

Dental Design Studio

Dental Design Studio Lowestoft

Inspection Report

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Date of inspection visit: 3 July 2019

Date of publication: 22/07/2019

Overall summary

We carried out this announced inspection on 3 July 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 Dental Design Studio is a well-established practice based in the town centre of Lowestoft. It provides mostly NHS general dentistry services to about 14,000 patients. There are eight surgeries. The practice is one of 13 owned and managed by the partnership.

The dental team consists of five dentists, five reception staff, a practice manager and eight dental nurses. A dental hygienist works one day a week.

Summary of findings

The practice opens seven days a week from 8am to 8pm Monday to Friday; from 9am to 6pm on Saturdays and from 9am to 5pm on Sundays.

The practice is owned by a partnership 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 was the clinical director.

On the day of inspection, we collected six CQC comment cards filled in by patients. We spoke with three dentists, three dental nurses, and the practice manager. We also spoke with the registered and regional managers who were on site during our visit. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- 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.
- The practice offered extensive opening hours to patients.
- Patients received their care and treatment from well supported staff, who enjoyed their work.
- 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.
- 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 strong, 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 supported and worked well as a team.
- Staff were knowledgeable, experienced and clearly committed to providing a good service to patients.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

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

No action 

Are services effective?

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

No action 

Are services caring?

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

No action 

Are services responsive to people's needs?

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

No action 

Are services well-led?

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

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 knew about the signs and symptoms of abuse and neglect, and how to report concerns. Staff had access to a specific safeguarding app on their computer desk tops and contact information for protection agencies was available in the staff room. The registered manager was the lead for safeguarding across all the provider's 13 practices and had undertaken level three children protection training. Although there had been no safeguarding incidents at this practice, the registered manager told us of incidents at other practices that had been reported appropriately.

The practice had a whistleblowing policy, which was easily accessible on the provider's staff intra-net site. Staff felt confident they could raise concerns without fear of recrimination.

All but one dentist used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, this was documented in the dental care record.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. This was kept in digital format, so it could be accessed easily in the event of an incident.

The practice had a staff recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We looked at staff recruitment information which showed the practice followed their procedure to ensure only suitable people were employed. One new employee told us they had really valued undertaking a week's work experience at the practice, so they could decide if dental nursing was the right career for them.

We confirmed that 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 and gas appliances.

Records showed that fire detection and firefighting equipment was regularly tested. Fire drills were conducted every six months and whenever a new member of staff started work. The registered manager had undertaken an accredited fire training course and some staff had been trained as fire marshals. Recommendations from the practice's fire risk assessment to remove combustible material and a door wedge had been implemented.

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. 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. X-ray units had rectangular collimation in place to reduce patient 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 risk assessments that covered a wide range of identified hazards and detailed the control measures that had been put in place to reduce the risks to patients and staff. These were up to date and had been reviewed regularly.

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. Sharps bins were wall mounted and labelled correctly, although we noted two that had not been removed after a period of three months. The provider had a system in place to ensure 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

Are services safe?

life support every year. Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of checks 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 all materials used within the practice.

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 regular infection prevention and control audits. 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 were validated, maintained and used in line with the manufacturers' guidance. The decontamination room had a specific entrance and exit door to prevent staff bumping into each other whilst carrying dirty instruments.

We noted that all areas of the practice were visibly clean, including the waiting area, toilet and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. We noted some exposed cabinetry in surgery two, making the surface difficult to clean. 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 securely outside the building.

CCTV was used in the waiting area for additional security for both staff and patients, and appropriate signage was in place warning of its use. Each computer had an alert system that could be activated by staff if they needed urgent help.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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.

We saw staff stored and kept records of NHS prescriptions as described in current guidance, although individual scripts were not tracked to identify any loss or theft.

The dentists were aware of current guidance with regards to prescribing medicines. No antibiotic audits had been undertaken to ensure dentists were prescribing according to national guidelines, but the registered manager told us these would be undertaken soon.

Medical consumables we checked in drawers and cupboards were in date for safe use, although we noted a couple of out of date boxes of toothpaste samples.

Lessons learned and improvements

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. Incident reporting procedures were on display around the practice so that all staff were aware. The registered manager told us of two incidents, one involving two patients with the same name and another where mouthwash was put out instead of mouth rinse. These incidents had been discussed and shared across all 13 practices. The registered manager stated that improvements resulting from inspections at the provider's other practices had been implemented across all locations.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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 clinical director audited patients' dental care records to check that the clinicians recorded the necessary information.

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. The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. A dental hygienist worked one day a week to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease.

