

Friars Street Dental Ltd

# Friars Street Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 30 April 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 providing well-led care in accordance with the relevant regulations.

##### **Background**

Friars Dental Street is a well-established practice that provides mostly private treatment to patients. The dental team includes five dentists, seven dental nurses, two receptionists and a practice manager. There are six treatment rooms. The practice opens on Mondays to Thursdays from 8 am to 5 pm and on Fridays from 8am to 3pm.

There is level access for people who use wheelchairs and those with pushchairs.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager.

# Summary of findings

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 received feedback from 35 patients. We spoke with four dentists, the practice manager, two nurses and reception staff.

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 was clean and well maintained.
- The practice had effective systems to help ensure patient safety. These included safeguarding children and adults from abuse, managing fire and legionella risk and responding to medical emergencies.
- 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.

- 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.

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

- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice.
- Review the security of prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's infection control procedures and protocols to take into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- 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 most essential recruitment checks, apart from previous employment references.

Premises and equipment were clean and properly maintained. The practice mostly followed national guidance for cleaning, sterilising and storing dental instruments, although needed to review its manual cleaning of instrument procedures.

The practice had suitable arrangements for dealing with medical and other emergencies and missing equipment was purchased during our inspection. Improvement was needed to ensure that prescriptions were tracked and monitored effectively.

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 guide their practice. The staff received professional training and development appropriate to their roles and learning needs.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals, although did not actively monitor non-NHS referrals to ensure they had been received.

No action



### Are services caring?

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

We received feedback about the practice from 35 patients. Patients were positive about all aspects of the service and spoke highly of the staff who delivered it. They commented that staff were welcoming, caring and understanding of their needs.

Staff gave us specific examples of where they had gone out of their way to support patients such as delivering their dentures to their home when they could not attend the practice.

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

No action



### Are services responsive to people's needs?

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

No action



# Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment easily if in pain.

Staff considered patients' different needs and provided some facilities for disabled patients, although the practice did not have a hearing loop or information about its services in any other formats or languages.

Information about how patients could raise concerns was available in the downstairs waiting room and practice information leaflet.

## **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 staff to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported.

The practice team kept complete patient dental care records which were clearly written and stored securely.

Staff received regular appraisal of their performance, but told us they would greatly value more practice meetings to ensure improved communication amongst them.

**No action**



# 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. Staff had received relevant training in safeguarding matters, and information about reporting agencies was easily accessible throughout the practice. Staff told us they had downloaded a specific NHS safeguarding app to their mobile devices.

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

All clinical staff had Disclosure and Barring Service checks (DBS) 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.

The dentists used of 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. We spoke with a recently recruited member of staff who told us their recruitment had been thorough and they had received a comprehensive induction to their new role. Files we reviewed for two recently recruited staff showed that the practice had not obtained references at the point they were employed at the practice.

All clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover.

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

Records showed that fire detection and firefighting equipment was regularly tested. A fire risk assessment had been undertaken in 2013 and its recommendations to change emergency exit signage and the number of extinguishers had been implemented. Two staff had received fire marshal training and all staff practiced evacuating the building once a year. The practice manager told us that fire doors were checked each day.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file. Regular radiograph audits were completed by the dentists. However, rectangular collimation was not used on X-ray units to reduce patient exposure, and annual mechanical and electrical testing had not been completed.

### **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. Assessments had also been completed by the nurses for each treatment room to identify potential hazards in their place of work.

The practice followed relevant safety laws when using needles and other sharp dental items, and staff were using the safest types of needles. Sharps' bins were sited safely, although their labels had not been completed.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. This had become slightly overdue for staff but training had been booked for May 2019. Staff did not undertake regular medical emergency simulations to keep their knowledge and skills up to date. Emergency equipment and medicines were available as described in recognised guidance and missing airways were ordered on the day of our inspection. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

We noted that all areas of the practice were visibly clean, including the waiting area, toilet and staff area. A hand hygiene station was available in waiting area for patients to use. Staff uniforms were clean and their arms were bare below the elbows to reduce the risk of cross

# Are services safe?

contamination. We checked three treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. However, there were cloth chairs in treatment rooms needed to be removed and we noted some loose and uncovered items in treatment room drawers that risk aerosol contamination.

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 Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Staff carried out infection prevention and control audits and the latest audit conducted in November 2019 showed the practice was meeting the required standards. Foot operated bins had been installed in the decontamination and X-rays rooms as a result of this audit.

The practice mostly had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. Records showed that equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. However, we noted that instruments were rinsed under running water, cleaning solution was not measured and water temperatures had not been monitored. We also noted damaged edging on units, and peeling paint on the ceiling and window sills, making them difficult to clean effectively. The principal dentist told us plans were in place to totally refurbish the decontamination suite and a builder had already been booked to undertake it.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A full risk assessment been completed in 2013 and its recommendations to remove a cold-water tank and a

dead leg in the pipework had been actioned. The principal dentist had undertaken specific training to become a competent person for legionella testing. Records of water testing and dental unit water line management were in place.

The practice used an appropriate contractor to remove dental waste from the premises each week.

## **Safe and appropriate use of medicines**

The dentists were aware of current guidance with regards to prescribing medicines and medicines we checked in cupboards were within date for safe use. We noted that Glucagon was kept out of the fridge, but its expiry date had not been reduced to accommodate for this.

