on Mondays from 9am to 8pm; on Tuesday and Wednesdays from 9am to 5pm; on Thursdays from 9am to 6pm and on Fridays from 9am to 3.20pm. The practice also opens once a month on a Saturday morning.

The practice is owned by an individual who is the principal dentist. She 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 spoke with the principal dentist, two associate dentists, the practice manager, and nursing and reception staff. We also spoke with six patients. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- 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 responding to medical emergencies.
- Risk assessment was robust and action was taken to protect staff and patients.
- The practice offered extended opening hours one evening a week and one Saturday a month.
- 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 greatly enjoyed their work.
- Members of the dental team were supported to meet the requirements of their professional registration and undertake additional training to progress their skills and knowledge.
- The practice had effective leadership and a culture of continuous audit and improvement.
- The practice asked staff and patients for feedback about the services they provided. Staff felt involved and worked well as a team.

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

- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded
- Review the security of prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review its responsibilities to respond to meet the needs of patients with disability 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.

The practice had systems and processes to provide safe care and treatment. 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.

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, and were actively encouraged and supported to undertake further training.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals, and referrals were monitored to ensure they had been received.

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 six people. Patients were positive about all aspects of the service and spoke highly of the treatment they received, and 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 responsive 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, and the practice offered extended opening hours one evening a week and one Saturday a month.

No action



Summary of findings

Staff considered patients' different needs. This included providing some facilities for disabled patients, and families with children. However, the practice did not provide an accessible toilet, information in different formats, or an induction loop to support patients with hearing loss. Staff were not aware of translation services to support patients who did not speak English.

The practice listened to its patients and where appropriate implemented their suggestion for improvement.

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

It was clear the principal dentist and practice manager valued their staff and supported them in their professional development. We found staff had an open approach to their work and shared a commitment to continually improving the service they provided.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. There was a strong culture of audit within the practice which was meaningful and used effectively to drive improvement.

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. Further information was available in the staffroom. The principal dentist was the lead for safeguarding matters in the practice and all staff had undertaken relevant training, with two having undertaken level three training. The principal dentist gave us an example when she had contacted relevant protection agencies when she had had concerns about the parenting of a child patient. The practice manager told us that pop up notes could be placed on patients' electronic dental records to highlight to staff if there were any concerns about them.

The practice had a whistleblowing policy which was on display in the staff office. 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.

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

The practice did not yet have a formal written protocol in place to prevent wrong site surgery but the practice manager assured us one would be implemented following our inspection.

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.

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 and gas appliances. Records showed that fire detection and firefighting equipment was regularly tested. A fire risk assessment had been undertaken by the practice and its recommendations to fill voids in cupboards and increase fire signage had been implemented. Staff undertook timed fire drills every six months, although this did not include patients. We noted there was no signage on the front entrance to warn that oxygen was stored on site.

Stock control was effective and medical consumables we checked in cupboards and in drawers were within date for safe use. Staff told us they had the equipment needed for their job and had access to plenty of instruments.

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 and X-ray units were fitted with collimators to reduce patient exposure to radiation.

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 comprehensive 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.

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 labelled and sited safely.

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, but did not undertake regular medical emergency simulations to keep their skills up to

Are services safe?

date. Emergency equipment and medicines were available as described in recognised guidance, apart from a size 0 airway. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

The practice did not have a dedicated decontamination room but staff 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 regular infection prevention audits and the latest audit showed the practice was meeting the required standards. The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. Records showed that equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. A legionella risk assessment had been completed and the practice had implemented procedures to reduce the possibility of Legionella or other bacteria developing in the water system.

We noted that all areas of the practice were visibly clean, including the waiting area, corridors, toilet and staff area. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt, although we noted some loose items in drawers and bur stands which risked aerosol contamination. Staff uniforms were clean and their arms were bare below the elbows to reduce the risk of cross contamination.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally in a locked cupboard at the front of the practice.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines and regular antimicrobial audits were carried out to ensure they were being prescribed according to national guidance.

We noted that Glucagon was stored in the fridge, but the fridge's temperature was not monitored to ensure it operated effectively. Prescription pads were stored securely but there was no tracking in place to monitor individual prescriptions in order to identify any theft or loss.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients. We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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. Although no major incidents had occurred in the previous few years, the practice manager told us that the breakdown of two autoclaves on the day of our inspection would be treated as significant events.

The practice had signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). These were managed by the practice manager who disseminated relevant alerts to clinicians and took any necessary action required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice and some had undertaken additional training in orthodontics and implants. We saw that clinicians 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 were comprehensive and clearly detailed patients' assessments and treatments. They were audited every three months to check that the necessary information was recorded.

The practice had access to a Cerec machine and digital X-ray to enhance the delivery of care. Patients could also access a cone beam computed tomography scanner at a sister practice nearby.

