Mr Babak Ghalekhany

Regent Street Dental Surgery

Inspection Report

Regent Dental Practice
102 Regent St
Cambridge
CB21DP
Tel: 01223355923
Website: www.regentdentalpractice.com

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Overall summary

We carried out this announced inspection on 19 December 2017 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. A CQC inspector, who was supported by a specialist dental adviser, led the inspection.

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

Regent Dental Practice is based in Cambridge city centre and provides both NHS and private dentistry to patients of all ages. The dental team consists of two dentists, a hygienist, three dental nurses and a practice manager. An endodontist, implantologist and oral surgeon visit regularly to provide specialist treatment to patients.

The practice has three treatment rooms and is open Mondays to Thursdays from 8am to 4pm, and on Fridays from 8am to 3.30pm. There is no access for wheelchair and pushchair users.

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.

No dental clinicians were available on the day of our visit but we spoke with the practice manager, the hygienist and the receptionist. We looked at the practice's policies and procedures, and other records about how the service was managed. We collected 17 comment cards filled in by patients prior to our inspection.

Our key findings were:

- We received many positive comments from patients about the dental care they received and the staff who delivered it.
- The practice was clean and well maintained, and had infection control procedures that reflected published guidance.
- Staff knew how to deal with medical emergencies, although not all equipment recommended by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council standards was available.
- The practice's sharps handling procedures and protocols complied with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- 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 dealt with complaints positively and efficiently.
- The practice proactively sought feedback from staff and patients, which it acted on.

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

- Review the practice's system for the 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 availability of medicines and equipment to manage medical emergencies taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's responsibilities to meet the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

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.

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults. 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 arrangements for dealing with medical and other emergencies, although did not have all equipment available as recommended by guidance. Incidents that occurred within the practice were not always used effectively as learning opportunities.

No action ✓

Are services effective?

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

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 staff received professional training and development appropriate to their roles and learning needs.

Clinical audits were completed to ensure patients received effective and safe care.

No action ✓

Are services caring?

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

We received feedback about the practice from 17 patients. They were positive about all aspects of the service the practice provided. Patients spoke highly of the dental treatment they received and of the caring and supportive nature of the practice's staff. Staff gave us specific examples of when they had gone above the call of duty to assist patients.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

No action ✓

Are services responsive to people's needs?

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

The practice had good facilities and was well equipped to treat patients and meet their needs. Helpful information about the practice and its services was available for patients in the waiting room and on the practice's website. Routine dental appointments were readily available, as were urgent on the day appointment slots. Patients told us it was easy to get an appointment.

No action ✓

Summary of findings

The practice was not accessible to wheelchair users and did not provide a hearing loop or information about translation services. Information about the practice was not available in other formats or languages. A clear complaints' system in place was in place and patients concerns were responded to in a timely and empathetic way.	
Are services well-led? We found that this practice was providing well-led care in accordance with the relevant regulations. The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. Staff told us they enjoyed their work and felt able to raise their concerns. The practice monitored clinical and non-clinical areas of their work to help improve and learn. This included asking for and listening to the views of patients and staff.	**No action** ✓

Regent Street Dental Surgery

Detailed findings

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff were recording accidents. For example, we reviewed three incidents in the practice's accident book including a nurse who had burnt themselves on a hot instrument tray, a sharps' injury and a patient's fall. However, there was no evidence to show that these incidents had been analysed and shared across the staff team for learning and to prevent their reoccurrence.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Alerts were emailed to the practice and monitored by the principal dentist and practice manager who actioned them if necessary. Staff were aware of recent alerts affecting dental practice.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Information about where to report concerns was displayed around the practice, for both staff and patients.

All staff had received a disclosure and barring service check to ensure they were suitable to work with vulnerable adults and children, although we noted that one clinician had not been checked against the children's register. The practice manager told us that a new DBS check had been applied for them because of this.

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

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

Medical emergencies

Staff knew what to do in a medical emergency and had completed in-house training in emergency resuscitation and basic life support, although they did not regularly rehearse emergency medical simulations so that they had a chance to practise their skills.

