

## Shams Moopen Dental Practice

# Panshanger Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 14 September 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.

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**

Panshanger Dental Practice is in Welwyn Garden City and provides NHS and private treatment to patients of all ages.

The practice is undergoing major reconstruction. During this time the practice has redirected its patients with disabilities to another local practice where they have a reciprocal arrangement. Patients were consulted prior to the developments starting. There is level access for people who use wheelchairs and pushchairs. On street car parking spaces are available outside the practice;

# Summary of findings

there is also a car park opposite the practice. The practice has developed the area outside the practice for staff car parking and a bicycle park, once complete this will include parking for patients with disabled badges.

The dental team includes three dentists, three dental nurses, two receptionists and the practice manager. During the reconstruction the practice has two functioning treatment rooms on the first floor; once the redevelopment is complete there will be five treatment rooms, three on the ground floor and two on the first floor.

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 Panshanger Dental Practice is the principal dentist.

On the day of inspection we collected 21 CQC comment cards filled in by patients and spoke with one other patient. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 8.45am to 5.30pm and alternate Saturdays from 9am to 1pm by appointment. The practice is closed between 1.30pm and 2.30pm daily.

## Our key findings were:

- A strong and effective leadership was provided by the principal dentist and an empowered practice manager who had a clinical dentist background.
- The practice was clean and well maintained. At the time of the inspection the practice was undergoing major building redevelopment; however there were effective systems in place to ensure patients and staff were safe and there was minimum disruption to services.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of in date oxygen and a misplaced portable suction unit these were ordered promptly.
- 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 practice 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.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided. Comments received from patients were wholly positive and where feedback had been given the practice had taken action.
- The practice dealt with complaints and compliments positively and efficiently.

# 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. 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 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. One item of equipment was out of date and one item had been misplaced in the renovation, these were promptly ordered.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as courteous and professional. The dentists 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 practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

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 22 people. Patients were positive about all aspects of the service the practice provided. They told us staff were courteous, polite and knowledgeable. They said that they were given excellent advice about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious and nervous about visiting the dentist.

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

No action



# Summary of findings

## 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. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## 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 the practice team 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.

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. Comments from patients were wholly positive and where feedback had been given the practice had taken action.

No action



# 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.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice manager understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and these were displayed in the practice reception area.

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. There was good information around the practice about reporting procedures and staff had received relevant training for their role. All staff had DBS checks in place to ensure they were suitable to work with vulnerable adults and children. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

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 dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment and risk assessments were in place for the use of sharps.

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

reciprocal arrangement with a local surgery for the disruption of service and had put this in place to ensure their disabled patients could receive continuity of care during the building renovations.

### Medical emergencies

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

Emergency equipment and medicines were available as described in recognised guidance with the exception of in-date oxygen and a portable suction unit. Within one hour, the provider provided us with invoices which showed that both had been promptly ordered.

Equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, and included an automated external defibrillator (AED).

The AED was checked by staff daily, other equipment and medicines for use in an emergency were also checked daily and weekly. This ensured that they would be available, in date, and in good working order should they be required. Staff we spoke with were able to describe where the emergency equipment was kept, and which medicines would be required in specific emergencies.

Bodily fluid spillage, eyewash and mercury spillage kits were available to deal with any incidents.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at four staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and 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.

# Are services safe?

A dental nurse worked with the dentists when they treated patients.

## **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 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.

The practice carried out infection prevention and control audits every three months, the latest audit undertaken was completed in August 2017. Staff told us during the on-going building work in the practice, three monthly audits would be maintained to ensure infection control standards were maintained. The latest audit showed the practice was meeting the required standards.

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. Areas where building work was in progress were separated from the main building to reduce dust and disruption.

## **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 and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

## **Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation. Clinical staff completed continuous professional development in respect of dental radiography.

# 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 dentists assessed patients' treatment needs in line with recognised guidance.

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

The practice did not provide sedation services; patients who required sedation were referred elsewhere, which gave them a choice with regard to where they received their treatment. Referrals for NHS orthodontic treatment were made to local orthodontic practices.

### 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 dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. We were told patients could also purchase this from the practice. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists 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

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

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and personal development plans for both dentists and staff.

### Working with other services

Dentists confirmed 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 for sedation services and 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.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they 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.

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 dentists and dental nurses were aware of the need to consider this when treating young people under 16. 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 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 professional and caring and an excellent service. We saw that staff treated patients with courtesy and kindness and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist. Staff described examples of how the dentist had ensured those patients with a disability who only wanted to be seen at the practice by their dentist during the renovations, were accommodated in a private downstairs area to ensure their treatment was reviewed and maintained.

Staff were aware of the importance of privacy and confidentiality. We found the layout of reception and the combined waiting area meant that privacy was challenging to maintain when reception staff were dealing with patients both face to face and on the telephone. We saw that staff took great care not to breach patients' confidentiality. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it. Staff told us that if a patient asked for more privacy they would take them into another room.

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

Music was played and there were magazines in the waiting room. A television had been purchased and we were told would be fitted once renovations were completed. Information folders and a comments book were available for patients to read.

### **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. We saw examples in patients' dental care records that demonstrated patients had been involved in discussions about their dental care. Dentists had recorded the treatment options and noted that these had been discussed with patients.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as periodontal, restorative and cosmetic dentistry

The practice leaflet and NHS Choices page provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as root canal treatment. We were told the practice had plans to extend its range of treatment options once the redevelopment of the building was complete.



# 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 patients who requested an urgent appointment were seen the same day. Patients told us they 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.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment. However they described examples of patients who preferred to be seen at the beginning of surgery. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff told us that they sent text messages before their appointment to make sure patients' could get to the practice.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and a recently purchased hearing loop which was awaiting installation. We saw the building plans which proposed an accessible toilet with hand rails and a call bell would be installed on the ground floor.

The practice manager told us they could provide information in different formats and languages to meet individual patients' needs and staff had access to interpreter/translation services. Not all the staff we spoke with were aware of this service.

### Access to the service

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

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

The practice was committed to seeing patients experiencing pain on the same day and kept one appointment per dentist free for same day appointments. The 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.

### 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 practice manager was responsible for dealing with these. 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 told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. There was a comments book in the reception area, the practice manager and the reception team monitored this and discussed any learning outcomes at staff meetings. The practice manager also monitored patients' text messages, the NHS website the practice suggestion box to identify any trends in concerns or complaints.

We noted that information was not available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. We discussed this with the practice manager and following our inspection saw that this had been put in place both in the practice and in the practice leaflet before the end of the day.

We looked at comments, compliments and complaints the practice received since 2013. 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

### Governance arrangements

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.

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 staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and apologetic to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager and dentists were approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings monthly where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The registered manager and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team including dentists and dental nurses had personal development plans in place and 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 told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys, the practice comments book, staff appraisals, team meetings, verbal comments and patient text responses to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on. For example, following the relocation of the front entrance at the practice, suggestions from patients for a handrail beside two steps leading down from the main street to the front path had been put in place.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. There were comment cards and a response box in the waiting room to allow them to do this. The practice's results for June, July and August 2017 showed that 100% of patients who responded were extremely likely to recommend the practice to friends or family. Responses from the practice patient survey were also positive. We saw that from August 2015 to March 2017 the practice had audited patient feedback on its text connection site. We saw that 1,466 comments had been received by the practice, these were wholly positive and where feedback had been given the practice had taken action, as with the exterior handrail.