The practice took part in national oral health campaigns. For example, they had organised a stall in the local town centre for National Smile Month and gave out free samples of toothpaste and leaflets in relation to oral health. They had also provided oral health presentations at a local drop-in centre, for the Salvation Army and at Lowestoft College.

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.

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.

The practice's consent policy included information about the Mental Capacity Act 2005 and we noted information about its five principles displayed around the practice. 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 plenty of them for the smooth running of the practice. Staff were available from the provider's other practices in Beccles and Stowmarket 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.

Staff told us they discussed their training needs at their annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

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 caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff, and described staff as helpful, professional and caring. Staff gave us specific examples of where they had supported patients such as delivering antibiotics to a patient at home and phoning a patient after their tooth extraction at hospital to check on their welfare.

We spent time observing staff at reception and although very busy, they remained polite, professional and helpful both on the phone and face to face with patients.

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.

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.

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

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

In addition to general dentistry, the practice offered orthodontic, dental hygiene and cosmetic services. A dental implant services was available at a sister practice in Beccles. The practice offered its own payment scheme to help patients spread the cost of their treatment.

The practice had made good adjustments for patients with disabilities. This included level access entry, an accessible toilet, downstairs treatment rooms, a hearing loop and reading glasses. Part of the reception desk had been lowered to make it easier to communicate with wheelchair users. There was a raised seat, with arms, in the waiting room for patients with limited mobility. There was access to translation services and the dentists spoke a range of languages including Romanian, Lithuanian, French and Greek and were matched with patients who also speak that language.

Timely access to services

The practice offered extensive hours, opening seven days a week, and until 8pm from Monday to Friday. It also participated in the NHS out of hours service. The practice's

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.

Appointments could be made by telephone or in person and the practice operated a text appointment reminder service. Specific emergency slots were available for those experiencing pain. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

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 treatment rooms, but not in the waiting area where it would be more accessible. Reception staff spoke knowledgeably about how to deal with patients' concerns.

Complaints were dealt with either by the practice manager or clinical director. We viewed the paperwork in relation to two recently received verbal complaints and found that they had been investigated appropriately and patients had been given a timely response. The practice had fully investigated a concern we had received about them.

Are services well-led?

Our findings

Leadership capacity and capability

We found the partners had the capacity and skills to deliver high-quality, sustainable care. There was a clear staffing structure within the practice itself and processes were in place to develop staff's capacity and skills for future leadership roles. Staff told us the regional manager visited weekly and was always available at the end of a phone. They described senior managers as approachable, effective and responsive. One staff member reported, 'They are hot on policies, inductions and staff training'.

Culture

Staff reported that they enjoyed their job and felt respected and valued in their work. They cited good support, access to training and team work as the reason. One staff member told us they felt particularly proud of the support they provided to young trainee nurses.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it. Staff reported they were able to raise concerns and were encouraged to do so.

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. The clinical director kept a close eye on individual dentist's performance and carried out a range of audits. They undertook regular professional registration checks to check for any staff fitness to practice conditions.

The provider had their own intranet site where staff could access all policies and procedures, as well as the staff on-line handbook.

The provider was a member of the British Dental Association's good practice scheme and had achieved an Investors in People Award.

Communication across the practice was structured around key scheduled meetings which staff told us they found beneficial. Minutes we viewed were detailed. In addition to this the practice managers of all 13 locations met for a two-day annual conference.

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. Staff received training on information governance.

Engagement with patients, the public, staff and external partners

The practice gathered feedback from patients in a number of ways. Patients were able to complete a survey, as well as leave reviews on google, Facebook and NHS Choices, all of which were actively monitored. We viewed results from the patients' survey in April 2019 completed by 25 patients and noted that they rated the practice 100% for the competence of and service from staff. The practice had scored five stars out of five, based on 22 reviews on NHS Choices.

The practice also encouraged patients to complete the NHS Friends and Family Test. We viewed ten recent responses which indicated that they all would recommended the practice. Staff told us that patients' suggestions to provide a hook on the back of surgery doors and to extend opening hours had been implemented.

The practice gathered feedback from staff through meetings, appraisal, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted upon. Their suggestions to hold OPG X-ray sessions and have more lockers had been implemented. The provider also ran an employee survey which staff could complete anonymously. This asked staff if they felt valued, if they received appropriate training and if they had the tools for their job.

Continuous improvement and innovation

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. The provider paid for staff to receive training from an accredited on-line provider.

Are services well-led?

The registered manager reported he had undertaken training to support newly qualified dentists. The practice employed trainee nurses and one told us they had received excellent support from their mentor and other staff at the practice.

All staff had annual appraisals, which they told us was useful. One commented, 'They're not afraid to tell me the truth and that's good'.