We found that not all emergency equipment and medicines were available as described in recognised guidance. There was no paediatric facemask or self-inflating bag. Not all sizes of oropharyngeal airways were available and there was no asthma spacer. The practice did not have the recommended dosage of aspirin or medicine for treating epileptic seizures. We found a number of syringes that had become out of date. The emergency equipment was kept in a locked cupboard in the waiting room, making it difficult to access quickly if needed.

Staff recruitment

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

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

The practice had completed a fire risk assessment on 19 December 2017 and a number of minor recommendations to improve safety were being implemented by the practice manager. Full evacuations of the premises with patients were rehearsed to ensure that all staff knew what to do in the event of an emergency. Some staff had been trained as fire marshals and there were weekly checks of escape routes, alarm and emergency lighting.

There was a comprehensive control of substances hazardous to health folder in place containing chemical

Are services safe?

safety data sheets for most products used within the practice. However, there were no safety data information sheets available for products used by the external cleaning company.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice had comprehensive infection control policies in place to provide guidance for staff on essential areas such as hand hygiene, the use of personal protective equipment and decontamination procedures. The practice conducted infection prevention and control audits, and results from the latest audit undertaken in December 2017 indicated that it met essential quality requirements.

We noted that all areas of the practice were visibly clean and hygienic including the waiting areas, toilet and stairway. We checked two treatment rooms and surfaces including walls, floors and cupboard doors were free from visible dirt. The rooms had sealed work surfaces so they could be cleaned easily. However, we noted cloth covered chairs in two treatment rooms, which could not be cleaned easily. Cleaning equipment was colour coded although not stored correctly. We noted an unlocked cupboard containing bleach.

Staff uniforms were clean, their hair tied back and their arms were bare below the elbows to reduce the risk of cross contamination. Records showed that clinical staff had been immunised against Hepatitis B.

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

Suitable arrangements were in place for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice, which was stored securely in the basement prior to collection.

Equipment and medicines

Staff told us they had the equipment needed for their job and that repairs were actioned swiftly. We saw servicing documentation for the equipment used and staff carried out checks in line with the manufacturers' recommendations.

The practice had a fridge to store temperature sensitive materials and its temperature was monitored to ensure it was working effectively, although the way in which they were recorded was a little confusing.

Audits of antibiotic prescribing were undertaken and patient group directions had been drawn up for the hygienist to allow her to administer local anaesthetic to patients. The practice stored prescription pads safely, although there was no log kept of all issued prescriptions to prevent loss due to theft.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. Clinical staff completed continuous professional development in respect of dental radiography.

Dental care records we reviewed showed that dental X-rays were justified, reported on and quality assured. The practice carried out X-ray audits every year following current guidance and legislation. We noted that rectangular collimation to reduce patient dosage was used in just two of the three treatment rooms.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We received 17 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment and the staff who provided it.

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines.

The practice regularly audited dental care records to check that the necessary information was recorded, although notes for the practice's hygienist were not formally reviewed to ensure they met national standards.

Health promotion & prevention

Dental care records we reviewed demonstrated that dentists had given oral health advice to patients (although in some cases this could have been more detailed), and referrals to other dental health professionals were made if appropriate.

The practice manager reported that the dentists discussed smoking, alcohol consumption and diet with patients during appointments. We noted leaflets in the waiting area with information for patients on oral health, dental decay, smoking and diet. There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes, disclosing tablets and floss. Free samples of toothpaste were available for patients to take on the reception desk.

The hygienist regularly signposted patients to use YouTube videos to help them understand and implement their oral hygiene routines.

Staffing

Staff told us there were enough of them to ensure the smooth running of the practice, and that they did not feel rushed in their work. A nurse always worked with a dentist; however, the hygienist mostly worked alone. She told us she would value having a nurse for chaperoning and to assist with record keeping and instrument cleaning.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. There was appropriate employer's liability in place.

Working with other services

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. Referrals were not actively monitored by the practice to ensure they had been received and patients were not routinely given a copy of their referral.

Consent to care and treatment

Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice had polices in relation to the Mental Capacity Act 2005 and patient consent and staff had undertaken training in these. Staff we spoke with had a satisfactory understanding of the Mental Capacity Act and how it affected their management of patients who could not make decisions for themselves.

Staff were also aware of the issues to consider when treating young people under 16. For example, the practice manager told us that one dentist had refused to treat a young person, as the person that had accompanied them did not have parental responsibility for them and therefore could not consent on their behalf.

