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All Saints Green Dental Clinic

Inspection Report

All Saints Green Dental Clinic
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Overall summary

We carried out this announced inspection on 17 July 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

All Saints Green dental clinic is a well-established practice based in Norwich that provides both private and NHS treatment. The dental team includes eight dentists 15 nurses, two hygienists and three receptionists who provide services to about 20,000 patients. There are nine treatment rooms

The practice opens Monday to Friday between 8.30am and 5.30 p.m.

There is level access to the premises for people who use wheelchairs and those with pushchairs. The practice has a small car park, with a specific space for disabled patients.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have 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 39 CQC comment cards completed by patients, and spoke with another two. We spoke with the principal dentist, the practice manager, one associate dentist, eight dental nurses and one receptionist. 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, professional and high-quality service.
- The practice had effective systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Risk assessment was robust and action was taken to protect staff and patients.
- The practice had made excellent adjustments to meet the needs of its disabled patients including a wheelchair lift to the lower floor and a tracking mechanism in each treatment to accommodate

patients who needed to be hoisted onto the dental chair. Special blue lights had been installed around the reception desk to make it more visible to sight impaired patients.

- 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.
- The practice had effective leadership and a culture of continuous audit and improvement.
- The practice asked staff and patients for feedback about the services they provided. Staff felt involved and worked well as a team.
- One dentist did not use the rubber dams to protect patients' airways.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.

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.

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 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.

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 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?

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 41 people. Patients were positive about all aspects of the service and spoke highly of the treatment they received, and of the staff who delivered it. Staff gave us specific examples of where they had gone out of their way to support patients.

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 responsive services in accordance with the relevant regulations.

No action



Summary of findings

Staff considered patients' differing needs, this included providing excellent facilities for patients with disabilities. The practice had access to interpreter services and had arrangements to help patients with mobility problems, and sight or hearing loss.

Appointments were easy to book and patients could sign up for text and email reminders for their appointments.

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

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 and appreciated. We found staff had an open approach to their work and shared a commitment to continually improving the service they provided.

Staff were well supported in their work, and it was clear the principal dentist and practice manager valued them and supported them in their professional development.

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.

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. We saw evidence that staff received safeguarding training, and one member of staff showed a good awareness of safeguarding issues such as domestic violence and female genital mutilation. Every treatment room had a folder containing information about local protection agencies, making it easily available to staff.

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

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

One dentist did not use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. It was not possible to tell from the notes we reviewed if alternate methods were used to protect patients' airways. The principal dentist was aware of this and had raised it with the dentist concerned.

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. A missing reference for one member of staff was sent to us following our inspection.

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 electrical appliances. Records showed that fire detection and firefighting equipment was regularly tested. A fire risk

assessment had been undertaken and recommendations to conduct regular evacuations and place an extinguisher in the stock room had been implemented. A number of staff had received specific fire marshal training.

The practice had 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. Not every X-ray unit we viewed had a rectangular collimator fitted, but missing ones were ordered during our inspection.

The practice carried out radiography audits every year following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography. Dentists justified, graded and reported on the radiographs they took.

The practice did not have a specific written safety protocol in place to prevent wrong site surgery but one was sent to us, shortly after our inspection.

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running. This was kept off site so it could be accessed in the event of an incident.

CCTV was in use in the waiting area and the entrances to the practice for additional security. There was signage informing patients they were being filmed. The practice's policy in relation to this, was updated following our inspection.

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 comprehensive practice risk assessments that covered a wide range of identified hazards in the practice, (including using a ladder to feed the fish in the practice's sizeable fish tank), 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, although not all clinicians were using the safest types of sharps. A risk assessment had not been undertaken in relation to sharps, although one was completed during our inspection by the

Are services safe?

head nurse. Sharps bins were labelled correctly, although not sited safely. Following our inspection, we were sent photographs showing that they had been relocated to a higher position on the wall.

