

Abela and Chotai

Ely Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 5 February 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 not providing well-led care in accordance with the relevant regulations.

Background

Newnham Dental Practice is a well-established practice based in Ely that provides private treatment to about 1,000 patients. It has two treatment rooms. The dental team includes one dentist, three hygienists and three dental nurses. An orthodontic and endodontic specialist visit regularly to provide additional treatment to patients.

There is ramp access for people who use wheelchairs and those with pushchairs. There is no on-site parking but car parking spaces, including some for blue badge holders, are available near the practice.

The practice opens on Mondays, Wednesdays and Fridays from 9 am to 5 pm; and Tuesdays and Thursdays from 8 am to 6 pm.

The practice is owned by a partnership and as a condition of registration must have a person registered with the

Summary of findings

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 the practice is the principal dentist.

On the day of inspection, we collected 38 CQC comment cards completed by patients, and spoke with another one. We spoke with both partners, a hygienist and a dental nurse.

We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Information from completed Care Quality Commission comment cards gave us a positive picture of a caring and professional service.
- The practice appeared clean and well maintained.
- The provider had thorough staff recruitment procedures.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- Patients received their care and treatment from well supported staff, who enjoyed their work.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.

- Members of the dental team were up-to-date with their continuing professional development and were supported to meet the requirements of their professional registration.
- The practice could not assure itself that the sedation of patients was undertaken according to 'Standards for Conscious Sedation in the Provision of Dental Care 2015 guidelines.
- The justification for taking X-rays was not always recorded on patients notes and the practice had failed to notify the Health and Safety Executive in the change of ownership of the X-ray units. Rectangular collimation was not used to reduce patient radiation dosage.
- Antibiotics were not always dispensed in the original manufacturer's packaging and information leaflets about the medication were not always given to patients.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

There were areas where the provider could make improvements and should:

- Review the practice's responsibilities to meet 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.

Staff received training in safeguarding patients 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 mostly followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies although some medical emergency equipment was missing.

The justification, grading and auditing of the quality of X-rays was not always completed.

No action



Are services effective?

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

Patients told us they were very happy with the quality of their treatment. Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to inform their practice. The staff received professional training and development appropriate to their roles and learning needs.

The placing of implants was conducted according to national guidance but the practice could not assure itself that sedation procedures followed best practice guidelines.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals, and referrals were actively monitored by reception staff to ensure they had been received.

No action



Are services caring?

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

We received feedback about the practice from 39 patients. Patients were positive about all aspects of the service and spoke highly of the staff who delivered it. Patients told us that staff understood and took time to deal with their anxieties. Staff gave us specific examples of where they had gone out of their way to support patients.

No action



Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

Are services responsive to people's needs?

We found that this practice was providing caring services 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 and provided some facilities for disabled patients, including a portable ramp and a downstairs treatment room. However, the practice did not have a hearing loop or information about its services in any other formats or languages.

The practice had a complaints' procedure in place, although it did not provide information on other agencies patients could raise their concerns to.

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The practice had some arrangements to ensure the smooth running of the service. These included systems for staff to discuss the quality and safety of the care and treatment provided. A range of policies and procedures were in place but these were generic and sometimes not specific to the practice.

We found a number of shortfalls indicating that governance procedures in the practice were not robust. Staff were not following current best practice guidance in several areas including medicines management, infection control, sedation procedures, and the provision of medical emergency equipment.

Staff were well supported in their work, and it was clear the dentist valued them and assisted them in their professional development. Both principals and dental nurses had received an appraisal of their performance. The hygienists had not, so it was not clear how their performance was monitored.

Requirements notice



Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Information about safeguarding agencies was on display in the staff area making it easily accessible. Staff had received appropriate safeguarding training.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of reprimand.

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

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running.

Dentists always used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment to protect patients' airways.

The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. Files we reviewed for two recently recruited staff showed that the practice followed their recruitment procedure and appropriate pre-employment checks had been undertaken. All clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection and firefighting equipment was regularly tested. A fire risk assessment had been undertaken in December 2018 and staff practiced regular fire drills. One part-time staff member told us they had never participated in one, as they had not been present when it took place.

