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Cygnnet Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 1 November 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

Cygnnet Dental Practice is in Wickford and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available at the rear of the practice.

The dental team includes six dentists, six dental nurses including the practice manager, two dental nurse trainees, two dental hygienists and two receptionists. The practice has four treatment rooms.

The practice is owned by a partnership 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Cygnet Dental Practice was the principal dentist.

On the day of inspection we collected 50 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

During the inspection we spoke with four 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 from 8.30am to 5.30pm. The practice is closed between 1pm to 2pm Monday to Friday.

Our key findings were:

- Strong and effective leadership was provided by the principal dentist and an empowered practice manager. Staff felt involved and supported and worked well as a team.
- The practice was visibly clean and well maintained.
- The practice had systems to assess and manage infection prevention and control which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of some items that had passed their expiry date or were missing at the time of the inspection.
- The practice had systems to help them manage risk. The practice had an established process for reporting and recording significant events and accidents to ensure they investigated these and took remedial action.

- 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 practice asked staff and patients for feedback about the services they provided. Information we obtained from all the 50 Care Quality Commission cards provided positive feedback.
- The practice dealt with complaints positively and efficiently. This included a review of all verbal complaints and comments.
- The appointment system met patients' needs. Patients could access treatment and urgent care when required.
- Staff had received training appropriate to their roles and were supported in their continued professional development by the principal dentist and practice manager.
- Through the training and educational programmes provided for staff and patients, the practice were providing a proactive educational environment.

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

- Review the practice's protocols for domiciliary visits taking into account the 2009 guidelines published by British Society for Disability and Oral Health in the document "Guidelines for the Delivery of a Domiciliary Oral Healthcare Service".
- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties 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. 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. Some items of equipment were out of date, some items were missing and one drug was stored inappropriately. We discussed this with the management team and were assured this would be corrected immediately.

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 caring, efficient and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had a population approach to oral health promotion and preventative care for people in the community. This ranged from children's club and school visits and oral hygiene demonstrations giving the latest health information and guidance for young people. The practice website provided a range of oral health care information including a practice blog which was updated and added to frequently.

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 52 people. Patients were positive about all aspects of the service the practice provided. They told us staff were respectful and explained

No action



Summary of findings

their treatment to them. They said that staff listened to their concerns and questions and then addressed them. They said they were given helpful, honest explanations about dental treatment. Patients commented that they made them feel at ease, especially when they were anxious 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.

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 interpreter services.

The practice provided a private occasional emergency domiciliary service which included provision of treatment for some patients in their own homes. One dentist and a dental nurse provided assessment and emergency treatment where required, through referral for patients who were unable to attend the practice.

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.

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. For example, the practice had undergone a review of its systems and the actions taken following a recent flood and loss of electricity at the practice. There was scope to expand the items reviewed as incidents to ensure a wider variety of learning needs were identified and reviewed.

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

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

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and described how they would report concerns. 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 dam in line with guidance from the British Endodontic Society when providing root canal treatment.

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

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. Some items were missing including a paediatric ventilator and some airways. We also found some butterfly needles were out of date. We discussed this with the management team and were assured these would be replaced immediately.

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 five 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.

A dental nurse worked with the dentists when they treated patients. The practice had undertaken risk assessments for hygienists working without chair side support in each of the four treatment rooms.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

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

Are services safe?

line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit undertaken in June 2017 and the previous audit in December 2016 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 undertaken in January 2017.

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

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. We found some loose items in treatment room drawers including a burr stand and local anaesthetics and other items that were not stored correctly in line with accepted guidelines. The practice took immediate action to remove these items during the inspection.

The practice had suitable systems for prescribing medicines. The practice were not recording fridge temperatures and could not confirm if medicines stored in the fridge were stored at the correct temperatures. The practice took immediate action to ensure there were suitable systems in place for storing and monitoring the temperature of 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 twice a year, the latest audit completed in October 2017, 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.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The hygienist provided practical support and advice around good oral hygiene to patients.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The practice had a population approach to oral health promotion and preventative care to all people in the community. This ranged from children's club and school visits and oral hygiene demonstrations giving the latest health information and guidance for young people. In particular we heard from people of how this learning had impacted on young patients and led to improvements in their knowledge, understanding and confidence when attending the dental surgery. The practice website provided a practice blog with a range of oral health care information which was updated and added to frequently.

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, such as mouth cancer awareness information from Mouth Cancer Action. Free samples of oral health products, promotional information and dental related seasonal toys for children were available to help them 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.

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 patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

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 practice told us where required and prior to a domiciliary visit a mental capacity assessment would be undertaken, written consent was obtained prior to any treatment for a patient within their own home. The policy also referred to Gillick competence and the dentists, dental nurses and reception staff 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 helpful, warm and caring. We saw that staff treated patients with respect, were sympathetic to patient needs 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 were aware of the importance of privacy and confidentiality. However 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 were careful not to mention patients' names or discuss patient information in this area. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

There were magazines and a television in the waiting room. The practice provided drinking water if requested.

Information folders 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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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 dental implants.

Each treatment room had facilities so the dentists could show patients photographs and X-ray images when they discussed treatment options.

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. Dentists arranged longer appointments for patients who were anxious about dental treatment. 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. Text or email reminders were sent to patients to remind them of their appointment.

The practice provided an ad hoc domiciliary service which included provision of treatment for some patients in their own homes. One dentist and a dental nurse provided assessment and treatment where required through referral for patients who were unable to attend the practice.

There were protocols and processes in place for the provision of this service. Signed consent was obtained prior to any treatment. There were no risk assessments in place to mitigate the risk for provision of this service. For example; the premises and vehicles used, the availability of emergency equipment on site, the transport of emergency equipment and storage of portable oxygen and the transportation of clinical waste and used instruments. We discussed this with the practice management team and were assured the entire process would be reviewed and risk assessed.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and an accessible toilet with hand rails and a call bell. The practice did not have a hearing loop.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to translation services when required.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their 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 two fifteen minute appointments free for same day appointments. When these appointments were full patients in dental pain would be asked to attend the practice and sit and wait to see the dentist. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service for advice on obtaining emergency dental treatment. There was also information in the waiting room for patients about this

service. The website 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. Verbal complaints were recorded and discussed to identify any trends or leaning needs.

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

We looked at comments, compliments and complaints the practice received in the last 12 months. 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 principal dentist 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.

The principal dentist and practice manager were forward thinking and were in the process of redeveloping the structure and lay out of the practice. This included the improvements to the decontamination room, simplifying and redeveloping the layout of the practice and improved mobility access.

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 was approachable, would listen to their concerns and act appropriately. Staff described how they could add topics to the practice meeting board and the principal dentist and practice manager discussed these and other concerns at staff meetings. It was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings 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 principal dentist and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses and reception team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. One member of staff described how the practice were supporting them through a dental nurse training programme. We saw evidence of these discussions and other training support discussed in completed appraisals in the staff folders. The practice manager commented that the feedback from the apprentice dental nurses provided valuable learning for the practice.

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 comments and verbal feedback to obtain staff and patients' views about the service. The practice had invited a number of patients to attend the next staff meeting in November 2017 to join with staff and discuss their views about the practice.

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. The results from the June, July, August, September and October Friends and Family Test showed that 100% of patients were likely or extremely likely to recommend the practice to friends and family.