The practice offered dental implants. These were placed by the principal dentist and two of the dentists who had undergone extensive post-graduate training in this speciality. We found that provision of dental implants was in accordance with national guidance.

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.

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

Clinicians where applicable, 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.

A part-time 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. Two

staff had been trained in oral health instruction and one offered a free weekly clinic for both adults and children. Staff told us they had visited a local pre-school club to promote tooth brushing and oral health to children there.

The practice manager told us staff took part in National oral health campaigns and had created a poster display for the waiting room to raise awareness of the sugar content in different types of food and drink. At half-term, the practice ran colouring competitions to encourage children to attend.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. 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. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Effective staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us there were enough of them for the smooth running of the practice and for their work. They told us there was usually a spare nurse available each day for additional support.

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.

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.

Are services effective?

(for example, treatment is effective)

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff. Patients described staff as helpful and understanding of their needs. They reported that staff made them feel relaxed and calm for their treatment.

Staff gave us specific examples of where they had gone out their way to support patients, including pushing one patient's mobility scooter home for them, providing emergency dental care to a child very late at night and looking after an elderly patient after they fell outside the practice. The principal dentist told us of the additional measures staff put in place to help one patient with post-traumatic stress disorder attend their appointment.

Privacy and dignity

Staff were aware of the importance of patient privacy and confidentiality. Although the reception area was not particularly private, reception staff told us some of the practical ways they tried to maintain patient privacy. Reception computer screens were not visible to patients, and all dental care records were digitised. 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

Dental records we reviewed showed that treatment options had been discussed with patients. The dentists described to us the methods they used to help patients understand treatment options discussed. These included dental models, photographs and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a helpful website that provided information to patients about its services, different types of treatment on offer, its costs and the staff team. In addition to general dentistry, the practice also provided tooth whitening, dental implants, simple orthodontics and facial aesthetics to patients.

The waiting area provided good facilities for patients including magazines, a TV and a specific children's play area 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 ground floor treatment room. However, there was no accessible toilet, no portable induction loop to assist patients who wore hearing aids and no information in other formats or languages. Reception staff were not aware of translation services for patients who did not speak or understand English.

Timely access to services

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. Appointments could be made on-line, by telephone or in person and the practice operated a text appointment reminder service. Specific emergency slots were available for those experiencing pain, and the practice ran a cancellation list. At the time of our inspection the practice was accepting new NHS patients.

The practice offered extended opening hours on a Monday evening and on one Saturday a month to help meet the needs of patients.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information on how to raise concerns was available on the practice's website and in the waiting area, although we noted it was not very visible to patients.

Reception staff spoke knowledgeably about how they would deal with a patient who wanted to complain.

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 and was well supported by the practice manager. Staff spoke highly of both. One staff member told us the principal dentist had been very understanding and supportive of their personal home circumstances, allowing them flexibility in their working hours so they could continue to work.

We found the practice manager to be knowledgeable, experienced and clearly committed to providing a good service to both patients and staff. She was well prepared and organised for our inspection.

Processes were in place to develop staffs' capacity and skills for future leadership roles and staff were encouraged to undertake different roles and expand their knowledge. The opportunity to progress their careers was something staff told us they particularly valued.

Culture

The practice had a culture of high-quality sustainable care. Staff stated they felt respected, supported and valued and were clearly proud to work in the practice. The interaction we observed between them was friendly, co-operative and very supportive.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it. Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear and effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

Communication across the practice was structured around regular meetings, involving all staff. 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. Minutes we reviewed were comprehensive.

The practice was a member of the British Dental Association's good practice scheme and another national dental accreditation programme demonstrating its commitment to good governance. The practice had won several national and local awards in recognition of its work and patient care.

Staff told us the principal dentist often paid for team staff outings, social events and meals to promote team building within the practice.

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 used surveys to obtain patients' views about the service. We saw examples of suggestions from patients that staff had acted on such as fitting hand rails and extending its opening hours. As a result of one patient survey, the practice had instigated a chair time analyses audit to better monitor waiting times for patients.

Patients were also encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback. We noted recent results were on display in waiting area so patients could see what action the practice had taken in response to their suggestions. The practice also monitored Google reviews and we noted it had scored five stars out of five, based on 48 patient reviews.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, their suggestions for specific pieces of equipment and training courses had been agreed by the principal dentist.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. There was strong

Are services well-led?

culture of audit in the practice, with many being undertaken more frequently than recommended. It was clear they were used effectively to monitor performance and drive improvement.

The principal dentist showed a commitment to learning and supported staff to undertake a wide range of training. Many of the nurses had undertaken additional

qualifications in radiography, impression taking, implants and oral hygiene instruction. The nurses often accompanied the dentists on the training they undertook so that learning could be shared.

Nursing and reception staff received annual appraisals, which they told us they found useful. Appraisals for the dentists had fallen slightly behind, due to the imminent sale of the practice to another provider.