

Cygnnet House Dental Studio Limited

Cygnnet House Dental Studio Limited

Inspection Report

Grace Swan Close
Hundleby
Spilsby
PE23 5LT

Tel: 01790 755312

Website: www.cygnnethousedentalstudio.com

Date of inspection visit: 5 November 2019

Date of publication: 29/11/2019

Overall summary

We carried out this announced inspection on 5 November 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

Cygnnet House Dental Studio is in Spilsby, a market town in the East Lindsey district of Lincolnshire. It provides private dental treatment only to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Ample car parking spaces are available directly outside the practice in a free car park.

Summary of findings

The dental team includes one dentist, two dental nurses (including one who works as the practice manager), one dental hygienist and one receptionist. The practice has two treatment rooms in use on the ground floor. There is a treatment room on the first floor that is not currently in use, but the provider is planning for it to be used for dental implants.

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 Cygnet House Dental Studio Ltd is the principal dentist.

We sent 50 comment cards in advance of our visit to the practice for patients to complete. On the day of inspection, we collected 21 CQC comment cards that had been filled in by patients. This represented a 42% response rate.

During the inspection we spoke with the principal dentist, the hygienist, two dental nurses (including the practice manager) and the receptionist. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday, Tuesday from 9am to 5pm, Wednesday from 9am to 5.30pm and Thursday from 9am to 4.30pm. It is closed on Fridays.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff were committed in their roles and took pride in their work. They felt involved and supported and worked well as a team.
- 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.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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 ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

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 lead for safeguarding was the principal dentist.

The provider 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 annually in-house and formally within every three years. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records. A pop-up note could be created to inform staff of patients of concern.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination. The policy included internal and external contact details for reporting concerns.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. The plan included the details of another practice that patients could be referred to in the event of the premises becoming unusable.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the provider followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. We saw records dated within the previous 12 months.

Records showed that fire detection and firefighting equipment were regularly tested and serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

The practice had a cone beam computed tomography (CBCT) machine. Staff had received training and appropriate safeguards were in place for patients and staff.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Training was last completed in July 2019.

Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentist and the dental hygienist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The provider 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 (HTM 01-05) published by the Department of Health and Social Care. We noted that there were some soft furnishings in the surgery and blinds that might present an issue with ensuring effective cleaning of the items. The practice manager told us they would replace these on refurbishment in due course.

Staff completed infection prevention and control training and received updates as required. The nominated lead for infection and prevention control had completed additional training in this area.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment dated September 2019. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

A self-employed cleaner attended the premises daily to maintain the general areas of the practice. We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

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.

There was a written protocol in place to prevent a wrong tooth extraction.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Guidance regarding sepsis had been discussed amongst staff in a practice meeting and there was a flowchart in the patient waiting area to raise awareness.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We noted that the dentist was in the process of updating their knowledge regarding current guidance for prescribing medicines. Antimicrobial prescribing audits were carried out annually.

Are services safe?

Track record on safety, and lessons learned and improvements

The practice had a positive safety record.

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

There were adequate systems for reviewing and investigating when things went wrong. The practice

learned, shared lessons and acted to improve processes within the practice. For example, because of a staff error regarding the ordering of an item not required, a checklist was implemented to ensure that the error was not repeated.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

We received very positive comments from 21 patients about treatment received. Patients described the treatment they received as 'excellent', 'second to none' and 'delivered with 'total professionalism at all times'.

The practice had systems to keep the dental practitioner up to date with current evidence-based practice. 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.

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

Staff had access to technology and equipment available in the practice to enhance the delivery of patient care. For example, a CBCT machine, an intra-oral scanner which had just been purchased and digital imaging for instant radiography.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. They were also a member of a 'good practice' certification scheme.

Helping patients to live healthier lives

The practice was providing preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. We were told that tailored prevention was in place for each patient.

The dentist prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The 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.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The clinicians described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff 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 and we saw this documented in patient records.

Patients confirmed their dentist listened to them and gave them clear information about their treatment. Patients' comments included 'the dentist tells me what is happening at every appointment' and 'the dentist always takes the time and trouble to explain treatment options and procedures'.

