Peter Goch - Marford Road Dental Practice

# Marford Road Dental Practice

## Inspection Report

Marford Road Dental Practice
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## Overall summary

We carried out this announced inspection on 5 November 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

**Our findings were:**

**Are services safe?**

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

**Are services effective?**

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

**Are services caring?**

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

**Are services responsive?**

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

**Are services well-led?**

We found that this practice was not providing well-led care in accordance with the relevant regulations.

**Background**

Marford Road Dental Practice is a well-established practice based in Wheathampstead that provides both NHS and private dental treatment to about 9,000 patients. The dental team includes two dentists, a specialist periodontist, a hygienist, a practice manager, three dental nurses and two reception staff. There are three treatment rooms. There is on-site parking for four cars and additional parking opposite the practice.

The practice opens on Mondays to Fridays from 9am to 5pm.

# Summary of findings

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 practice has a part-time registered/ compliance manager, who also works at another dental service.

On the day of inspection, we collected 46 CQC comment cards completed by patients. We spoke with a dentist, the practice manager, the registered manager and two nurses.

We looked at practice policies and procedures and other records about how the service is managed.

**Our key findings were:**

- Information from completed Care Quality Commission comment cards gave us a positive picture of a caring and professional service.
- The practice appeared clean and well maintained.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients received their care and treatment from well supported staff, who enjoyed their work.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted upon.
- The management of risk was limited and potential hazards within the practice had not been identified or assessed to reduce potential harm.
- The practice's sharps procedures were not in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- The quality of recording in patients' dental care records was variable and did not always take into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Staff did not receive regular appraisal of their performance and not all had personal development plans in place.
- Pre-employment checks were not always undertaken to ensure staff were suitable to work with vulnerable adults and children.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

**There were areas where the provider could make improvements and should:**

- 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?

No action

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

Staff received training in safeguarding patients and knew how to recognise the signs of abuse and how to report concerns. Premises and equipment were clean and properly maintained. The practice mostly followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies and immediately purchased missing emergency medical equipment on the day of our inspection.

The management of risk was limited and a number of potential hazards within the practice had not been assessed, or measures implemented to reduce the risk. Clinicians did not follow national guidance in relation to the use of sharps.

Staff recruitment procedures were not robust and staff had been employed before suitable pre-employment checks had been obtained.

### Are services effective?

No action

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

Patients told us they were very happy with the quality of their treatment. Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. However, the quality of recording in patients' dental care records was variable and did not always follow best practice guidance.

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

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals, although non-NHS referrals were not actively monitored to ensure they had been received.

### Are services caring?

No action

**Are services caring?**

We received feedback about the practice from 46 patients. Patients were positive about all aspects of the service and spoke highly of the staff who delivered it. Staff gave us specific examples of where they had gone out of their way to support patients.

# Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

**Are services responsive to people's needs?**

**No action** 

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs and provided some facilities for disabled patients, including wheelchair access and a downstairs treatment room and toilet. However, the practice did not have a hearing loop or information about its services in any other formats or languages.

It was not possible for us to assess how the practice managed complaints as we were told only one had been received in the previous few years, and no formal record had been kept of it. Information about how to complain was not easily accessible to patients.

**Are services well-led?**

**Requirements notice** 

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The practice had some arrangements to ensure the smooth running of the service. There was a clearly defined management structure and staff felt supported and appreciated. The practice asked for, and listened to the views of patients and staff.

However, we found several shortfalls which indicated that the practice's governance procedures were not effective. This included the management of emergency medical equipment, the provision of staff appraisal, the management of risk and the recruitment of staff. Auditing systems needed to be more robust to ensure effective monitoring of the service.

# 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. All staff had undertaken appropriate training in safeguarding matters and the principal dentist was the named lead.

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

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

Dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment to protect patients' airways.

The practice did not have a formal written protocol in place to prevent wrong site surgery.

The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. Files we reviewed for two recently recruited staff showed that the practice had not followed their recruitment procedure and appropriate pre-employment checks had not always been undertaken for staff. For example, two staff did not have DBS checks or two references obtained at the point of their employment to ensure they were suitable to work with vulnerable adults and children.

New staff received an induction to their role, and one trainee nurse told us they had felt, 'very well looked after', having started working at the practice.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including gas and electrical appliances.

Records showed that fire detection and firefighting equipment was regularly tested. However, at the time of our inspection a fire risk assessment had not been completed, so it was not clear how the practice was managing potential fire hazards. The practice did not provide suitable signage to indicate that oxygen cylinders were held on site and had not undertaken five yearly electrical fixed wire testing.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file, although it was a bit disordered. Clinical staff completed continuous professional development in respect of dental radiography. Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured. Regular radiograph audits were completed for the dentist. Rectangular collimation was not used on intra-oral X-ray units to reduce patient exposure.