Stock control was effective and medical consumables we checked in cupboards and in drawers were within date for safe use.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had most of the required information in their radiation protection file. Clinical staff completed continuous professional development in respect of dental radiography. Dental care records we viewed showed that dental X-rays were not always justified or graded. Rectangular collimation was not used on X-ray units to reduce patient radiation dosage. The practice had not informed the Health and Safety Executive of the recent change in ownership of the X-ray units. X-rays audit were undertaken but these were limited in scope and there was no action plan in place to drive improvement.

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.

The practice followed relevant safety laws when using needles and other sharp dental items, and the dentists were using the safest types of sharps. A sharps risk assessment had been completed, although did not include all the different types of sharps used within the practice. We noted that sharps' bins were sited safely and labelled correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. However, staff did not undertake regular medical emergency simulations to keep their knowledge and skills up to date. Not all recommended emergency equipment was available. There was paediatric pads for the AED, no portable suction, no child face mask for the self-inflating bag and no spacer device for inhaled bronchodilators.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the

Are services safe?

Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. However, the practice did not carry out infection prevention and control audits as frequently as recommended in best practice guidance. The practice had not produced an annual statement stating how it complied with good practice on infection control.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05, although we noted that the hygienist manually scrubbed instruments without detergent before transporting them upstairs to the decontamination room to be sterilised. Records showed that most equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. We noted, however, that staff did not undertake daily tests of the vacuum autoclave to ensure it was operating effectively.

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 noted that all areas of the practice were visibly clean, including the waiting area, toilet and staff area. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Staff uniforms were clean and their arms were bare below the elbows to reduce the risk of cross contamination. We noted staff changed out of them during their lunch break.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored securely in the staff area.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines and antimicrobial prescribing audits were carried out. Results of the most recent audit indicated that antibiotics were prescribed in line with guidance. However, we noted that antibiotics were not always dispensed in the original manufacturer's packaging and that information leaflets about the medication were not always given to patients.

We noted that the fridge temperature in which medicines were stored was not monitored each day to ensure it was operating effectively.

Information to deliver safe care and treatment

We looked at a sample of dental care records and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

Lessons learned and improvements

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. Although no significant events had occurred within the practice since it opened, staff told us that any issues would be discussed at their regular team meetings so that learning from them could be shared.

The practice had a system in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). They were sent to both partners who took any required action.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 38 comments cards that had been completed by patients prior to our inspection. All the comments reflected high patient satisfaction with the results of their treatment and their overall experience of it. Several patients told us they had followed the principal dentist from her previous practice to this one, as they rated her so highly.

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that dentists 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 this speciality. We found the provision of dental implants was in accordance with national guidance.

The practice had employed an external company to provide the sedation services to one patient. The practice had not assured itself that the sedationist was appropriately qualified and that staff assisting in the sedation had undergone appropriate training. The practice had not kept its own records of the patient's consent process, or evidence that vital signs monitoring had taken place throughout the sedation.

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. Three part-time dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease.

Staff told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale including mouth wash, interdental brushes and floss. Free samples of toothpaste were also available.

Consent to care and treatment

Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice team understood the importance of obtaining and recording patients' consent to treatment. All staff we spoke with showed an understanding of the Mental Capacity Act and Gillick competence guidelines, and how they might impact on treatment decisions.

The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Staff told us they used dental models and information leaflets to support the patient consent process.

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. Staff told us they discussed their training needs at annual appraisals.

The dentists were supported by appropriate numbers of dental nurses and staff told us there were enough of them to ensure the smooth running of the practice and to cover their holidays. They told us they had plenty time for their job and did not feel rushed. We noted that the hygienist worked without chairside support which was not in line with best practice guidance.

Co-ordinating care and treatment

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

The practice actively monitored NHS referrals to ensure they had been received.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as caring, helpful and responsive. One patient told us they had been fearful of dental treatment but the dentist's and nurse's care had cured it. Another said that staff had understood their nervousness well and really listened to them.

Privacy and dignity

The practice did not have a separate waiting room, so the reception area was not particularly private. However, staff told us some of the practical ways they maintained patient confidentiality.

The reception computer screen was 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.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy.

Involving people in decisions about care and treatment

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

We noted information leaflets available in the waiting area on a range of dental health matters including root canal treatment, mouth cancer and bad breath to help patients make informed choices. There was further information about the types of treatment available on the practice's website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

A wide range of treatments were available to patients and in addition to general dentistry, the practice offered implants, orthodontics and endodontics.

