Letchworth Dental Surgery Limited

Letchworth

Inspection Report

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Overall summary

We carried out this announced inspection on 28 January 2020 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

Letchworth Dental Surgery is a well-established practice that offers both private and NHS treatment to patients. It is based in Letchworth town centre and has three treatment rooms. The dental team includes three dentists, three dental nurses, a hygienist, and reception staff.

There is no access for people who use wheelchairs as the practice is sited on an upper floor. There is parking nearby in local car parks.

The practice is open Monday to Friday from 8.30am to 5pm, Monday to Fridays

Summary of findings

The practice is one of six owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at the practice is the clinical lead.

On the day of inspection, we collected 15 CQC comment cards filled in by patients. We spoke with the clinical lead, two dentists, and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The practice had systems to help them manage risk to patients and staff.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients' care and treatment was provided in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt respected, supported and valued.
- The system for obtaining patient feedback about the service provided was limited.

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

- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Review the security of NHS prescription pads in the practice to ensure there are systems in place to track and monitor their use.
- 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 the practice's processes and systems for obtaining and learning from patient feedback with a view to monitoring and improving the quality of the service.
- Review the practice's storage of dental care records to ensure they are held securely.

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?	**No action** 
Are services effective?	**No action** 
Are services caring?	**No action** 
Are services responsive to people's needs?	**No action** 
Are services well-led?	**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 had received safeguarding training and knew about the signs and symptoms of abuse and neglect, and how to report concerns. Staff told us that one dentist had reported their concerns about a child with dental neglect to the local protection agency, demonstrating they took safeguarding concerns seriously. The clinical lead told us they had asked all the dentists to download the NHS safeguarding application onto their phones for ease of access.

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

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

Sepsis prompts for staff and an information poster were displayed in the reception area.

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We looked at staff recruitment information for the most recently recruited employee. This showed the practice had not followed their procedure, as an updated disclosure and barring check had not been obtained for them at the point of their recruitment, and two references had not always been obtained. Following our inspection, the provider sent us evidence that new DBS checks had been applied for those staff without a recent check.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical. Records showed that fire detection and firefighting equipment was regularly tested, and staff undertook regular fire drills. The lead nurse had undertaken specific fire marshal training. Recommendations from the practice's fire risk assessment to upgrade fire doors and improve signage had been implemented.

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

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

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

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.

A safer sharps system was available in the practice but not all dentists used it. A risk assessment had been completed to justify this. Sharps' bins, although not wall mounted, were sited safely and labelled correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these ensure that equipment was available, within its expiry date, and in working order. Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for the materials used within the practice.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health

Are services safe?

Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff carried out infection prevention audits and the latest audit showed the practice was meeting the required standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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 new legionella assessment had been completed on 20 January 2020 and deemed the practice's risk of legionella as low. Records of water testing and dental unit water line management were maintained.

We noted that all areas of the practice were visibly clean, including the waiting areas corridors toilets 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. Staff told us they were issued with enough uniforms to wear a clean one each day.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was held securely in the premise's basement.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines and the practice conducted antimicrobial audits to ensure dentists were prescribing them in line with national guidance.

Patient group directions were in place for the hygienist to administer local anaesthetics. Prescription pads were held securely, although there was no system in place to identify any loss of theft of individual prescriptions.

We saw that glucagon was stored in the fridge. Staff told us they monitored the fridge's temperature to ensure it operated effectively, but did not keep a record of this. Staff assured us temperature logs would be implemented immediately.

Information to deliver safe care and treatment

We looked at a sample of dental care records to confirm our findings and noted that records were written in a way that kept patients safe. Dental care records we saw were accurate, complete and legible.

Lessons learned and improvements

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints, and staff were aware of formal reporting procedures. However, we noted several events that had been recorded in the accident book including several sharps injuries. There was no evidence to demonstrate that learning from these incidents had been shared with staff to prevent their reoccurrence.

A system was in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and implement any action if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 15 comment cards that had been completed by patients prior to our inspection. All the comments received reflected patient satisfaction with the quality of their dental treatment and the staff who delivered it.

