Hethersett Dental Surgery Limited

Hethersett Dental Practice

Inspection Report

Hethersett Dental
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Overall summary

We carried out this announced inspection on 18 October 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

Hethersett Dental Practice is a well-established practice which provides private treatment to adults and some NHS treatment to children. The dental team includes two dentists, two hygienists, three nurses, a receptionist and a practice manager. The practice has three treatment rooms.

The practice opens on Mondays to Thursdays from 8.40 am to 5.30 pm, and on Fridays from 9 am to 5 pm.

Summary of findings

The practice has its own parking facilities, and there is on street parking nearby. Wheelchair access is available at the front of the property via a ramp, and there are ground floor treatment rooms.

The practice is owned by a company 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 at the practice is the principal dentist.

On the day of inspection, we collected 29 CQC comment cards filled in by patients and spoke with two other patients. We spoke with one dentist, two dental nurses, one dental hygienist, one receptionist and the practice manager.

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.
- Infection control procedures reflected published guidance.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- 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.
- Medicines were not managed in a safe way.
- Audit systems within the practice were limited
- Clinicians were not following national guidance in relation to sharps' management and the use of rubber dams.

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

Full details of the regulation/s the provider was/is not meeting are at the end of this report.

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents to help them improve.

Most 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 arrangements for dealing with medical and other emergencies, although some essential equipment was missing. The practice's protocols for managing medicines needed to be reviewed to ensure they stored and dispensed safely and securely. The use of rubber dams to protect patients' airways were not routinely used.

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. 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 not all referrals were monitored to ensure they had been received.

Are services caring?

No action

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

Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received, and of the staff who delivered it. Patients said staff treated them in a way that they liked.

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 responsive care 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. The practice offered a telephone appointment reminder service which patients valued.

The practice had made some reasonable adjustments to accommodate patients with disabilities including ramp access and a downstairs treatment room. However, it did not provide a hearing loop to assist those patients with hearing aids and information was not available in any other languages or formats such as large print.

Information about how patients could raise their concerns was not easily accessible.

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/ Enforcement Actions section at the end of this report).

The practice had some 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. 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 indicating that the practice's governance procedures were not effective. This included the management of emergency equipment, the control of legionella, the use of sharps and rubber dams, the prescribing of medicines, the provision of staff appraisal and the quality of auditing systems.

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 noted information about safeguarding reporting procedures on the noticeboard in the staff area, and it was also held on the practice's computer, making it easily accessible to staff. All staff, apart from the receptionist, had received appropriate training in safeguarding people and the principal dentist was the named lead for concerns. Safeguarding issues were discussed at the regular practice meetings, evidence of which we viewed.

The practice had a whistleblowing policy which was displayed in the staff area. Staff told us they felt confident they could raise any concerns if needed.

Rubber dams were available in the practice to use but it was not clear if both dentists used them routinely. There was no evidence on the clinical records we reviewed for two patients undergoing root canal treatment that a rubber dam, or any other protective measures, had been employed to protect their airways.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at recent staff recruitment records. These showed the practice followed their recruitment procedure, although they did not keep a record of their interview to demonstrate it was conducted fairly and in line with good employment practices.

We noted that 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 appliances.

Records showed that fire detection and firefighting equipment such as fire extinguishers were regularly tested. A fire risk assessment had been completed and staff rehearsed evacuations. There was no signage on the outside of the building to warn that hazardous gas was kept on the premises.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and all required information was in the radiation protection file. However, we noted that the local rules did not contain details of the radiation protection advisor and supervisor, and X-ray units did not have rectangular collimators to reduce patient radiation exposure.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits but not as frequently as recommended in current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. We noted a full risk assessment had been completed for the new trainee dental nurse.

A sharps' risk assessment had been completed but we noted that not all dentists were using the safest types of sharps. Sharps boxes had not been labelled correctly and one had been overfilled. Although a legionella risk assessment had been undertaken, it did not include a schematic diagram of the premises. Staff were completing regular water temperature testing.

Staff were aware of regulations in relation to dental amalgam and only encapsulated amalgam was used in the practice. Amalgam separators had been installed.

The practice had current employer's liability insurance.

Are services safe?

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 life support every year. Emergency equipment and medicines were available as described in recognised guidance. Equipment and medicines checks were conducted, but not as frequently as recommended in best practice guidance.

The provider had suitable risk assessments to minimise potential risks from substances that were hazardous to health.

