

Patnam Elphick & Associates

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## Inspection Report

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### Overall summary

We carried out this announced inspection on 4 September 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 providing well-led care in accordance with the relevant regulations.

##### **Background**

Pearl Dental is based in Norwich and provides both private and NHS treatment to about 4,500 patients. The dental team includes five dentists, six nurses, a hygienist, a receptionist and practice manager. The practice has three treatment rooms.

The practice opens on Mondays to Thursdays from 8.30 am to 5.30 pm, and Fridays from 8.30am to 5pm. There is level access for people who use wheelchairs and those with pushchairs. There is some parking available on site as well as a specific disabled parking bay directly outside the premises. Additional on-road parking is available near the practice.

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.

# Summary of findings

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 is the principal dentist.

On the day of inspection, we collected 38 CQC comment cards completed by patients, and spoke with another two. We spoke with the practice manager, two dentists 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, professional and high-quality service.
- 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.
- Risk assessment was robust and action was taken to protect staff and patients.
- Clinical staff provided patients' care and treatment in line with current guidelines
- Patients received their care and treatment from well supported staff, who enjoyed their work.
- 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 effective leadership and culture of continuous improvement.

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

- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the need to effectively record caries, periodontal and cancer risks within patients' dental care records, taking into account the guidance provided by the Faculty of General Dental Practice
- Review 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.

We asked the following question(s).

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. Learning from incidents and complaints was used to improve the service.

Staff received training in safeguarding patients and knew how to recognise the signs of abuse and how to report concerns. Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies,

No action



### Are services effective?

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, although we noted some dental records required a little more detail when reporting on patient risk. The staff received professional training and development 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 referrals were not actively monitored to ensure they had been managed appropriately.

No action



### Are services caring?

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

We received feedback about the practice from 40 people. Patients were positive about all aspects of the service and spoke highly of the treatment they received, and of the staff who delivered it. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

Staff gave us specific examples of where they had gone out of their way to support patients.

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

No action



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

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

No action



# Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain and the practice offered a text and email appointment reminder services.

Staff considered patients' different needs. This included providing some facilities for disabled patients, and families with children. The practice had access to interpreter services although did not provide a portable hearing loop to assist patients who wore hearing aids.

The practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

## **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 staff to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for, and listening to, the views of patients and staff.

**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 information about safeguarding matters was available around the practice making it easily available. Additional information about local support agencies, including domestic violence was on display in the patients' toilet. The principal dentist was the lead for safeguarding matters and had undertaken level three training in child protection.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. The practice did not have a specific written protocol outlining safety standards for invasive procedures but the practice manager implemented one during our inspection.

The practice had a whistleblowing policy and 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. This could be accessed remotely if needed.

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 followed their recruitment procedure to ensure only suitable staff were employed. 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. Staff told us they had all the equipment they needed for their role. Stock control was effective and

medical consumables we checked in cupboards and drawers were within date for safe use, although we noted that two boxes of toothpaste samples had just become out of date.

Records showed that fire detection and firefighting equipment was regularly tested. A fire risk assessment had been undertaken in 2018 and had made no recommendations for improvement. Two nurses had been trained as fire marshals and one nurse gave us a very detailed explanation of the practice's fire evacuation procedures.

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 local rules had not been reviewed since January 2017. We noted that rectangular collimators were not used on all X-ray units to reduce dosage to patients but these were ordered immediately following our inspection.

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 dentists.

CCTV was in use in the hallway and reception area for additional security for staff and patients and there was appropriate signage and information in place informing patients of its use.

### **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 comprehensive practice risk assessments that covered a wide range of identified hazards in the practice; these detailed the control measures that had been put in place to reduce the risks to patients and staff.

The practice followed relevant safety laws when using needles and other sharp dental items, and the dentists were using the safest types of sharps. Sharps bins were labelled and although not wall mounted, were sited safely. We noted one bin had just become out of date for safe use. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

# Are services safe?

The practice used encapsulated amalgam and staff were aware of the changes in regulations in its use.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Staff involved in the sedation of patients had completed intermediate life support training, although they did not undertake medical emergency simulations so they had a chance to practise their skills. Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order, although we noted that oxygen was not checked daily as recommended in best practice guidance. There was no signage on the exterior of the building to warn that oxygen was stored on the premises. Eyewash, mercury and bodily spill kit were also available.