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken, and the advice given to them. Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. The practice had systems to keep dental practitioners up to date with current evidence-based practice.

Staff had access to intra-oral cameras to enhance the delivery of care.

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. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate.

A dental hygienist was 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.

We noted information leaflets on a range of dental topics including diet, dental decay, gum disease and mouth cancer for patients to help themselves to in the waiting area,

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 clinicians listened to them and gave them clear information about their treatment.

Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients.

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 might 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. Staff were available from other dental practices nearby owned by the provider if needed.

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.

The provider had current employer's liability insurance in place.

Co-ordinating care and treatment

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

Patient referrals were not monitored effectively to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as caring, enthusiastic and professional. We saw staff treated patients respectfully and kindly at the reception desk and over the telephone.

Prior to our inspection we asked the provider for examples of where staff had been particularly caring. We were not provided with any. However, on the day of our visit reception staff told us they frequently helped parents with pushchairs up the stairs, called taxis for patients and talked to nervous patients in the waiting room to help distract them from their forthcoming appointment.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it. However, patients' paper dental records were kept in unlocked shelving behind reception.

The provider had installed closed-circuit television (CCTV) to improve security for patients and staff in the reception area. However, there was no signage available to patients to warn them of its use.

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

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

Involving people in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them and discussed options for treatment with them. One patient told us, 'My dentist always explains all the procedures and treatments'. Another commented, 'The dentist always checks you are ok, and understands all that he is doing'.

Dental records we reviewed showed that treatment options had been discussed with patients. Dentists used intra-oral cameras, models and X-ray images to help patients better understand their treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had its own website which gave patients information about its services and staff members. There was a TV screen in the downstairs waiting area showing information about dental treatments and oral health.

The practice was sited on an upper floor and therefore was not accessible to wheelchair users. The provider was very aware of this shortfall and was actively looking to relocate the service to more suitable premises.

There was no hearing loop to assist patients with hearing aids. Reception staff told us they had several patients who did not speak English. Although the practice had registered with a translation service, information about this was not available where patients could see it.

Timely access to services

At the time of our inspection the practice was taking on both new private and NHS patients.

Appointments could be made by telephone or in person, and the practice operated an email appointment reminder service for patients. At the time of inspection, the waiting time for a routine appointment was approximately one week.

There were specific emergency slots each day for anyone in dental pain and staff told us these patients would be seen the same day.

Both patients and reception staff reported that the dentists were good at running to time.

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 downstairs waiting areas for patients, although were not easily visible. There was no information about how to raise concerns in the upstairs waiting room.

We viewed paperwork in relation to two complaints and found they had had been investigated and responded to appropriately.

Are services well-led?

Our findings

Leadership capacity and capability

The clincal lead had overall responsibility for the management and clinical leadership of the practice but was supported by a senior nurse and clinician on site. There was also a senior nurse based at another site, who provided additional support to all six of the provider's practices.

Staff spoke positively about of senior staff, describing them as approachable and responsive to their requests.

The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. At the of our inspection the senior nurse was receiving training to take on a practice management role, and plans were in place for the senior dentist to become the clinical lead for the practice.

Culture

Staff said they felt respected, supported and valued, and clearly enjoyed their job. One staff member told us that senior staff been very supportive of them in their training course.

Openness, honesty and transparency were demonstrated when responding to complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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.

We noted provider took immediate action to rectify some issues we identified during our visit.

Communication across the practice was structured around a regular meeting for all staff which they told us they found useful. There was an additional Whats App group for the managers across all the provider's six sites.

The senior nurse told us they regularly undertook direct observations of staff to ensure they were following correct procedures.

Appropriate and accurate 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.

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

Engagement with patients, the public, staff and external partners

Systems for patient feedback were limited. The practice used the NHS Friends and Family Test as a way a way for patients to let them know how well they were doing. However, only five surveys had been collected in the previous year. Prior to our inspection we asked for examples where staff had implemented patients' suggestion but were not provided with any.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and told us these were listened to and acted upon.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

Staff discussed their training needs at appraisals, although not all staff had received a regular yearly appraisal.