We noted that all areas of the practice were visibly clean, including the waiting area, corridors toilet and staff area. Staff uniforms were clean and their arms were bare below the elbows to reduce the risk of cross contamination. We checked the treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. We noted some loose and uncovered local anaesthetic ampules in drawers that risk aerosol contamination. There was a clear system of zoning in the rooms, even though this was not visibly signposted.

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.

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 was validated, maintained and used in line with the manufacturers' guidance.

Staff undertook annual audits (not six monthly as recommended as guidance) of infection control procedures and recent results showed the practice met essential quality requirements. However, we noted a few inaccuracies in the audit that did not reflect the actual circumstances in the practice. For example, the audit indicated that sharps' boxes were labelled correctly and wall mounted: we found they were not. The audit stated the practice tested the ultrasonic bath regularly, even though there was no ultrasonic bath. The audit stated that staff regularly tested the water temperature for manual cleaning, we found they did not. There was no action plan available for areas of non-compliance identified.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

Information to deliver safe care and treatment

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

We discussed with clinicians 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 were kept securely and complied with the General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act). Staff were aware of recent legislation in relation to the management of patient information.

Safe and appropriate use of medicines

There was not a suitable stock control system to ensure that medicines did not pass their expiry date and we found out of date adrenalin in the practice's emergency medicines kit. Glucagon was stored in the fridge, but the fridge's temperature was not monitored daily to ensure it operated effectively.

The dentists were not aware of current guidance with regards to prescribing medicines and were prescribing the incorrect amounts of amoxicillin and metronidazole to patients. An antibiotic prescribing audit had been undertaken by the practice manager but this was limited in scope and did follow recommended guidance for completion.

Prescription pads were not managed effectively and individual prescriptions were not logged or tracked in a way that could identify any theft or loss.

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. We found that untoward events were recorded and managed effectively to

Are services safe?

prevent their reoccurrence. The practice kept a record of all unusual events in specific book and we noted that events including scam telephone calls and the flooded car park had been recorded. Following an incident with an aggressive patient, the practice had installed CCTV to improve the safety of staff and patients. Suitable signage and policies were in place in relation to its use.

The practice had signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), which the principal dentist took responsibility for actioning.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 29 comments cards that had been completed by patients prior to our inspection. These indicated that patients were satisfied with their treatment and the staff who provided it.

Dental practitioners were 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. All new patients to the practice were given a 30-minute appointment time so a full and thorough examination of their mouth could be undertaken. Staff had access to an OPG machine, digital X-ray and intraoral cameras in the practice to enhance the delivery of care to patients.

Dental care records were audited to check that the dentists recorded the necessary information. A recent audit had highlighted a number of improvements that were required in relation to the recording of medical history checks and the justification of X-rays.

Helping patients to live healthier lives

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Two part-time dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. We found some evidence of the use of fluoride varnish to reduce tooth decay for patients.

Although clinicians not aware of Delivering Better Oral Health toolkit, there was evidence in the clinical records we reviewed that diet and smoking cessation advice had been given to patients.

Consent to care and treatment

Patients told us that they were provided with good information during their consultation and they had the opportunity to ask questions before agreeing to a treatment. Patients were provided with a treatment plan that clearly outlined the proposed treatment and its cost.

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. Staff we spoke with had an adequate understanding of the Mental Capacity Act and Gillick competence guidelines, and how they might impact on patient treatment decisions.

Effective staffing-

The practice had a well-established and long serving staff team and we found there were an appropriate number of dental nurses and administrative staff to support the dentist and a nurse always worked with the hygienist. The practice manager was also a registered dental nurse and could assist clinically if needed.

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. Staff told us they discussed their training needs at their annual appraisals.

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.

The practice had systems 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. However, staff did not actively monitor non-NHS referrals to ensure they had been received.

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 and understanding of their needs. One patient described the hygienist as warm and friendly, and another advised that their dentist was gentle with their treatment. Another patient commented that their dentist was receptive and responsive to their considerable nerves.

Staff gave us examples where they had gone out of their way to assist patients. For example, they had accompanied one patient to the A and E department, and waited with them to ensure they received appropriate treatment. On another occasion staff had driven a patient home as they had felt feint.

We spent time in the reception area and observed a few interactions between the receptionist and patients coming into the practice. The quality of interaction was good, and the receptionist was helpful and professional to patients both on the phone and face to face.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screens were 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. They stored paper records securely in a locked area upstairs.

All consultations were carried out in the privacy of the treatment rooms and we noted that doors were closed during procedures to protect patients' privacy.

Involving people in decisions about care and treatment

We viewed 23 responses from patients who had completed the practice's patient survey. They indicated that the clinicians fully included them in decisions about their treatment. Comment cards we received also reflected this.

