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THE ARCH DENTAL CARE

Inspection Report

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Date of inspection visit: 3 October 2019
Date of publication: 24/10/2019

Overall summary

We carried out this announced inspection on 3 October 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

The Arch Dental Care Practice is a well-established practice that offers mostly NHS treatment to children and adults. It is based in Baldock town centre. The dental team includes three dentists, five dental nurses, a hygienist and a receptionist.

There is level access for people who use wheelchairs and those with pushchairs. Car parking is available at a public car park a short walk away.

The practice opens from 9 am to 5.30 pm on Monday to Fridays. It also opens one evening a month until 8 pm.

Summary of findings

The practice is owned by an individual who is the principal dentist. He has 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 26 CQC comment cards filled in by patients and spoke with one other patient. We spoke with three dentists, two dental nurses, and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received, and of the staff who delivered it.
- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- 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 treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Staff felt supported and valued and told us they enjoyed their work.
- The practice proactively sought feedback from staff and patients, which it acted upon.

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

- Review the availability of an interpreter service for patients who do not understand English and of a portable hearing loop to assist patients with hearing aids.
- Review learning and development needs of individual staff members and ensure an effective process is established for the on-going appraisal of all staff.

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. Information about protection agencies was held in the staff office, making it easily available. We noted that the practice's safeguarding policy had been discussed at the staff meeting of August 2019, to ensure all were aware of their responsibilities.

We saw evidence that staff received safeguarding training and knew about the signs and symptoms of abuse and neglect. The principal dentist was the lead for all safeguarding matters and had completed level three training.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults

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

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

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 two most recently recruited employees. These showed the practice had followed their procedure, although had only obtained verbal rather than written references for them.

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, and staff undertook regular fire evacuations. Recommendations from the practice's fire risk assessment to undertake weekly fire alarm checks and provide staff training 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. All but one X-ray unit had a rectangular collimator attached to reduce patient radiation exposure.

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.

The practice used a safer sharps system for administering local anaesthetics. A sharps risk assessment had been undertaken, although this needed to include information about all the different types of sharp instruments used in the practice, not just needles. Staff followed relevant safety laws when using needles. Sharps bins were wall mounted, although we noted one that had not been labelled correctly.

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. Emergency equipment and medicines were available as described in recognised guidance apart from a child's bag valve mask and a size 0 oropharyngeal airway. These were ordered during our

Are services safe?

inspection, along with an eye wash, and bodily fluid spillage kit. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for materials used within the practice, although it needed to be updated to include information about the cleaner's products.

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 audits twice a year and the latest audit showed the practice was meeting the required standards with a score of 98%.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We noted however that some staff put the date when instruments had been sterilised on the pouch; others the date of expiry on the pouches. Staff assured this would be reviewed to ensure a consistent approach across the practice.

Records we viewed showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

Staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We noted that all areas of the practice were visibly clean, including the waiting area, the toilet and staff office. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. We noted some loose and uncovered items in treatment room drawers that risked aerosol contamination over time. Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored in a lockable container, in a secured area outside the premises.

Safe and appropriate use of medicines

The dentists were aware of current guidance about prescribing medicines. There were suitable systems for prescribing and managing medicines. Prescription pads were held securely but there was no tracking in place to monitor individual prescriptions to identify any theft or loss.

Glucagon was held out of the fridge, and although its expiry date had been reduced, it was not by the correct amount to ensure safe use.

The practice completed antimicrobial audits to ensure dentists were prescribing them according to national guidelines.

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. They were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Lessons learned and improvements

There were systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice. For example, following some missing lab work a new system had been implemented to record its outgoing and incoming so it could be better monitored.

We noted several incidents that had been recorded in the practice's accident book and staff confirmed that these had been discussed so that learning was shared.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), which were downloaded and stored in a specific file for reference.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 26 comment cards that had been completed by patients prior to our inspection. All the comments received reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it. One patient stated, 'I have had to have some root canal work for the first time and I have been treated quickly and professionally'.

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.

The practice offered dental implants. These were placed by a visiting clinician who had undergone appropriate post-graduate training in the provision of dental implants. The practice had obtained information about their training qualifications, indemnity, and immunisation status, but just needed to confirm the implant specialist had undertaken appropriate IRMER training. The nurse who assisted the specialist had not undertaken any formal training in dental implants.

