Corner House Norwich LLP

Corner House Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 6 July 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

Corner House Dental is a well-established practice in Norwich that provides mostly private treatment for adults and children. In addition to general dental services, it provides short term orthodontics, dental implants and conscious sedation.

As access to the practice is via a steep set of stairs, it is not accessible to wheelchair users.

The dental team includes six dentists, six dental nurses, three dental hygienists, a practice manager and four reception staff. The practice has four treatment rooms.

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 at Corner House Dental is one of the principal dentists

The practice is open Monday to Friday from 8.30am to 5pm, and on Saturdays from 8am to 2pm.

During the inspection we spoke with the practice manager, three dentists, two dental nurses, 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.
- The provider's recruitment procedures were thorough and ensured only suitable staff were employed.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- Staff felt involved and supported and worked well as a team.

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

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the British Resuscitation Council.

- Take action to ensure clinicians follow guidance provided by the Faculty of General Dental Practice when completing dental care records.

- Take action to ensure the clinicians implement the guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when promoting the maintenance of good oral health

Summary of findings

- Take action to implement outstanding recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance

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. The practice manager told us the safeguarding policy had recently been reviewed to include updated information about domestic violence.

The practice manager and a senior nurse were the leads for safeguarding concerns and all staff had received appropriate safeguarding training. Information about reporting procedures and contact details of local protection agencies was on display in staff areas, making it easily accessible. Additional safeguarding information was available for patients in their information folder in the waiting area. All staff had disclosure and barring checks in place to ensure they were suitable to work.

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.

The practice had a whistleblowing policy and staff felt able and confident 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. We noted that effective operating standards and measures had been implemented to reduce the spread of Covid 19.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed most equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The practice had access to a washer disinfector, although it was only used for cleaning dental implant instruments. Other instruments were cleaned by manual scrubbing. We explained to the provider that this was the least effective cleaning method and risked increased injury to staff. Records to demonstrate the periodic testing for the washer disinfector were not available to demonstrate it was being maintained appropriately. However, following our inspection, the practice manager sent us a copy of a new form that had been introduced for staff to record these checks.

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. The latest audit 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. A legionella assessment of the premises had been completed in 2019 and its recommendations to flush through little used outlets and to descale the shower head had been implemented. There were still several outstanding recommendations to be undertaken, the practice manager stated these would be completed soon.

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 some loose and uncovered dental materials and instruments in treatment room drawers that risked aerosol contamination. The provider had policies and procedures in place to ensure clinical waste was segregated, although external clinical waste bins would benefit from being attached to a fixed point to prevent their unauthorised removal.

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

The provider had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. We reviewed recruitment records for two staff which showed the provider followed their recruitment procedure. All staff received an induction to their role, and one staff member told us they had received an 'amazing' induction, where they had received a lot of additional support to cope with their new role.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. 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, and staff completed fire evacuation drills. There were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Two of the staff had been trained as fire marshals. Recommendations from the practice's fire risk assessment for monthly checks of the premises and weekly fire alarm checks had been implemented.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw 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 to reduce patient exposure in all but one treatment room. During our inspection the practice manager ordered a collimator for this room.

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. All but one clinician used the safest types of needle as recommended in national guidance, and this had been risk assessed. 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. In addition to this, staff discussed responding to different types of medical emergencies during their regular meetings, evidence of which we viewed. Most emergency equipment and medicines were available as described in recognised guidance. We noted there was no pocket mask with oxygen port, no self-inflating child's ambu-bag and an incomplete set of clear face masks. Staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. However, the frequency of these checks needed to increase to meet nationally recommended guidance.

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

Are services safe?

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.

The practice employed three hygienists and appropriate patient group directions were in place to allow them to administer local anaesthetics.

All medicines were kept securely and there was a stock control system in place to account for their use and ensure they did not pass their expiry date. Glucagon for the emergency medical kit was kept in the fridge, and the fridge's temperature was recorded daily to ensure it operated effectively. However, we noted several occasions where the recommended temperature had been exceeded. It was not clear what action staff had taken to address this.