**Risks to patients**

The practice had not completed any type of assessment to identify potential risks on its premises. We viewed a number of potential hazards such as steep stairs and the storage of oxygen that had not been assessed. A sharps risk assessment had been completed for the first time just prior to our inspection, despite this being a requirement since the Sharps Regulations were introduced in 2013. The assessment was basic and did not cover all items such as needles, matrix bands and scalpels. Clinicians were not using the safest types of sharps and justification of this was not evident in the risk assessment. Sharps' boxes were not wall mounted for safety and their labels had not been completed. Staff were unaware that sharps' bins needed to be discarded after a period of three months to minimise infection risk.

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. We noted this was due in July 2018, but had not been booked till December 2018. Staff did not undertake regular medical emergency simulations to keep their knowledge and skills up to date. Not all

# Are services safe?

recommended emergency equipment was available but missing items were ordered on the day of our inspection. We noted that bandages in the practice's first aid kit were 11 years out of date.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Staff carried out infection prevention and control audits, although not as frequently as recommended in best practice guidance. The latest audit showed the practice was meeting the required standards, although we noted some discrepancies in its findings.

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

A legionella risk assessment had been completed in 2016 and its recommendations had been implemented. Water temperatures were tested each month. Dental water unit lines were flushed through each morning, but not between patients as recommended in best practice guidance.

We noted that all areas of the practice were visibly clean, including the waiting area, toilet and staff area. We checked two treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. We found some loose and uncovered items in treatment room drawers that risked contamination from bacterial aerosol.

The practice used an appropriate contractor to remove dental waste. Clinical waste was stored externally, but had not been secured adequately.

**Safe and appropriate use of medicines**

The dentists were aware of current guidance with regards to prescribing medicines. However, antimicrobial auditing had not been undertaken to ensure staff were prescribing them in accordance with national guidelines. The practice's hygienist could be accessed directly by patients and appropriate patient group directions were in place to allow her to administer certain medicines.

The fridge's temperature, in which Glucagon was kept, was not monitored to ensure it operated effectively. Prescription pads were held securely but there was no tracking in place to monitor individual prescriptions to identify any theft or loss.

**Information to deliver safe care and treatment**

Dental care records were kept securely in a locked office, and complied with data protection requirements. Staff were aware of new guidelines in relation to the management of patient information and had updated the practice's policies and procedures accordingly.

**Lessons learned and improvements**

There was no guidance for staff on how to manage significant events and found that staff had a limited understanding of what might constitute an untoward event. We noted that some accidents had been recorded in the practice's accident book (a matrix band injury and a bite from a patient) but there was no evidence to show how learning from them had been shared.

The practice had a system in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and staff were aware of recent alerts affecting dental practice as a result.

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment, care and treatment**

We received 46 comments cards that had been completed by patients prior to our inspection. All the comments reflected high patient satisfaction with the results of their treatment and their overall experience of it.

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that dentists mostly assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Some clinicians used paper records, others used computerised ones, and their quality varied. Not all records we viewed contained information about patients' oral health risks and lacked evidence of the consent process.

The practice offered dental implants. These were placed by one of the dentists who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

**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. Staff told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. We noted information on display in the waiting room in relation to 'mouth cancer awareness, and information about the number of units in different types of alcoholic drinks. In addition to a periodontist, 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.

The practice had a selection of dental products for sale including mouth wash, interdental brushes and floss. Free samples of toothpaste were available on the reception desk.

**Consent to care and treatment**

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

The practice's consent policy did not include any information about the Mental Capacity Act 2005 and Gillick competence, and staff had not received any training in this matter. Despite this, we found staff had an adequate understanding of these issues and how they might impact on treatment decisions. The recording of patients' consent in the records we viewed was variable.

**Effective staffing**

All clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The dentists were supported by appropriate numbers of dental nurses, although the hygienist worked without chairside support. Staff told us there were enough of them for the smooth running of the practice and to cover their holidays. The registered manager was also a dental nurse and told us she could help if required.

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.

The practice did not actively monitor non-NHS referrals to ensure they had been received and patients were not routinely offered a copy of their referral.

# Are services caring?

## Our findings

**Kindness, respect and compassion**

Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as caring, patient and responsive. One patient told us that staff struck the right balance between being friendly and professional. Another described the environment as warm, friendly and calming. Three patients stated that reception staff were always helpful. Staff told us that patients were on first name terms with their dentist and that nurses were always introduced to them. Staff described to us some of the practical ways they helped nervous patients manage their treatment.

Staff gave us examples of where they had assisted patients such as giving walking them home, collecting their prescriptions, and visiting a particularly anxious patient to reassure them about their treatment.

