

Clacton Dental Care Ltd

Together Dental Watton

Inspection report

78 High street
Watton
IP25 6AW
Tel:

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Overall summary

We carried out this announced inspection on 17 August 2021 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we asked the following three questions:

- Is it safe?
- Is it effective?
- 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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services well-led?

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

Summary of findings

Background

Together Dental Watton is based in Watton town centre and provides mostly NHS treatment for adults and children. In addition to general dentistry the practice offers dental implants and sedation services provided by visiting specialists. The dental team includes five dentists, eleven dental nurses, one dental hygienist, two practice managers and reception staff. The practice has eight treatment rooms.

There is ramp access to the premises for wheelchair users, and an accessible toilet.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 Together Dental Watton/ Clarence House Dental Surgery is the practice manager.

The practice is open on Mondays to Fridays from 8.30am to 5 pm

During the inspection we spoke with both practice managers, two dentists, two dental nurses, one of the provider's compliance managers manager and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The provider had infection control procedures which reflected published guidance.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- The provider dealt with complaints positively and efficiently.
- The provider had staff recruitment procedures which reflected current legislation.
- Staff felt involved and supported and worked as a team.
- The provider had effective leadership and a culture of continuous improvement.

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

- Provide appraisal and performance review for all staff, including the practice managers
- Take action to ensure that all required information is obtained about visiting specialists to the practice including evidence of their qualifications, professional registration, training and indemnity.
- Implement patient group directions to allow the hygienist to administer local anaesthetics to patients.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

We found 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 knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. 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 had received safeguarding training and there were appointed leads for safeguarding in the practice. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Information about protection agencies was on display around the practice, including the patient's toilet, ensuring it was easily accessible.

The practice managers told us of recent concerns in relation to a child, that had been referred appropriately to the local multi agency safeguarding hub. Staff were working with social workers to ensure the child concerned received dental care and treatment. We noted this safeguarding incident had been discussed at a recent meeting to ensure all staff were aware and learning could be shared.

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.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults.

The practice had a whistleblowing policy and staff told us they felt able and confident that they could raise concerns about colleagues if needed.

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. Staff completed infection prevention and control training and received updates as required. Additional measures had been implemented to the patient journey to reduce the spread of Covid 19 and the provider had purchased air filtration units for each treatment room.

The provider had 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. However, the practice did not use a washer disinfectant as recommended in national guidance. At the time of our inspection staff were manually cleaning dirty instruments. We advised the provider that manual cleaning was the least effective recognised cleaning method as it was the hardest to validate and carried an increased risk of injury from a sharp instrument.

The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

Infection prevention and control audits were completed every six months and the latest showed the practice was meeting the required standards.

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. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

Are services safe?

We saw effective cleaning schedules to ensure the practice was kept clean. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. We noted a build-up of limescale on some taps in treatment rooms, but staff assured us these would be descaled immediately.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately. External clinical waste bins were stored securely and attached to a fixed point on the ground.

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

Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover. The provider had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. We reviewed recruitment records for three staff which showed the provider followed their recruitment procedure and undertook appropriate pre-employment checks. All new dental nursing staff underwent two interviews and were invited to spend a couple of hours in the practice as part of their recruitment process so they could experience what it would be like to work there. All staff received an induction to their role and were given a comprehensive staff manual with details of the practice's key policies and procedures.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances and fixed wiring. Staff reported that they had enough equipment for their job and repairs were undertaken quickly.

Records showed that fire detection and firefighting equipment was regularly tested. All staff had undertaken fire training and completed regular fire evacuation drills from the practice. Two staff had received specific fire marshal training. The practice's fire risk assessment's recommendation to improve fire signage and put a fire blanket in the staff kitchen area had been implemented. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. We saw evidence the dentists justified, graded and reported on the radiographs they took. Radiography audits were completed following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography. Rectangular collimation was used on X-ray units to reduce patient exposure.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff. Additional assessments had been completed for risks associated with the Covid-19 pandemic.

Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. Staff followed the relevant safety regulation when using needles and other sharp dental items. Sharps bins were sited safely and labelled correctly.

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

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

Closed-circuit television had been installed in communal areas to improve security for patients and staff. We noted that appropriate signage was in place, warning patients of its use.

Are services safe?

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 dentists how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were managed in a way that kept patients safe. Dental care records we saw were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines and regular audits were carried out to monitor that the dentists were prescribing antibiotics in line with it. NHS prescription pads were held securely, and a tracking system was in place to ensure that any lost or missing scripts could be identified easily.