The practice had undertaken a patient survey in June 2019; 12 patients had responded. All the patients agreed that the dentist took time to explain things and advice was always given.

The practice's safeguarding policy included information about the Mental Capacity Act 2005. The team fully understood their responsibilities under the Act when treating adults who might not be able to make informed decisions.

The consent policy referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services effective?

(for example, treatment is effective)

Monitoring care and treatment

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

We saw the practice audited patients' dental care records to check that the dentist recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the dentist was also a qualified dental technician and was able to place dental implants. Patients had access to the hygienist when required.

The practice manager had a certificate in dental radiography and had undertaken leadership training. We noted a variety of staff CPD completed. Staff were all suitably trained to use specialist equipment held.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff 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

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems 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.

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were 'joyful', 'ready to listen' and 'exceptional'.

One patient told us they 'travelled 60 miles to attend the practice and would not go anywhere else.'

We saw that staff treated patients respectfully and appropriately and were friendly and chatty towards patients at the reception desk.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. For example, one patient described how staff gave up their lunch hour to undertake some treatment required.

There was a water machine, magazines, children's toys and samples of free toothpaste available in the waiting area. Thank you cards from patients were also displayed.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the separate waiting area provided some privacy when reception staff were dealing with patients.

If a patient asked for more privacy, the receptionist told us they could take them into another room. The reception computer screens were 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. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act. We saw:

- Interpreter services were available for patients who did not speak or understand English.
- Staff told us they communicated with patients in a way that they could understand, and communication aids and easy read materials were available, if requested.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care. We saw how the needs of more vulnerable members of society were met. For example, the dentist had helped a carer of a patient obtain some respite care. Longer appointments were made available for those who would benefit, such as those who were anxious about visiting the dentist. One patient told us that their phobia of receiving dental treatment had improved greatly since attending the practice and another said that 'it was now a pleasure to attend'.

We noted that dental nurses had completed CPD which included topics such as 'Dental implications of the ADHD (Attention deficit hyperactivity disorder) patient'.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a low reception desk, a hearing loop, reading glasses, magnifying glass and accessible toilet with hand rails and a call bell. A patient who used a wheelchair told us that accessibility was very good within the premises.

A disability access audit had been completed.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. Appointments were arranged for them at the end of the day when the practice was quiet.

Staff contacted patients prior to their appointment, based on their preference of communication, to remind them to attend.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. We noted that routine appointments were available within the following week.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with some other local practices.

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 closed. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet and information posted on a wall in the reception area explained how to make a complaint.

The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and told us they would invite patients to speak with them in person to discuss these, if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the previous 12 months.

Are services responsive to people's needs?

(for example, to feedback?)

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found leaders had the capacity and skills to deliver high-quality, sustainable care. The principal dentist demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

Leaders were knowledgeable about issues and priorities relating to the quality and future of services.

Leaders were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership. Staff told us how they had attended a learning event as a team, the week prior to our visit.

We saw the provider had effective processes to develop leadership capacity and skills.

Vision and strategy

There was a clear vision and set of values. The practice's statement of purpose included the aim to provide dental care and treatment of consistently high quality for all patients and only to provide services that met patients' needs and wishes.

Staff planned the services to meet the needs of the practice population. There was a holistic approach to care for their patients' individual dental care needs.

Culture

The practice had a culture of high-quality sustainable care.

The importance of staff wellbeing and mutual respect shown toward each staff member was at the forefront in this practice.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The staff focused on the needs of patients. Staff knew their patients well and offered a range of services to meet their individual needs.

Staff knew that openness, honesty and transparency were necessary when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist was the registered manager 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. Staff knew the management arrangements and their roles and responsibilities. Staff had lead areas of responsibility, and they were suitably trained, for example in infection control.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were robust, clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

Staff involved patients and staff to support high-quality sustainable services.

The provider used patient surveys and verbal comments to obtain staff and patients' views about the service.

Are services well-led?

We looked at the results from a recent survey undertaken at the practice. All patients who responded rated the practice highly. Of the 12 who had submitted a response, all of them agreed there was ease in them being seen quickly and all rated the standards of cleanliness highly.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The provider 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.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.