## **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. They 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. However, we noted a number of incidents recorded in the practice's accident book including two sharps injuries and a burn sustained by staff. There was no evidence to demonstrate that these incidents had been investigated, and any learning shared to prevent their recurrence.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were sent directly to the practice manager who actioned them if necessary.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

We received 33 comments cards that had been completed by patients prior to our inspection, and spoke with another two during our visit. All the comments reflected high patient satisfaction with the results of their treatment and their overall experience of it. Patients described staff as responsive to their needs and their treatment effective.

We saw that the dentist assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Dental care records we reviewed clearly detailed patients' assessments and treatments.

The practice offered dental implants. These were placed one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

### Helping patients to live healthier lives

Although staff were not aware of the Delivering Better Oral Health toolkit, they were providing preventive care and supporting patients to ensure better oral health in line with it. The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

The principle dentist had visited a local primary school to deliver oral health sessions to pupils there. The practice participated in national oral health campaigns and displayed information in the waiting areas on issues such as sugar content in food and drinks.

The practice had a wide selection of dental products for sale and provided a good range of health promotion leaflets to help patients with their oral health.

### Consent to care and treatment

Patients confirmed their dentists listened to them and gave them clear information about their treatment. One patient commented, 'Attention to oral health and treatment is always excellent, treatment options thoroughly explained at consultations'.

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 (MCA) and Gillick competence guidelines and how they might impact on patients' treatment decisions. Information about the MCA was on display in a staff area and we noted its principles had been discussed at a recent staff meeting.

The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

### Effective staffing

The dentists were supported by appropriate numbers of dental nurses and staff told us there were enough of them for the smooth running of the practice and to cover their holidays and parental leave.

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 and we saw evidence of completed appraisals.

### Co-ordinating care and treatment

The dentist 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 did not actively monitor all referrals to ensure they had been received in a timely way.



# 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 welcoming and supportive. One patient told us 'I cannot speak highly enough of the staff and how I've been looked after for the last 30 years'. Another told us, 'My concerns are always listened to and staff really seem to understand'.

Staff gave us examples of where they had assisted patients such as helping elderly patients cross the busy road outside the practice, phoning a patient to check on their welfare after they fell and delivering dentures to a patients' home when they couldn't get into the practice.

### **Privacy and dignity**

The practice did not have a separate waiting room, so the reception area was not particularly private. However, staff did not leave patients' personal information where other patients might see it.

All consultations were carried out in the privacy of the treatment room and we noted that the door was closed during procedures. Blinds had been placed on windows 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. Many patients told us the dentists answered all their questions well and explained things clearly.

We noted information leaflets available in the waiting area on a range of dental health matters including veneers, crowns, root canal treatment and bridges to help patients make informed choices.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

In addition to general dentistry, the practice offered dental implants and orthodontic services to patients. The waiting areas provided good facilities for patients including magazines to keep them occupied, a water fountain, children's toys and free samples of toothpaste.

The practice had made some reasonable adjustments for patients with disabilities including level access entry, wide doors and downstairs treatment rooms. However, there was no accessible toilet or hearing loop available to assist those with hearing aids. Information about the practice was not available in any other formats or languages.

### Timely access to services

Patients told us they were satisfied with the appointments system and said that getting through on the phone was

easy. There were emergency appointment slots for patients experiencing dental pain which were released at 8 am each day. The practice did not offer a text appointment reminder service but patients could request a telephone call or email reminder for their appointment.

At the time of our inspection staff told us that waiting times for a regular check-up was about two weeks.

### 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 and in the patient information leaflet. Reception staff spoke knowledgeably about how they would deal with a patient who wanted to raise a concern.

It was not possible for us to assess how the practice managed patients' complaints as none had been received in the previous few years to our inspection.

# 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. He was supported by a practice manager who took on a number of administrative and managerial tasks. Staff described both the principal dentist and practice manager as approachable.

The practice had some processes to develop leadership capacity and skills, and one nurse had been appointed as a lead for infection control and decontamination.

### Culture

This was a very well-established family practice, with both staff and patients who had been involved for many years. Staff told us they enjoyed their work and felt valued and supported.

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

### Governance and management

There were clear and effective processes for managing risks, issues and performance. 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.

Communication across the practice was structured around a practice meeting but staff described these as 'few and far between'. Several staff told us they would value more regular and meaningful meetings as this would improve communication and cohesiveness between them.

The practice was a member of an accreditation programme to support its governance processes and was aiming to achieve a good practice award by the end of the year.

### 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 all 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, suggestion boxes and verbal comments to obtain staff and patients' views about the service. Staff told us that patients' suggestions for a high-backed chair and umbrella stand in the waiting room had been implemented.

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. Results from eight recently completed cards indicated that 100% of respondents would recommend the practice.

Staff told us the principal dentist listened to them and considered their ideas and suggestions.

For example, their suggestions for a coffee machine, a visitor's book and uniform 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 (although not for every associate as recommended), radiographs, patient waiting times, restoratives and infection prevention and control.

The principal dentist paid for staff to receive training from an on-line dental training provider to help them keep their continuing professional development up to date.

All staff received annual appraisals, which they told us were useful. Records we viewed demonstrated the appraisals covered areas such as staff's rapport with patients, hygiene knowledge, customer care and personal image.