Patients also confirmed the dentist listened to them and gave them clear information about their treatment. A dental nurse told us staff regularly used an intra oral camera, dental models and diagrams 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 waiting area provided good facilities for patients including interesting magazines, and a specific children's basket with toys and books to keep them occupied while they waited. The practice offered patients a private payment plan to help spread the cost of dental treatment.

The practice offered a telephone appointment reminder service that patients told us they appreciated.

Some adjustments had been made for patients with disabilities. These included ramp access at the front of the property, downstairs treatment rooms, and an accessible toilet. However, there was no specific disabled parking spot in the car park, no portable hearing loop to assist those patients with hearing aids, or information about the practice in any other languages or formats.

Timely access to services

Appointments could be made by telephone, or in person and the practice operated a telephone appointment reminder service, which patients valued. Three to four emergency slots were available each day for those experiencing pain. The practice had a reciprocal arrangement with another dentist nearby should both dentists be absent from the practice.

Patients told us that getting through on the telephone was easy and they were rarely kept waiting once they had arrived for their appointment. Two patients commented that there could be a long wait for treatment. At the time of our inspection the practice was not registering any new patients, to ensure that it could meet the needs of its current patients and reduce waiting times for treatment**.**

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information about how patients could raise concerns was available in the waiting room, but it was not particularly accessible or visible to them. It did not provide patients with the practice's timescale for dealing with their complaints or other agencies that could contact if they wanted to report concerns out with the practice. No written information or forms were available to give out to patients who might want to complain.

It was not possible for us to assess how complaints were managed as the practice manager stated that none had been received in the previous few years. No record was kept of patients' minor concerns.

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 and was well supported by the practice manager and staff**.** Staff told us there were enough of them for the smooth running of the practice and they rarely felt rushed in their work.

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 raise their concerns in them. Staff were encouraged to suggest improvements to the service and told us these were listened to and acted upon. For example, their suggestions to redesign the reception desk for easier access, install air conditioning and play music in the waiting area had been implemented.

Vision and strategy

The practice did not have any specific vision or strategy in place, other than to continue offering services to its current patients. The practice manager told us the practice would like to expand to meet increasing population demand in the local area but currently did not have capacity to do so.

Culture

Staff stated they felt valued and clearly enjoyed their job. The interaction we observed between them was friendly, co-operative and supportive. Staff described open culture where they felt able to challenge the practice manager, the principal dentist and each other. One staff member reported she had very much appreciated the flexibility around working hours the practice gave her around child care arrangements.

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 emergency equipment, the control of legionella, the use of safer sharps and rubber dams, the prescribing and management of medicines and the provision of staff appraisal.

The quality of audits undertaken was very poor: they were not completed according to national guidance and sometimes did not reflect actual working practices. There was no evidence to show how audit results were used to drive improvement.

There was no system in place to ensure professional registration and fitness to practice checks were undertaken for staff.

Information about how patients could raise their concerns was not readily available to them.

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 well maintained, up to date and accurate.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice used a patient survey to gather feedback about its services. This asked questions, amongst other things, in relation to cleanliness, staff friendliness, telephone response times and the quality of their dental treatment. We viewed 23 responses and all indicated a high satisfaction rate amongst respondents. Patients' suggestions to redesign the reception area, change the reading material for children and swap the types of flowers provided had been implemented.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us that the principal dentist and practice manager listened to them and were supportive of their ideas. For example, their suggestions to install air conditioning units in treatment rooms and provide music in the waiting area had been actioned.

Continuous improvement and innovation

The practice conducted some audits to encourage learning and continuous improvement. These included audits of dental care records, waste, antibiotic prescribing and infection prevention and control. However, the infection

Are services well-led?

control, radiography and records cards audits were not undertaken as frequently as recommended, and the antibiotic audit did not provide any meaningful data that could be analysed effectively.

Staff told us they received good support to meet the requirement of their continuous professional development and most staff received an annual appraisal of their performance. However, we noted the two hygienists and dental associated did not receive an annual appraisal so it was not clear how their performance was evaluated. The hygienist told us they would actively welcome feedback about their working practices.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not have effective systems in place to ensure that the regulated activities at Hethersett Dental Practice were compliant with the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example: · Clinicians were not following national guidance in relation to sharps' management and the use of rubber dams. · The assessment of legionella risk within the practice was limited. · Emergency equipment was not managed according to national guidance. • Medicines were not prescribed according to national guidance and prescription pads were not stored safely. · The practice's complaints procedure was not easily available to patients. · Not all staff received an appraisal of their working practices.