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 twice a year. 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. Records showed that equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' recommendations.

A legionella risk assessment had been completed and the practice had implemented procedures to reduce the possibility of Legionella or other bacteria developing in the water system.

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

Staff uniforms were clean, their hair was tied back and their arms were bare below the elbows to reduce the risk of cross contamination. Their uniforms were laundered on site.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored in a locked and secure container externally where there was no public access.

## **Safe and appropriate use of medicines**

The practice had reliable systems for appropriate and safe handling 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.

The practice stored and kept records of NHS prescriptions as described in current guidance, but there was no robust tracking in place to monitor individual prescriptions and identify any theft or loss.

The dentists were aware of current guidance with regards to prescribing medicines and antimicrobial prescribing audits were carried out, although we noted limited analysis and reflection of their results.

## **Information to deliver safe care and treatment**

Dental care records were kept securely and complied with data protection requirements. All patient paper records were scanned onto the computer.

Staff were aware of new guidelines in relation to the management of patient information and we saw that this had been discussed at the practice meeting of July 2018. Posters were on display in the reception area informing patients of the new regulations.

## **Lessons learned and improvements**

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. We found that untoward events were recorded and managed effectively to prevent their reoccurrence. Details of specific incidents were discussed at regular practice meeting so that learning for them could be shared across the staff team, evidence of which we viewed at meetings held in June and July 2018.

## Are services safe?

The practice had signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were downloaded and held in a specific file and staff were aware of recent alerts affecting dental practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

We received 38 comments cards that had been completed by patients prior to our inspection. All the comments reflected high patient satisfaction with the quality of their dental treatment with patients describing their treatment as effective and pain free. One patient told that staff had listened to them and they were seen promptly. Another told us that their first examination had been very thorough and the dentist had picked up problems that had not been identified by their previous dentist.

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. Dental care records we reviewed were audited regularly to check that the necessary information was recorded. Audits had identified a lack in the recording of patients' smoking and alcohol intake, something we also identified on our review of notes.

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

The practice provided sedation services for very nervous patients. All staff had undertaken appropriate training for their role and the dentist was a mentor for other dentist training in sedation techniques. Our discussion with staff, and review of clinical notes demonstrated that sedation was undertaken in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice had a cone beam CT scanner and digital X-ray to enhance the delivery of care to patients.

### Helping patients to live healthier lives

The practice had a selection of dental products for sale such as interdental brushes, floss and mouth wash. Free samples of toothpaste were available for patients.

The dentist described to us the procedures they used to improve the outcome for patients with gum disease which

were in line with best practice guidance. 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 and frequently used disclosing liquid to help identify where patients had not been brushing their teeth effectively. Dentists used fluoride varnish for children based on an assessment of the risk of tooth decay.

The practice manager was an oral health educator and told us she was keen to promote oral health education to patients. She already had plans in place to introduce a range of patient information leaflets about oral health.

### 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. All staff we spoke with showed a satisfactory understanding of the Mental Capacity Act and Gillick competence guidelines, and how they might impact on treatment decisions.

The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### Effective staffing

Staff told us there were enough of them for the smooth running of the practice and to meet patients' needs. Most days there was a dedicated decontamination nurse and the hygienist worked with chairside support.

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 annual appraisals. Several nurses had undertaken training in sedation and implant techniques.

### 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



# Are services effective?

(for example, treatment is effective)

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 to check referrals had been received and patients were not routinely offered a copy of their referral for their information.

# 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 calm, reassuring and thorough. Staff gave us specific examples of where they had supported patients. For example, delivering laboratory work so that patients could have it sooner, calling elderly patients to check on their welfare and telephoning patients personally to advise them that their dentist was retiring.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality and the practice had a separate waiting area allowing for good privacy for reception staff when talking to other patients on the phone. Reception computer screens were not easily visible to patients and staff did not leave patients' personal information where others might see it.