**Privacy and dignity**

The practice did not have a separate waiting room, so the reception area was not particularly private. However, we noted a poster on display, informing patients that any confidential matters could be discussed elsewhere. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it. 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. Blinds were on windows to prevent passers-by looking in.

**Involving people in decisions about care and treatment**

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Three patients commented that the dentists always listened to their concerns and took them seriously.

Staff described to us the methods they used to help patients understand treatment options discussed. These included visual aids, dental models, and the use of crowns and dentures to help patients better understand their treatment.

# 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, providing patients with information about its staff and the services it provided. Patients could see a male or female dentist. In addition to general dentistry, the practice offered access to a specialist periodontist, a direct access hygienist and implant treatment.

The practice had made reasonable adjustments for patients with disabilities which included sloped entry access, and a downstairs surgery and toilet. However, there was no hearing loop available to assist those with hearing aids. Information about the practice was not available in any other formats or languages. Staff were unaware of translation services that could be offered to patients who did not speak English.

**Timely access to services**

At the time of our inspection, the practice was not taking registering any new adult NHS patients.

Patients told us they were satisfied with the appointments system and said that getting through on the phone was easy. Although the practice was officially open between 9 am and 5 pm, staff told us they offered appointments at 8 am to patients who commuted to London. The practice offered a text message reminder appointment service to patients. Emergency appointment slots were available each day.

Information about out of hours services was available in the patients' information sheet, but not on display externally should a patient visit when the practice was closed.

15 minutes was allocated for routine dental appointments and time to treatment was about a week.

**Listening and learning from concerns and complaints**

Information about the practice's complaints procedure was on display in waiting area. However, we noted that the information was out of date and made references to organisations that no longer existed.

The practice manager told us she could only recall one patient complaint in the previous few years. It was not possible to assess how the practice had managed this complaint as no paperwork was available to determine the timescale in which it had been responded to, the quality of the investigation or the complaint's outcome. There was no evidence to show how learning from it had been implemented to improve the service.

# Are services well-led?

## Our findings

**Leadership capacity and capability**

The principal dentist had overall responsibility for the management and clinical leadership of the practice, supported by a practice manager and compliance manager. Staff described these senior staff as approachable and responsive to their needs. Staff described the practice as a calm, relaxed and a good place to work in.

**Vision and strategy**

The practice did not have any specific vision or strategy in place, other than to continue offering a caring and quality service to its current patients**.** There were plans in place for an extension and to move the upstairs treatment room, downstairs.

**Culture**

Staff stated they felt respected and valued in their work. Many had worked there a number of years and described a close family like atmosphere in the practice. They told us they felt listened to by the principal dentist and the practice manager. Their suggestions for more social activities, to introduce differently coloured medical history forms and to reduce clinical time had been implemented.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

**Governance and management**

We identified a number of shortfalls during our inspection which indicated that governance procedures were not robust. This included the management of medical emergency equipment, the use of safer sharps, the quality of risk assessment, the management of complaints and the provision of staff appraisal. The quality of audits was limited and there was no evidence to show how they were used to drive improvement.

Communication across the practice was structured around practice meetings, however these were infrequent and not always fully documented.

**Appropriate and accurate information**

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

**Engagement with patients, the public, staff and external partners**

The practice used patient surveys to gather feedback about its services. This asked questions, about the friendliness of staff, waiting times and if dental procedures had been explained well to them. Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We viewed the results of 57 responses received between 2017 and 2018 which showed that 100% of patients would recommend the practice. We found that patients' feedback was acted upon. For example, the practice had started a magazine subscription to provide a wider variety of reading material in the waiting room, provided chairs with arms to help patients with limited mobility and introduced flexible working for the hygienist to increase patient access.

**Continuous improvement and innovation**

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, and infection prevention and control. However, an infection control audit had not been undertaken since July 2017, and the records card audit had not been effective in identifying the shortfalls we found in relation to the paper records. There were no clear results of the audits or of resulting action plans and improvements.

Staff did not receive regular appraisal of their performance and one member of staff told they had not received an appraisal in the eleven years they had worked there.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>**Regulation 17 (1) Good Governance**<br>The registered person did not have effective systems in place to ensure that the regulated activities at Marford Road Dental practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014<br>In particular:<br>· There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence.<br>· The practice's sharps procedures were not in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.<br>• There were no robust recruitment systems in place to ensure that only fit and proper staff were employed by the practice.<br>· Audits of dental care records, and infection control were not effective.<br>· Complaints were not recorded effectively and learning from them was not shared. |

This section is primarily information for the provider

# Requirement notices

- Risk assessment was not robust and potential hazards within the practice had not been identified

**Regulation 17 (1)**