We noted that there were no patient groups directions in place for the hygienist who administered local anaesthetics. Glucagon was kept in the fridge, and the fridge's temperature was checked to ensure it operated effectively. However, this was only done weekly and not every day as recommended in national guidance. The practice manager assured us this would be addressed immediately.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues and staff monitored and reviewed incidents and accidents that occurred in the practice. Accidents and near misses were a standing agenda item at staff meetings, evidence of which we viewed in the minutes we reviewed.

We also viewed detailed records of events and unusual incidents that had occurred. All incidents were logged centrally and monitored by the provider's senior managers

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were received by the practice and triaged by the practice managers who downloaded them and disseminated the information if needed.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Patients' dental care records were audited regularly to check that the dentists recorded the necessary information.

The practice offered dental implants which were placed by a visiting clinician who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance, although the specialist did not undertake an audit of any failed implants to ensure reflection and learning.

A consultant anaesthetist visited the practice to sedate patients. However, the practice had not requested information about their training, qualifications, indemnity and immunisation status from the sedation company that supplied them, to assure themselves that the person was fit for their role.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The dentists, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. Dental care records we reviewed demonstrated dentists had given oral health advice to patients.

The practice took part in national oral health campaigns and displayed information in the waiting area. Dental products such as interdental brushes, floss, and mouthwash were available for patients to purchase. The practice managers told us that some staff had visited local schools to deliver oral health sessions to pupils there. The practice held specific mornings to prioritise children's appointments and gave out balloons and dental 'goody bags' to those attending.

A hygienist worked at the practice to give patients advice and gum disease and oral health management.

The practice also provided a range of leaflets to patients from the British Dental Health Foundation, but these had been temporarily removed due to Covid-19 restrictions.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who were looked after.

The practice's consent policy included information about the Mental Capacity Act 2005 and Gillick guidelines. Staff understood their responsibilities under the act when treating adults who might not be able to make informed decisions.

Effective staffing

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. We advised the provider that staff with additional lead roles in areas such as infection control and radiology should undertake a more in-depth level of training for this role.

Are services effective?

(for example, treatment is effective)

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team. Staffing levels had not been unduly affected by the Covid pandemic and staff told us they had enough time to do their job and did not feel rushed.

Co-ordinating care and treatment

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

Staff confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice was part of a corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered advice and updates to the practice when required.

We found staff had the capacity, values and skills to deliver high-quality, sustainable care. The practice managers were responsible for the day to day running of the service and were supported by a senior nurse and senior receptionist. The practice managers were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them, and plans were in place to recruit additional dentists to better meet patients' needs.

We received many positive comments about the practice managers and their effectiveness as leaders. Staff reported the managers were understanding and supportive of their family commitments and childcare requirements.

Culture

Staff told us they felt respected and valued citing good teamwork, effective management and support for training as the main reasons.

The practice had a duty of candour policy in place, and staff were aware of its requirements. Openness, honesty and transparency were demonstrated when responding to incidents and complaints we reviewed.

Governance and management

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

Communication systems in the practice were good, with regular practice meetings involving all staff. Minutes of meetings we reviewed showed that staff were kept up to date with latest guidance and issues concerning the practice.

The practice had a policy which detailed its complaints' procedure, and details of how to complain were available in the waiting area. Reception staff spoke knowledgeably about how they would manage a patient who wanted to raise concerns. All complaints were recorded as events, and records we viewed demonstrated patients' concerns had been investigated and responded to in a timely and professional way.

Engagement with patients, the public, staff and external partners

The practice had its own survey to gather feedback from patients in relation to the quality of their treatment, and experience at the practice. There was a suggestion box on reception and after every appointment patients were sent an email requesting feedback about the service they had received. This feedback was monitored at the provider's head office and shared with the practice manager. As a result of feedback, a whiteboard had been placed in the waiting room, where details of any dentist running late were displayed so that patients were kept informed of the delay.

The provider gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. One staff member told us that their suggestion to use plastic storage boxes for patients to put their coats in had been implemented.

Continuous improvement and innovation

Are services well-led?

The provider had quality assurance processes to encourage continuous improvement. These included audits of dental care records, radiographs, infection prevention, hand hygiene and anti-microbial prescribing. Staff kept records of the results of these audits and the resulting action plans and improvements. In addition to this, the provider employed specific compliance staff who visited each practice to undertake their own audit every six months or so.

Staff completed 'highly recommended' training as per General Dental Council professional standards and had personal development plans in place. Staff discussed their training needs, general well-being and aims for the future at an annual appraisal, evidence of which we viewed. However, we noted that neither of the practice managers had received an appraisal of their performance.