

Love Your Teeth Limited Dunedin Dental

Inspection Report

Dunedin Dental
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Overall summary

We carried out this announced inspection on 18 June 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

Dunedin Dental is a well-established practice based in Bradwell that offers private treatment to approximately 1300 patients. The practice has three dental surgeries, only two of which were operational at the time of our inspection.

The dental team includes three dentists and five dental nurses, one of whom works mostly on reception. There is level access for people who use wheelchairs and those with pushchairs. The practice does not have its own parking facilities, but there is on street parking nearby.

Summary of findings

The practice opens from 8 am to 4.30 pm Monday to Wednesdays, on Thursdays from 8 am to 8 pm and on Fridays from 8 am to 3 pm.

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 Dunedin Dental is one of the dentists.

On the day of inspection, we collected 18 CQC comment cards filled in by patients. We spoke with three dentists, two dental nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

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- Staff knew how to deal with emergencies and appropriate medicines and life-saving equipment were available.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice took patients' complaints seriously and responded to them appropriately to improve the quality of care.
- The practice had effective leadership and a culture of continuous audit and improvement.

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 good arrangements in place for essential areas such as clinical waste, the management of medical emergencies, assessing risk and dental radiography (X-rays).

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults.

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

There were sufficient numbers of suitably qualified staff working at the practice. Robust recruitment procedures were in place to ensure that only suitable staff would be employed.

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 dentists discussed treatment options 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.

No action



Are services caring?

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

Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received, and of the staff who delivered it. Patients told us that staff were caring and empathetic and took time to explain their treatment to them thoroughly.

Staff gave us specific examples of where they had gone out of their way to support patients.

Patients' medical information was managed in a way that protected their privacy and confidentiality.

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's appointment system was efficient and met patients' needs. The practice opened at 8 am five days a week, and until 8 p.m. one evening a week.

No action



Summary of findings

Staff considered patients' different needs and provided good facilities for patients with disabilities.

The practice took patients' views seriously and responded to concerns and complaints quickly.

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 valued.

The practice team kept complete patient dental care records which were clearly written 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. We found staff had an open approach to their work and shared a commitment to continually improving the service they provided.

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. We viewed contact information for protection agencies on the staff noticeboard, making it easily accessible. Information about local domestic violence services had been placed in the patients' toilet so that it could be accessed discreetly if needed.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults. The practice had a whistleblowing policy and staff felt confident they could raise concerns.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. There was a written policy for safety standards in relation to invasive procedures.

Although no new staff had been employed since the new owners had taken over a year ago, there was a comprehensive recruitment policy in place to ensure that only suitable people would be employed to work at the practice.

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 tested. Staff undertook regular timed fire evacuations and two had received specific fire marshal training. Following a recent fire risk assessment, the practice had purchased fire proof containers for flammable containers, improved fire safety signage and decluttered parts of the premises.

The practice had a business continuity plan describing how staff would deal with events that could disrupt its normal running. Emergency arrangements were in place with two other dental practices locally.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation

regulations and the practice had the required information in their radiation protection file. The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography regular audits following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography. X-ray units had rectangular collimation to reduce patient radiation exposure. There was appropriate radiation warning signage in place, although staff agreed to review its location.

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 risk assessments that covered a wide range of identified hazards and detailed the control measures that had been put in place to reduce the risks to patients and staff. Action was taken to address potential hazards and keep patients safe. For example, the entrance to the practice had been made safer by replacing a missing slab and making the step more visible.

The practice had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus.

A sharps risk assessment had been undertaken, and staff followed relevant safety laws when using needles and other sharp dental items. Amalgam was disposed of safely and staff were aware of changes in regulations in its use.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. In addition, all staff had received first aid training.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for all materials used within the practice. This had been fully reviewed recently by one of the dentists to ensure it accurately reflected all harmful products used within the practice.

We noted that all areas of the practice were visibly clean, including the waiting area, toilets and staff areas. The

Are services safe?

premises had been designed to keep clinical and patient areas completely separate, with a centralised decontamination area directly accessible from each treatment room.

We checked two treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. We noted one treatment room did not have its own hwash sink, but the dentist assured us they washed their hands in the decontamination area which adjoined the room. Cleaning equipment was colour coded and stored safely.

Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. A washing machine was available on site. We noted staff changed out of their uniforms at lunch and one dentist changed out their scrubs to be interviewed by us. Regular checks were undertaken to ensure staff washed their hands according to best practice guidelines.

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 regular infection prevention audits and latest one showed the practice was meeting the required standards. As a result of the latest audit, hand lotion was provided for staff and a staff hand washing competence check had been undertaken.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The assessment had just been completed prior to our inspection and its recommendations were in the process of being implemented. Records of water testing and dental unit water line management were in place and indicated staff were following best practice guidance.

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

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

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 complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines antimicrobial audits were undertaken to ensure dentists were prescribing according to national guidelines. One dentist had undertaken recent training in antimicrobial stewardship to help encourage evidence-based prescribing. Private prescriptions were issued to patients, but we noted that labels on dispensed medicines did not include information about the practice name and address. The dentist assured us this could be rectified easily.

Lessons learned and improvements

Although nothing untoward had occurred since the new owners had taken over, the practice had policies and procedures in place to report, investigate, respond and learn from accidents, incidents and significant events. Staff we spoke with understood national reporting systems.

A system was in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA).