Staff were aware of forthcoming changes in regulations in the use of dental amalgam.

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, although they did not undertake regular medical emergency simulations to keep their skills and knowledge up to date. Emergency equipment and medicines were available as described in recognised guidance, apart from a child sized self-inflating bag, child face mask, sterile syringes and spacer device for asthmatics. These were ordered immediately during our inspection, evidence of which we viewed.

Mercury and bodily spills kit were available for staff use. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

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 twice a year. The latest audit showed the practice was meeting the required standards. The head nurse told us that the results of the audits were given to nurses for their learning. Three nurses had been appointed as leads for infection control within the practice to ensure implementation of HTM guidance.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05, although we noted the nurse failed to check the instruments under the magnifier glass before putting them in autoclave.

There was a decontamination suite on each floor and dedicated decontamination staff each day. Each treatment

room had a hatch that was used to deliver clean instruments and instrument trays were colour coded and numbered so that they could be tracked back to each patient.

The 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 that tests had not been undertaken for the washer disinfectors.

A legionella risk assessment had been completed and the practice had implemented procedures to reduce the possibility of Legionella or other bacteria developing in the water system.

We noted that all areas of the practice were visibly clean, including the waiting area, corridors, toilet and staff areas. 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 saw that they changed out of their uniforms to eat their lunch.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored in a locked container externally.

Safe and appropriate use of medicines

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. The fridge temperature in which medicines were stored was monitored each day to ensure they were kept cool.

The dentists were aware of current guidance with regards to prescribing medicines and antimicrobial prescribing audits were carried out. The most recent audit demonstrated the dentists were following current guidelines.

We noted that the practice's address details were not provided with some private medicines that were dispensed to patients and there was no system in place to identify loss or theft of individual prescriptions.

Information to deliver safe care and treatment

Dental care records were kept securely and complied with data protection requirements. Patients' paper records were

Are services safe?

stored securely in fireproof cabinets in a locked separate room. The practice manager was aware of new guidelines in relation to the management of patient information and had updated information governance systems accordingly.

Lessons learned and improvements

The practice had policies and procedures to manage and learn from accidents and incidents. Staff were recording untoward events and we viewed detailed accounts of a

number of incidents in the practice's accident book, including sharps injuries and a staff trip. Incidents were discussed at the regular staff meetings so that learning could be shared across the team.

The practice had signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). These were monitored by the principal dentist who actioned them if necessary.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 39 comments cards that had been completed by patients prior to our inspection. All the comments reflected high patient satisfaction with the quality of their dental treatment with patients describing their treatment as quick, efficient and pain free.

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

The dentists described to us the procedures they used to improve the outcome for patients with gum disease. This involved giving patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

The practice audited each dentist's dental care records to check that the necessary information was recorded.

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.

There was a selection of dental products on display to patients including interdental brushes, mouthwash, toothbrushes and floss. Two full 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. One of the dentists had visited Norwich High School to deliver oral health sessions to pupils there.

Dental care records we reviewed showed that oral health advice had been given to patients. The dentists described to us the procedures they used to improve the outcome for patients with gum disease. 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.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists 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. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Dental records we reviewed demonstrated that treatment options had been explained to patients. Patients were provided with plans that outlined their treatment, which they signed.

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. Staff were aware of the need to consider this when treating young people under 16 years of age.

Effective staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us there were enough of them for the smooth running of the practice. There were dedicated decontamination staff each day to ensure instruments were cleaned quickly. The head nurse told us that rotas were planned carefully to accommodate staff's annual 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. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

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.

Referrals were recorded in a central log but were not actively monitored to ensure they had been received. Staff told us that patients were often emailed their referral along with a copy of their digital X-ray.

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 and understanding of their needs. Several patients reported that staff made them feel relaxed and calm for their treatment.