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. One dentist showed us the treatment leaflets they regularly gave to patients to help them understand and manage their oral health. Dentists used fluoride varnish for children based on an assessment of the risk of tooth decay. Free samples of high fluoride toothpaste were available for patients.

A part-time 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.

Information about the impact of smoking on dental health was on display in the waiting area. One dentist told us they had provided oral health session to a local cubs and beavers group.

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 a dental nurse worked with the hygienist. Staff told us there were enough of them for the smooth running of the practice. Staff told us they did not feel rushed in their work and patients were given enough time for their treatments.

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.

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.

Are services effective?

(for example, treatment is effective)

The practice did not actively monitor non-NHS referrals 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 and helpful. One patient told us that 'The dentist was very helpful and answered my queries about what was going to happen. I felt very reassured'. Another stated, 'Today I faced another first-time fear, THE HYGIENIST! but she was lovely and made me feel so at ease.' One patient reported, 'It is always nice being greeted by a smiling receptionist'.

Staff gave us specific examples of where they had gone out of their way to support patients such as ringing them to check on their welfare after complex treatment and providing additional support following a faint.

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. The receptionist told us patients could be taken into the staff office if they wanted to discuss anything in private.

Staff password protected patients' electronic care records and backed these up to secure storage. Paper records were kept locked in the staff office.

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, did not rush them and discussed options for treatment with them.

Dental records we reviewed showed that treatment options had been discussed with patients. Dentists used models, X-ray images and information leaflets to help patients better understand their treatment options. We were shown treatment leaflets that had been specifically designed for children to understand. One dentist told us that short informative treatment videos could be shown to patients from the computer system.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a website that gave patients information about its services and the dental clinicians. In addition to general dentistry, the practice offered dental implants and some cosmetic procedures to patients.

The practice had made reasonable adjustments for patients with disabilities, including level access entry, a downstairs surgery, and a fully enabled toilet. However, there was no portable hearing loop for patients who wore hearing aids. Although the dentists spoke a range of languages between them, we noted that there was no information in relation to translation services for patients who did not speak English, and reception staff were not aware of the service.

Timely access to services

Patients told us that short notice appointments were available and that getting through on the phone was easy.

At the time of our inspection the practice was taking on new NHS patients and the waiting time for a routine check-up was about a week. Emergency appointments were available each day and the practice also offered a sit and wait service if these emergency appointments slots had been taken.

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 the practice's complaints log and found the complaints had been investigated and responded to in a timely and professional way. Learning from them was shared with staff and patients' complaints were a standing agenda item at the monthly practice meetings.

The receptionist spoke knowledgably about how they would deal with a patient 's complaint.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist took responsibility for the overall leadership in the practice supported by the one of the other dentists who took on a range of managerial and administrative tasks.

We found senior staff to be knowledgeable, experienced and clearly committed to providing a good service to both patients and staff.

Culture

Staff said they felt respected, supported and valued and told us they enjoyed their work. They cited effective communication systems and good working relations between them as the reason. They also reported that the provider was understanding of their family commitments.

There was clearly an open culture within the practice and all staff were invited to attend our feedback session at the end of the day.

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. We looked at several policies and procedures and found that they were up to date and had been reviewed regularly

Communication across the practice was structured around a monthly meeting which staff told us they found beneficial. A different practice policy was discussed at each monthly practice meeting to ensure staff's knowledge of them was kept up to date.

There were additional meetings for dentists to discuss clinical issues.

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 provider 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

The practice had introduced the NHS Friends and Family Test (FFT) as a way for patients to let them know how well they were doing. The results, along with patients' comments, were displayed in the waiting room. We viewed approximately 20 FFT completed cards and noted that all respondents would recommend the practice.

In addition to this, the practice had its own survey and patients were asked for feedback in relation to the waiting room, appointments and treatment plans. Staff told us that patients' suggestions to provide more seating in the waiting room and ensure the treatment room door was closed had been implemented.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and told us these were listened to and acted upon. Their suggestions to introduce a new lab work procedure and a whiteboard to record stock items 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, antibiotic prescribing, hand hygiene and infection prevention and control.

All the nurses received a regular annual appraisal, but the receptionist did not so it was not clear how their performance was monitored.