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

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

Dental records we reviewed showed that treatment options had been discussed with patients. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

We noted leaflets in the waiting area providing information to patients on a range of dental treatments including silver fillings, inlays, veneers and apicectomy. Whilst observing the reception area, we overheard one patient tell the receptionist that the dentist had drawn 'lovely pictures' to help explain their treatment. Another patient commented that the level and quality of treatment alternatives was always thoroughly explained.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The waiting area provided good facilities for patients including a TV screen and newspapers to keep patients occupied whilst they waited. A water fountain was also available. One patient described the practice's environment as welcoming and safe, which helped relax them before treatment.

Appointments could be made by telephone, in person or on-line and the practice offered a text and email appointment reminder service. Specific emergency slots were available for those experiencing pain. Staff told us that patients in pain were always seen on the same day.

The practice had made reasonable adjustments for patients with disabilities which included a disabled parking spot, downstairs surgeries and a fully accessible toilet. However, there was no portable hearing loop to assist those patients who wore hearing aids. Patients had access to translation services if needed and the practice manager told us that some information was available in larger print for visually impaired patients. A pair of reading glasses was kept at reception for patients to borrow.

Two patients told us that the practice had recently increased its fees and felt that greater clarity should have been provided as to the reason.

### Timely access to services

The practice displayed its opening hours in the premises, and included it in their practice web site and information leaflet. Patients told us that appointments were available when they needed them. One patient stated that the practice always managed to find them appointments around their work schedule. The practice offered patients a text and email appointment reminder service.

Specific slots were held each day for those needing emergency treatment and staff assured us that those in dental pain would be seen the same day. The practice manager told us that waiting time for treatment was about two weeks at the time of our inspection.

The practice provided an out of hours service on a rota with two other local practices for its private patients and gave details of the local 111 service for its NHS patients.

### Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Clear and detailed information about how patients could raise their concerns was available in the practice leaflet and in the waiting area, making it easily accessible.

Not all complaints were recorded centrally so that they could be monitored effectively. However, we saw evidence that complaints were discussed at staff meetings so that learning could be shared.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The principal dentist took responsibility for the overall leadership in the practice, and had good support from the former owners of the practice, who still worked there. He had recently employed a full-time practice manager to provide leadership and help drive improvement. We found the practice manager to be experienced and knowledgeable for her role, and she addressed a number of minor shortfalls identified during our inspection quickly. Although only in post six weeks, staff had confidence in her ability and told us she was introducing good changes to the service.

### Vision and strategy

The practice had a clear vision 'to provide high quality dental care in a relaxed and friendly environment, using the clinically proven techniques.'. Plans for the future included extending its sedation and implant services and increasing car parking spaces at the rear of the property.

### Culture

Staff stated they felt respected, supported and valued and were clearly proud to work in the practice. One dental nurse member told us that the dentist always thanked them at the end of the day, a small gesture she told us, but one she clearly appreciated.

The principal dentist paid for social events for all staff such as meals and a canoe trip. Staff told us they had enjoyed seeing each other out of work.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it. Practice meeting minutes we viewed showed that openness, honesty and transparency were demonstrated when responding to incidents and complaints

### 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 practice was a member of a national dental accreditation programme and used an on-line governance tool to support good practice.

Communication across the practice was structured around regular meetings. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to air their views in them. Minutes we viewed were detailed and showed that staff were actively consulted on a range of issues.

### 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

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. Results of completed forms we viewed for April, June and July 2018 showed that patients would recommend the practice. The practice had been rated five stars out of five, based on three reviews on the NHS Choices website.

We found that patients' feedback was acted upon. For example, their suggestions to reintroduce newspapers in the waiting room, install lock points for bicycles and introduce text appointment reminders had been implemented by the practice.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us that the practice manager and principal dentist listened to them and was supportive of their suggestions. Their suggestions for reading glasses at reception for patients and training on implant equipment had been actioned.

### Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits on X-rays, record keeping, and infection prevention

## Are services well-led?

and control. There were clear records of the results of these audits and the resulting action plans and improvements., although we noted the antibiotic audit lacked detail and analysis.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for

them to do so. Staff had access to an on-line training programme funded by the provider which provided all essential training for them. One nurse told us that the provider had paid for their implant, sedation and intermediate life support training.

Staff had received an appraisal of their performance, which they described as useful.