Track record on safety, and lessons learned and improvements

The practice had an incident reporting policy in place and specific forms were available to complete in relation to these. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were received by the practice and were triaged by the practice manager who downloaded them and actioned them 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 mostly assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Staff had access to an intra-oral scanner and CBCT machine to enhance the delivery of care

Patients' dental care records were audited regularly to check that the dentists recorded the necessary information. We reviewed a sample of clinical dental care records and noted some minor shortfalls. For example, there was limited about how patients' teeth met their jaw and patients' risk level of caries, gum disease, oral cancer and non-carious tooth surface loss had not always been recorded. Basic periodontal examinations for children aged seven years and above were not being undertaken.

The practice offered conscious sedation for patients which was provided by the principal dentist. The practice had systems to help them do this safely which were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

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

Helping patients to live healthier lives

Three 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. There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss.

The Dentists we spoke with were aware of the principals and guidance, of the Delivering Better Oral Health toolkit. However, dental care records we viewed did not always demonstrate it had been implemented. For example, greater detail was needed as to the actual amounts of alcohol drunk and the number of cigarettes smoked by patients, and it was not always clear if advice had been provided around these.

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 dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients' consent to treatment was clearly recorded in the dental records we viewed, and patients always signed their treatment plans to indicate their understanding and agreement with it.

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.

Are services effective?

(for example, treatment is effective)

The practice had an established staff group, many of whom had worked there for years. Staffing levels not been unduly affected by the Covid 19 pandemic and staff told us they had time to do their job properly. An additional member of staff had been deployed to meet and greet patients to ensure they were welcomed in a very Covid 19 safe way to the practice.

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.

The practice was a referral clinic for dental implants and procedures under sedation and we saw staff monitored and ensured the dentists were aware of all incoming referrals. Staff monitored referrals through an electronic referral and tracking system to ensure they were responded to promptly. The practice's patient referral system had recently been reviewed to ensure referrals were managed consistently by all clinicians.

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

In addition to the two principal dentists, the practice manager took responsibility for the day to day running and leadership of the practice. Several staff had delegated management responsibilities and there were specific leads in the practice for areas such as first aid, fire, administration and the management of new patients.

We received consistently good feedback from staff about senior leaders. Staff told us the manager was very organised, knowledgeable and efficient: the principal dentists were described as approachable and supportive.

Culture

Staff told us they valued the open and inclusive culture of the practice which meant they were confident their concerns would be listened to and acted on.

The practice had a duty of candour policy in place, and staff were aware of its requirements for openness and honesty with patients if things went wrong.

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 were good with regular practice meetings and secure social media apps that were used to share key information effectively. 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. We viewed recent complaints received and noted they had been investigated and responded to in a timely and professional way. It was clear staff used them to drive improvement. For example, in response to one patient complaint about communication, a reception handover book was instigated to ensure important messages were recorded.

Reception and administration staff were knowledgeable about the complaints' process and how to respond to patients raising their concerns.

Engagement with patients, the public, staff and external partners

The practice used its own survey to gather feedback from patients in relation to the appearance of the premises and the competence of its staff amongst other things. We viewed nine very positive responses indicating a high satisfaction rate. In addition to this, patients were sent two text messages following their treatment, asking them to leave a review. At the time of inspection, the practice had scored 4.8 of five stars based on 276 Google reviews. We noted that patients' suggestions for handrails to be installed at the door entrance and for Saturday appointments had been implemented.

Patients were also encouraged to complete the NHS Friends and Family Test, and this was due to be re-started in July 2021.

The provider gathered feedback from staff through surveys, meetings and appraisals. Staff told us their concerns were listened to and their request for colour coded instrument trays and for patients to pay a deposit prior to longer treatment, had been implemented.

Are services well-led?

Continuous improvement and innovation

The provider had quality assurance processes to encourage continuous improvement. These included audits of dental care records, radiographs, infection prevention and anti-microbial prescribing. Staff kept records of the results of these audits and the resulting action plans and improvements.

Staff discussed their training needs, general well-being and aims for the future at an annual appraisal, evidence of which we viewed. All staff had personal development plans in place, and the provider paid for staff to be members of an on-line training provider. Some of the nurses had undertaken further training in impression taking and radiography. One member of the reception team told us they had greatly valued a training course they had done in managing challenging patients and complaints.

The practice manager was a member of a national practice management group, to help keep them up to date with the latest guidance and to share best practice.