Dental records we reviewed demonstrated that treatment options had been explained to patients and additional consent forms had to be signed by patients for implants, tooth whitening and particular cosmetic procedures.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We received positive comments from patients about the quality of their treatment and the caring nature of the practice's staff. One patient commented that the clinicians always showed a personal interest in their treatment and that their concerns were listened to. Patients described staff as caring and genuine. Staff gave us specific examples of where they had supported patients such as helping them organise care at home, supporting patients in emotional distress and paying the taxi charge for a patient who had lost their purse.

All consultations were carried out in the privacy of treatment rooms and we noted that the door was closed during procedures to protect patients' privacy. The reception area was not particularly private but computer screens were not overlooked and were password protected. Patient notes and information was stored securely in locked filing cabinets behind the reception desk.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

The practice's website contained links to informative videos on a range of dental topics such as periodontics, implants and dentures. There were also links to dental websites so that patients could learn more about their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a website that provided information for patients about its services and the staff team**.** In addition to general dentistry, the practice offered specialist treatments such as implants, endodontics, tooth whitening and some facial aesthetics.

The waiting room was comfortable and contained information for patients about various dental conditions. There was also a specific folder containing details of the practice's key health and safety and information governance policies for patients to read. There was a specific play area for young children with toys to keep them occupied whilst they waited.

Patients told us they were mostly satisfied with the appointments system and the ease of getting through on the phone, although three patients commented that they would value Saturday opening. There were four emergency appointment slots each day for each dentist. Patients could sign up for text appointment reminders that were sent a week prior to their appointment.

Information about out of hours services was available on the practice's answer phone and on display outside should a patient come when the practice was closed.

Promoting equality

The layout of the premises meant that it was not accessible to wheelchair users, and there was no fully accessible toilet for patients with limited mobility. There was no portable hearing loop available to assist patients who wore hearing aids, and no information about the practice in other formats and languages. Although the staff spoke a range of languages, there was no information about translation services for patients and the receptionist was not aware of any.

Concerns & complaints

Information about the practice's complaints procedure for both NHS and private patients was available in the waiting area. This included the timescales by which complaints would be responded to and other organisations that patients could contact to raise their concerns.

We reviewed the paperwork in relation to two complaints received in the previous year and found they had been thoroughly investigated and responded to in a professional, empathetic and timely way. We noted that a specific event record had been completed for each of these complaints.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice, supported by an experienced and dentally qualified practice manager. The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Staff received copies of these polices and signed them to show they had read and understood them. The practice used an on-line governance tool to assist them in the management of the service.

The practice used a range of comprehensive daily checklists for surgery tasks to ensure they were completed by staff.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. A specific leaflet had been produced for patients describing how their personal information would be protected.

Leadership, openness and transparency

Communication across the practice was structured around regular practice meetings that all staff attended. Each meeting focussed on a specific topic: for example, December's meeting was dedicated to fire safety, October's meeting to infection control and September's meeting health and safety. Minutes were kept of the meetings and staff told us they provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them.

The practice had a specific duty of candour policy, and we reviewed minutes of a practice team meeting where it had been discussed to make staff aware of their responsibilities under it.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits on the quality of dental care records, radiographs, patient waiting times, waste management, and infection prevention and control. We reviewed records of the results of these audits and the resulting action plans and improvements.

Staff told us they completed mandatory training, including medical emergencies and basic life support. The General Dental Council requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so and paid for their access to an on-line training provider.

All staff had recently received an appraisal of their performance, although we did not see documentation to show that they had received these regularly prior to our inspection.

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

The practice used surveys and verbal comments to obtain patients' views about the service. Patients could also 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. Recent results showed that 100% of patients would recommend the practice. In direct response to patients' feedback, staff told us they had provided children's toys and coat hangers in the waiting room, and had put up a larger mirror in the patient's toilet.

The practice had scored four out of five stars on the NHS Choices website, based on 20 patient reviews of the service. We noted that the practice had not commented on any of the reviews left.

In response to staff suggestions, the practice manager told us that a radio and music license had been obtained in the reception area; air-conditioning and portable heaters had been installed, and a microwave had been bought so that staff could heat their lunch.