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 17 comment cards that had been completed by patients prior to our inspection. All the comments received reflected patient satisfaction with the quality of their dental treatment and the staff who delivered it. One patient told us, 'I received expert and painless care', another said, 'All staff are excellent and have a great relationship with each other and patients alike'.

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken, and the advice given to them. Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. The practice had systems to keep dental practitioners up to date with current evidence-based practice.

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. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Free samples of toothpaste and interdental brushes were available for patients.

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. 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.

Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients.

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 might not be able to make informed decisions. Staff were aware of the need to consider this when treating young people under 16 years of age.

Effective staffing

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. Although all the dentists were relatively new, there was a well-established nursing team, many of whom had worked there a number of years. Staff told us there were enough of them for the smooth running of the practice and to cover their annual leave and sickness if needed.

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

Co-ordinating care and treatment

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

A log was held in each treatment room and regularly reviewed to ensure non-urgent referrals were managed in a timely way.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as caring and considerate. One patient commented, 'We both felt very welcome, and trust was built very quickly'.

Staff gave us examples of where they had assisted patients such as sitting with them to help them complete paperwork and sending condolence cards to bereaved patients.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it. The receptionist told us patients could request a private room if they wanted to discuss any personal issues.

Staff password protected patients' electronic care records and backed these up to secure storage. Patients' paper records were stored in lockable fire proof cabinets.

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. Blinds had been fitted on treatment room windows to prevent passers-by looking in.

Involving people 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. One patient stated, 'Fantastic experience, I was made to feel at ease and every detail was explained to me'. Another commented, 'Always given a good clear explanation and any questions answered'.

Dental records we reviewed showed that treatment options had been discussed with patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a website which gave patients information about the treatments available, the staff and fees. A payment plan was available to help patients spread the cost of their dental care.

The waiting area offered good facilities for patients including a TV screen, a water fountain, a children's play area, air conditioning and magazines.

The practice had made good adjustments for patients with disabilities. These included level access entry, downstairs treatment rooms, a fully accessible toilet, a lowered reception desk for wheelchair users and a portable induction loop to assist those who wore hearing aids. One patient told us, 'I am a wheelchair user and staff are always ready to help me in and out of surgery. I am never made to feel a nuisance'. In response to patient feedback the practice had purchased a raised chair with arms for the waiting room to assist those with limited mobility. One treatment room had a specialist dental chair that could be adjusted for people with disabilities.

Timely access to services

At the time of our inspection, the practice was able to register new patients.

The practice offered early morning appointments five days a week, and evening appointments till 8pm. on a Thursday. Although no emergency slots were held, staff assured us that any patient in dental pain would be seen the same day, either at lunch time or at the end of the day. The dentists worked on a rota system to provide emergency cover at week-ends and bank holidays

Appointments could be made by telephone or in person and the practice operated a text and email appointment reminder service.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in the patient waiting area and reception staff spoke knowledgeably about how to manage patients' complaints. The receptionist told us about the great importance of listening to patients carefully to fully understand their concerns. All staff received yearly complaints' training to keep their knowledge up to date. Patients were also asked about their understanding of the complaints' procedure as part of the practice's patient survey.

The practice had received one minor complaint since the new owners had taken over. Records showed this had been managed in a timely and professional way.

Are services well-led?

Our findings

Leadership capacity and capability

We found the directors had the capacity, knowledge and skills to deliver high-quality, sustainable care. They had prepared well for our visit and their commitment and passion to provide a quality service was evident throughout our inspection. Although the directors were new to the management of a dental practice, they had worked hard to implement effective governance and leadership. Staff told us they had initially had concerns about the takeover of the practice but described the transition as 'seamless', and stated they had built strong, supportive and respectful relations with the new owners. One staff member commented, 'they're all approachable and very up on all the latest things'.

Each director had responsibility for a specific management area, and there were staff leads for health and safety, safeguarding and infection control.

Culture

The dentists described to us an open and supportive culture in which they felt able to challenge each other constructively. Staff said they felt respected and valued and were clearly proud to work in the practice.

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

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.

The practice had purchased a dental compliance management tool to assist in the running of the service.

Communication across the practice was structured around a regular meeting, attended by all staff. There were additional directors' meetings to discuss any financial and business matters. Staff also communicated via a 'What's App' group so that key messages could be disseminated quickly if needed.

Appropriate and accurate 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. Staff received training on information governance, and one of the dentists was the appointed lead for this.

Engagement with patients, the public, staff and external partners

The practice used surveys, a suggestion box and verbal comments to obtain patients' views about the service. We viewed the results from seven recently completed patient surveys and noted high satisfaction expressed with the ease of booking appointments, cleanliness and waiting times. We saw examples of suggestions from patients the practice had acted on such installing better lighting and implementing easy to read forms to complete.

The practice gathered feedback from staff through meetings, appraisals, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and their ideas to install a designated board for stock ordering and to provide clothes pegs 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, antibiotic prescribing, and infection prevention and control. These audits had been effective in driving improvement. As a result of the antibiotic audit, the practice had purchased a thermometer to take patients' temperatures. Hand lotion had been purchased in response to the infection control audit.

One dentist attended a local dental study group and shared any knowledge obtained there with his colleagues. The practice paid for staff's membership of an on-line CPD training provider.

All staff had received an appraisal of their performance and the dentists appraised each other. We saw evidence of completed appraisals.