

Dr. Diarmuid McCann

Dr D G McCann Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 6 July 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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.

Dr D G McCann Dental Surgery is a general dental practice in central Epping offering private dental treatment to adults and children.

The premises are located on the ground floor of a grade two listed converted residential premises and has some parking available. The practice consists of two treatment rooms and a reception/waiting area. There is also a designated decontamination room.

The staff at the practice consists of the principal dentist, a dental hygienist, a dental nurse and a receptionist. The principal dentist is the registered manager.

A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.

Summary of findings

- There were effective systems in place to reduce the risk and spread of infection. We found the treatment rooms and equipment were visibly clean.
- There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclave, washer disinfectant fire extinguishers, oxygen cylinder and the X-ray equipment.
- We found the practice regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- The practice kept up to date with current guidelines when considering the care and treatment needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Patients received clear explanations about their proposed treatment, its costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients.
- There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.
- Staff demonstrated knowledge of the practice whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.
- At our visit we observed staff were very caring, friendly and professional and worked well as a team/
- We received feedback from six patients who reported they received an excellent standard of care from friendly and helpful staff in a clean and hygienic environment.
- There was an effective system in place to act on feedback received from patients and staff.
- There were systems in place to assess, monitor and improve the quality of service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were adequate for the provision of care and treatment.

No action



Are services effective?

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

The practice provided evidence based dental care which was focussed on the needs of the patients. We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) training and were meeting the requirements of their professional registration.

No action



Are services caring?

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

Patients told us they had positive experiences of dental care provided at the practice. Patients felt they were listened to and were involved with the discussion of their treatment options which included its risks, benefits and costs. We observed the staff to be caring, friendly and professional. The practice team spoke with enthusiasm about their work and displayed a genuine empathy for patients.

No action



Are services responsive to people's needs?

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

The practice provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. The practice offered emergency appointments when required enabling effective and efficient treatment of patients with dental pain. Many staff had worked at the practice for several years and demonstrated that they knew and supported patients' individual support needs.

No action



Are services well-led?

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

No action



Summary of findings

The dental practice had effective clinical governance and risk management structures in place. Staff told us the practice principal was always approachable and the culture within the practice was open and transparent. All staff were aware of the practice ethos and philosophy. They told us they felt well supported and able to raise any concerns where necessary. Staff told us they enjoyed working at the practice as a team and would recommend it to a family member or friends.

Dr D G McCann Dental Surgery

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 6 July 2016 by a CQC inspector and a dental specialist advisor. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, clinical patient records and other records relating to the management of the service. We spoke with the principal dentist (who is also the registered manager), the dental nurse and the receptionist.

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?

This informed our view of the care provided and the management of the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was a system in place to learn from and make improvements following any accidents, incidents or significant events.

Staff understood the process for accident and incident reporting including the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence.

Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority's safeguarding team. Staff had completed safeguarding training and demonstrated to us their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. This included an identified practice safeguarding lead.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). The practice had introduced safety syringes in order to minimise the risk of inoculation injuries to staff.

Medical emergencies

The practice had appropriate emergency resuscitation equipment. This included face masks for both adults and children. Oxygen and medicines for use in an emergency were available. Records completed showed checks were done to ensure the equipment and emergency medicines were safe to use.

We found the practice did not have an automated external defibrillator (AED) which was not in accordance with Resuscitation Council (UK) guidance. This is a portable

electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. We discussed this with the practice principal who purchased an AED immediately.

Records showed staff regularly completed training in emergency resuscitation and basic life support including the use of an AED. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for three staff members. Each file contained evidence that satisfied the requirements of relevant legislation. This included evidence of qualifications (where relevant), photographic evidence of the employee's identification and eligibility to work in the United Kingdom where required. Although the practice was a small team and had not needed to recruit any staff for several years, we reviewed the practice recruitment policy which demonstrated an appropriate process would be followed.

Appropriate checks had been made before staff commenced employment including evidence of their professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had also been carried out. The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they might have contact with children or adults who may be vulnerable.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. Fire extinguishers had been recently serviced; the practice undertook regular fire drills and staff demonstrated to us they knew how to respond in the event of a fire. The practice had undertaken a fire risk assessment in June 2016 in order to identify and mitigate risks associated with fire safety.

The practice had a health and safety risk management process in place which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice. There was a business continuity plan in place.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations.

Are services safe?

We looked at the COSHH file and found it contained a details of how to minimise risks (to patients, staff and visitors) associated with chemicals and materials used at the practice.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated and rinsed prior to being placed in a washer disinfectant before being examined under an illuminated magnifier and placed in an autoclave (a device for sterilising dental and medical instruments).

We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

We looked at the treatment rooms where patients were examined and treated. The rooms and equipment

appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective hand washing and there was clear demarcation of 'dirty' and 'clean' areas to mitigate the risk of infection spreading. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella had been carried in April 2016 and the practice was maintaining the dental unit water lines appropriately. This process ensures the risks of Legionella bacteria developing in water systems within the premises has been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was a good supply of environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spread.

Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the dental air compressor, washer disinfectant, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the servicing certificates.

An effective system was in place for the prescribing, use and stock control of the medicines used in clinical practice such as local anaesthetics. These medicines were stored safely for the protection of patients. Prescription pads were stored securely.

Regular Portable Appliance Testing (PAT) is required to confirm that portable electric items used at the practice are safe to use. Documents we reviewed confirmed this was last undertaken in June 2015.

Radiography (X-rays)

We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment at the practice and talked with

Are services safe?

staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available.

We found procedures and equipment had been recently assessed by an independent expert. The practice had a well maintained radiation protection file. This contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor, Health and Safety Executive (HSE) notification and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the maintenance logs for each X-ray set and a copy of the local rules. The maintenance logs were within the current recommended interval of three years.

The practice had undertaken an X-ray audit in July 2016 to assess the quality of images taken. The audit demonstrated a full process where the results had been analysed and any improvement actions identified. The dental care records we reviewed showed that dental X-rays were justified and reported on. X-rays were taken in line with current guidelines by the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines and were of a high quality. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for people using best practice

The principal dentist told us they took X-rays at appropriate intervals; we asked the dentist to show us some dental care records which reflected this. Records showed an examination of a patient's soft tissues (including lips, tongue and palate) had been carried out and the dental hygienist had recorded details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). In addition the dentist recorded details of treatment options offered to or discussed with patients as well as the justification, findings and quality assurance of X-ray images taken.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and antibiotic prescribing.

The practice held regular formal and informal meetings to discuss ways in which they could improve the care and treatment offered to patients.

Health promotion & prevention

The practice promoted the maintenance of good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients.

Oral health promotion leaflets were available for patients to take away with them. This included information on tooth wear and good oral hygiene.

The dentist and dental nurse we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. This was confirmed in feedback we received from patients.

Staffing

There was a training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.

Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies and infection control and prevention.

There was no formal appraisal system in place; however, staff told us as they were a very small team they often informally discussed training and development needs. Staff told us they felt well supported by the principal dentist and they were given opportunities to learn and develop.

Working with other services

Referrals when required were made to dental specialists. The practice had a system in place for referring patients for dental treatment and specialist procedures such as orthodontics, periodontal treatment and complex oral surgery.

The dentist referred patients to other providers if the treatment required was not provided by the practice. Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. A referral letter was then prepared and sent to the treatment provider with full details of the consultation and the type of treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring.

Consent to care and treatment

The practice ensured valid consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients were given time to consider and make informed decisions about which option they wanted.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated an understanding of the MCA and how this

Are services effective?

(for example, treatment is effective)

applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Staff explained how they ensured information about patients using the service was kept confidential. Patients' paper records were stored securely in locked cabinets. Staff members demonstrated their knowledge of data protection and how to maintain confidentiality. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms.

Patients told us they felt they received an excellent standard of care from friendly staff in a clean and hygienic environment. On the day of our inspection, we observed staff being polite, friendly and welcoming to patients.

Involvement in decisions about care and treatment

The dentists told us they used a number of different methods including tooth models, display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following examination of and discussion with each patient.

Staff told us the dentist took time to explain care and treatment to individual patients clearly and was always happy to answer any questions. The practice also provided information on a range of available treatments and services on their website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff reported (and we saw from the appointment book) the practice scheduled enough time to assess and undertake patients' care and treatment needs. Patient feedback we reviewed confirmed this. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. This included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they responded to patients' individual needs and welcomed patients from different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate or if not they would contact a translator. The practice was accessible to people using wheelchairs except for the toilet facilities. The principal dentist told us as the property was a grade two listed building this could not be facilitated. The practice team ensured that people using wheelchairs were always made aware of this before attending for an appointment.

Access to the service

We asked staff how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment.

Several patients commented through feedback how the dentists and other staff had put them at their ease.

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal and informal complaints from patients.

Information for patients about how to make a complaint was available in the practice waiting room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements of the practice were developed through a process of continual learning. The principal dentist had responsibility for the day to day running of the practice and was fully supported by the practice team. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns. We reviewed a set of practice policies and procedures which were regularly updated and reviewed by staff.

We found staff to be hard working, very caring towards the patients (and each other), were committed to the work they did and worked well as a team. Many staff had worked at the practice for several years. We found the principal dentist, provided effective and supportive leadership to the whole dental team.

Leadership, openness and transparency

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the principal dentist without fear of recrimination.

Management lead through learning and improvement

The practice carried out regular audits every six months on infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. The most recent audit undertaken in April 2016 indicated the facilities and management of decontamination and infection control were managed well.

The practice had undertaken an X-ray audit in July 2016 to assess the quality of images taken. The audit demonstrated a full process where the results had been analysed and any improvement actions identified.

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

There was a system in place to act upon suggestions received from patients using the service.

The practice conducted regular staff meetings and daily discussions. Staff members told us they found these were a useful opportunity to share ideas and experiences which were listened to and acted upon.