The waiting area provided good facilities for patients including interesting magazines and a specific children's area with toys and books to keep them occupied while they waited.

The practice had made some reasonable adjustments for patients with disabilities which included ramp access, a downstairs surgery and fully enabled toilet. Patients who did not speak or understand English had access to translation services and the practice's website could be easily translated into different languages. However, there was no hearing loop available to assist those with hearing aids or information available in any other formats.

Timely access to services

Patients told us they were satisfied with the appointments system and said that getting through on the phone was easy. Appointments could be made in person, by phone or via the practice's website. The practice offered a letter reminder appointment service which patients told us they valued.

Patients told us that the dentists were usually good at running to time and they rarely waited long for their appointments. There were two emergency appointment slots each day for patients experiencing dental pain. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Patients could ring the principal dentist out of hours if they required emergency advice or treatment.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information about how patients could raise their concerns was available in the waiting area, making it accessible. However, it did not include any information about other organisations patients could contact such as the Dental Complaints Service or the GDC, if they wanted to raise concerns outside the practice.

Reception staff spoke knowledgeably about how they would deal with a patient who wanted to raise a concern, although they were not able to show us any written information they could give patients about the practice's complaints procedure.

It was not possible for us to assess how the practice managed patients' complaints as we were informed that none had been received since the practice had been taken over just over a year ago.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had overall responsibility for the management and clinical leadership of the practice. There was a staffing structure within the practice with specific staff responsibilities for areas such as reception, wages, emergency drugs and scanning.

Staff told us they enjoyed their work citing team work and the approachability and keenness of the principal dentist. Two staff members described the principal dentist as 'passionate about dentistry' which helped motivate and inspire them.

Vision and strategy

The practice had a strategy to provide patient centred care and to maintain and build a good reputation. The practice's goals were regularly discussed at the staff meetings, evidence of which we viewed.

One of the partners told us that plans were in place to invest in new equipment and for the principal dentist to undertake further management qualifications.

Culture

Staff stated they felt respected, valued and supported in their work. Minutes of practice meetings we viewed demonstrated that staff were involved in the performance and development of the practice.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

Governance and management

There were some effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments to support the management of the service, although these were very generic and not all had been made specific to the practice. We identified some shortfalls including the management of medical emergency equipment and medicines, sedation procedures, infection control and staff appraisal which indicated that indicated governance procedures were not robust.

Communication across the practice was structured around regular meetings. There were daily catch up meetings and more formal monthly staff meetings. Staff told us the

meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them. One of the hygienists told us there had been a specific meeting for them, which had helped ensure consistency across their daily working practices.

The principal dentist told us she undertook direct observations of staff to ensure they were working according to best practice guidance.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We found that most records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

Engagement with patients, the public, staff and external partners

The practice used patient surveys, a suggestion box and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, their suggestions in relation to the type of music played in the waiting room and for better quality hand soap in the toilet had been implemented. We noted that patient feedback from a recent Denplan patient survey was displayed in the waiting area.

Staff told us that the principal dentist was responsive to their concerns and ideas and their

suggestions to obtain a blanket for patients and to each have a separate folder to store their paperwork had been implemented.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, patient waiting times and hand hygiene.

It was clear that the principal dentist showed a commitment to learning and improvement. She paid for staff's on-line training to help keep them up to date with their professional development and some staff had undertaken additional training in implants.

Are services well-led?

All staff received annual appraisals, which they told us they found useful and the partners appraised each other. The principal dentist had asked staff to anonymously rate her performance and we noted that she had received a rating of 'A' from all who had participated.

However, the three hygienists did not receive a formal appraisal so it was not clear how their performance was assessed.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 (1) Good Governance</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Ely Dental practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider must:</p> <ul style="list-style-type: none">• Ensure the availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.• Ensure the practice's protocols for conscious sedation are suitable giving due regard guidelines published by the Standing Dental Advisory Committee: conscious sedation in the provision of dental care. Report of an expert group on sedation for dentistry. Department of Health 2003.• Ensure systems are put in place for the proper and safe management of medicines• Ensure the practice's infection control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'• Ensure there is established for the on-going assessment and appraisal of all staff.