Staff gave us specific examples of where they had supported patients such as booking them taxis, telephoning them following complex treatment to check on their welfare and minding one patient's guide dog whilst they were in the treatment room. One nurse told us she always took extra care and time with young patients, to try and reassure them on their parents' behalf. Another told us of the importance of reading patients' body language to detect if they were anxious.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screens were not visible to patients and 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 doors were closed during procedures to protect patients' privacy.

Involving people in decisions about care and treatment

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

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. One patient told us the dentist had taken time to explain their treatment in steps, which they had found helpful and reassuring. Two patients stated that their dentist explained their treatment clearly and took their concerns seriously.

We noted information leaflets available on a range of dental health matters including oral health, root canal treatment, bridges and dental implants.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, videos, X-ray images

The practice's website also provided patients with information about the range of treatments available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The waiting area provided good facilities for patients including interesting magazines, children's toys, a large fish tank and a TV screen. Air conditioning was available in each treatment room.

The practice had made excellent adjustments for patients with disabilities. These included level access entry, a fully accessible toilet, a hearing loop, reading glasses, a wheelchair lift to lower floor, lowered reception desks, wide corridors and doors, and a disabled parking spot. A tracking mechanism had been installed in each treatment room for patients who needed to be hoisted onto the dental chair. Blue lighting had been installed at the reception desk to make it more visible to sight impaired patients.

The practice offered specific services to asylum seekers in Norwich.

Timely access to services

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

they rarely waited long for an appointment once they had arrived. At the time of inspection, the practice was taking on new NHS patients, and twenty-minute appointment times were set aside for them. Staff told us that dentists saw a maximum of 25 patients a day, allowing them good time for the consultation.

The practice offered a text and email appointment reminder service and emergency appointments were available each day for those in dental pain.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in the waiting area for patients,

We viewed information in relation to recent patients' complaints received by the practice. This demonstrated they had been managed in a timely, professional and empathetic way.

Reception staff spoke knowledgeably about how they would deal with a patient who wanted to complain and showed us a leaflet they had to give patients clearly outlining the practice's procedure.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist and practice manager had overall responsibility for the management and clinical leadership of the practice and were well supported by their staff. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

There was a clear staffing structure in place, and each member of staff had a specific area for which they were responsible for. Staff clearly enjoyed the additional responsibilities these roles gave them and took them very seriously as a result. Staff showed knowledge, enthusiasm and commitment to improve things where possible.

We found both the practice manager and head nurse were responsive and acted quickly to address the minor shortfalls we identified during our inspection. This demonstrated they were committed to providing a quality and compliant service to patients.

Processes were in place to develop staff's capacity and skills for future leadership roles.

Culture

Staff told us they enjoyed their work and felt supported and valued in their work. Staff told us that they had the opportunity to, and felt comfortable, raising any concerns with the principal dentist and practice manager who were approachable and responsive to their needs. One staff member told us that managers were understanding of their family and child care commitments and had made good allowances for this.

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 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 across the practice was structured around regular meetings including specific meetings for nurses and dentists. 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.

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.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Engagement with patients, the public, staff and external partners

The practice used surveys, comment cards and verbal comments to obtain patients' views about the service. In direct response to patients' feedback, the practice had improved communication systems, provided support to children whilst their parents were undergoing treatment, and responded to concerns about the fish tank in the waiting area. 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.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us that the principal dentist and practice manager listened to them and were supportive of their suggestions. For example, their suggestions to provide in-house training, change the style of their uniforms and change salary payments methods 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, infection prevention and control, waste and patient information handling. These audits were comprehensive and there were clear records of their results and action plans. Audit results were discussed at staff meeting, evidence of which we viewed on the minutes of the meeting held in May 2018.

Are services well-led?

It was clear that the principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Nurses had undertaken additional training in radiography, impression taking and fluoride application, paid for by the practice. All staff including the dentists received annual appraisals, which they told us they found useful.

The practice had won a number of awards for its innovative working and had been visited by 28 Swedish dentists who wanted to learn about NHS dentistry in the UK.