

Dentistry 19 Ltd

# 19 Bell Street Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 24 January 2018 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

19 Bell Street Dental Practice is in Sawbridgeworth and provides private treatment to patients of all ages.

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

The dental team includes three dentists, two dental nurses, one apprentice dental nurse, one dental hygienist, two dental hygienist therapists, one receptionist and one practice manager/dental nurse. The practice has three treatment rooms.

# Summary of findings

The practice is owned by two individuals who are the principal dentists there. They have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected five CQC comment cards filled in by patients and spoke with four other patients. We also received 82 wholly positive CQC share your experience notices. This information gave us a wholly positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 8am to 5pm.

## Our key findings were:

- Strong and effective leadership was provided by the principal dentist and an empowered practice manager. Staff felt involved and supported and worked well as a team.
- The practice was visibly clean and well maintained.
- The practice had well organised systems to assess and manage infection prevention and control which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk. The practice had an established process for reporting and recording significant events and accidents to ensure they investigated these and took remedial action.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice asked staff and patients for feedback about the services they provided. Patients were wholly positive and happy with the quality of their treatment and the staff who delivered it.
- The practice dealt with complaints positively and efficiently. This included a review of all verbal complaints and comments.
- The appointment system met patients' needs. Patients could access treatment and urgent care when required.
- Staff had received training appropriate to their roles and were supported in their continued professional development by the principal dentist and practice manager.

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

- Review the practice's protocols for conscious sedation, taking into account guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

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

The practice had offered sedation occasionally to patients for complex procedures. Patient records we reviewed supported that all appropriate information was documented. We noted that the practice did not hold information to confirm that equipment and medicines used by an externally qualified clinician were fit for purpose. Following our inspection the practice took immediate action and we were provided with evidence that practice systems had been immediately strengthened. We were therefore assured that there were systems in place to enable treatment to be delivered safely and in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, caring and thorough. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



### Are services caring?

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

We received feedback about the practice from 91 people, this included 82 CQC share your experience reports. Patients were wholly positive about all aspects of the service the practice

No action



# Summary of findings

provided. They told us staff were excellent, caring, and attentive to detail. They said that they were given detailed, helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

## Are services responsive to people's needs?

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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

The practice was a British Dental Association (BDA) Expert practice, a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities. The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff. Comments from patients were wholly positive and where feedback had been given the practice had taken action. The practice used patient testimonials, the practice website, a comments box, information emails to patients, regular meetings and appraisals to provide forums for communication and shared learning.

No action



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The dentist understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). There was scope to ensure all staff had an awareness and understanding of the processes detailed in RIDDOR.

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

### Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment.

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

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at seven staff recruitment files. These showed the practice followed their recruitment procedure.

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

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date. There was a fire risk assessment in place however this did not include the evacuation of patients under sedation. We discussed this with the management team who took immediate action to ensure the evacuation of patients under sedation was assessed.

A dental nurse worked with the dentists, dental hygienists and dental therapists when they treated patients.

### Infection control

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

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

# Are services safe?

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

The practice carried out infection prevention and control audits twice a year. The latest audit undertaken in December 2017 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

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

## **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing and storing medicines.

## **Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

The practice provided access for conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The service was provided by an externally qualified clinician who attended the practice very occasionally. We were informed that the clinician who had attended the practice brought

equipment and medicines required with them on the day. We were therefore unable to look at this during our inspection. The practice did not hold records such as equipment servicing or information about the medicines held by the anaesthetists. We were able to review a small sample of patient records. The records showed that consent had been obtained prior to treatment, patients were monitored during treatment and discharge and post-operative instructions were provided to the patients, but the practice did not retain a copy of this information.

We held discussions with practice management team regarding the necessity to hold adequate records if the service was to continue being provided. The practice took immediate action and following our inspection we were provided with evidence that practice systems had been immediately strengthened. We were therefore assured that there were systems in place to enable treatment to be delivered safely and in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Staffing

Staff told us there were enough of them for the smooth running of the practice and they did not feel rushed in their work. A nurse always worked with the dentist, hygienist and therapist.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at their three monthly 121 meetings and their annual appraisals. We saw evidence of completed appraisals.

### Working with other services

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

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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

# Are services effective?

(for example, treatment is effective)

also referred to consent issues for patients under 16 years of age. The dentists we spoke with were aware of the need to consider this when treating young people. There was scope to ensure that all staff had a full understanding of the

need to consider this when treating young people. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were polite, helpful and provided time for discussion on possible treatments and freedom of choice. We saw that staff treated patients professionally and respectfully and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

There were newspapers and magazines in the waiting room. The practice provided drinking water, tea and coffee.

Information folders were available for patients to read.

### **Involvement in decisions about care and treatment**

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry, treatments for gum disease and more complex treatment such as cosmetic dental work, dental implants and orthodontics.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

We observed how staff supported patients for whom adjustments were required to enable them to receive treatment. Staff were supportive and ensured patients were able to access the service with dignity.

We were told the practice used text messages, emails and where necessary would telephone patients to send treatment information, associated treatment fees, confirm appointments and make sure they could get to the practice.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and an accessible toilet.

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

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. The practice logged all verbal concerns and complaints; these were discussed and reviewed at weekly meetings. The discussions, actions and outcomes were recorded with the concern. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous twelve months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

The practice was forward thinking and had plans to extend the premises in the near future. The plans included the installation of another treatment room and purpose built offices.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and apologetic to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held weekly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included

audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had three monthly reviews and annual appraisals. They discussed learning needs, general well being and aims for future professional development. We saw evidence of completed appraisals in the staff folders. The practice was a British Dental Association (BDA) Expert practice, a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys, emails, a practice blog, website testimonials, staff meetings and verbal comments to obtain staff and patients' views about the service. Staff described examples of where suggestions had been acted on by the practice. For example, we were told staff suggested the use of electronic monitoring devices for recording patient consent and health information.

The practice had an informative website which included a description of the dental treatments available, details of the fees for each treatment, oral health information and guidance and a dental glossary providing a guide to patients on the common terms used in cosmetic dentistry. The website also displayed and invited patient testimonials and a comments box.