Gentle Dental UK Limited

Gentle Dental (Mylor Bridge)

Inspection Report

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Overall summary

We carried out this announced inspection on 12 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by two specialist dental advisors.

We told the NHS England area team and Healthwatch that we were inspecting the practice. Healthwatch did not provide any information. NHS England provided information about the type of contact they have with the practice.

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

Gentle Dental (Mylor Bridge) is in the village of Mylor Bridge, near Falmouth, Cornwall and provides NHS and private treatment to patients of all ages.

There is ramp access for people who use wheelchairs and pushchairs. Car parking spaces are available on the road by the practice.

Summary of findings

The dental team includes one dentist, three dental nurses, one dental hygienist and a reception manager. The practice has two 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 Gentle Dental (Mylor Bridge) was the principal dentist.

On the day of inspection we collected 18 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we met and spoke with one dental nurse and the reception manager. The practice was not open on the day we visited, so we were unable to meet with patients. We also interviewed the principal dentist and hygienist by phone on the day of the visit, as they were working in a different location. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Thursdays 1pm – 5.30pm and alternate Tuesdays 9.30am – 5.30pm. Outside of these hours patient are able to be seen by the same staff team working at the larger Newquay practice (approximately 20 miles away).

Our key findings were:

- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice had thorough staff recruitment procedures.
- The appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided.

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. In particular embedding processes for monitoring the cleaning and sterilisation of dental instruments, systems for Legionella monitoring, systems for monitoring cleaning schedules at the practice, systems for monitoring emergency equipment and systems for monitoring the effectiveness of audit cycles.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health taking into account guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention.'
- Review the system for identifying, disposing and replenishing of out-of-date dental materials stock.

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 but a number of improvements could be made.

Staff received training in safeguarding 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.

Improvements could be made with respect of monitoring cleaning and infection control processes, including following national guidance for the transporting, sterilising and storing of dental instruments.

Improvements have been made for dealing with medical and other emergencies.

Are services effective?

No action

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance but improvements could be made to patient care records to consistently demonstrate this. Patients described the treatment they received as first class and attentive. Patients told us that the dentists discussed treatment with patients so they could give informed consent.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

No action

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

We received feedback about the practice from 18 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind and caring. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Summary of findings

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.

Staff considered patients' different needs. This included providing facilities for people with restricted mobility and families with children. The practice had access to telephone interpreter services.

They valued comments from patients and encouraged patients to leave feedback about eh practice.

Are services well-led?

Requirements notice 

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

The systems and processes for assessing, monitoring and improving the quality of services being provided were not established as demonstrating effective governance processes at the practice.

The practice had 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. However, these governance arrangements were not yet established to show they were reliable.

Patient dental care records were not always complete or accurate.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. They told us that there had been no incidents or significant events at the practice.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. The practice staff were able to describe how they followed relevant safety laws when using needles and other sharp dental items. At the time of the visit the practice did not have a written policy to manage sharp dental items at the practice. We raised this with the principal dentist, who wrote an appropriate sharps management policy and forwarded this to us. We were told that all staff would be made aware of the policy.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

During the visit we found that emergency equipment and medicines were not available as described in recognised guidance. There were no records of checks to make sure such equipment and medicines were available, within their expiry date, and in working order. For example, the oxygen bottle was not assembled ready for use, the defibrillator device had not been regularly checked, there was an insufficient range of airways available, there was no portable suction equipment available and no expiry date log for medicines. We raised these findings with the principal dentist. He took immediate action to ensure that all equipment and medicines were in place and in working order. Evidence of delivery notes of all such items and photographs of equipment assembly were forwarded to us. New schedules for checking equipment were devised and sent to us.

Staff recruitment

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

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

Monitoring health & safety and responding to risks

The practice had a health and safety policy and risk assessments. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists. We were told that on occasions the dental hygienist worked alone.

Infection control

During the visit we found a number of shortfalls in meeting guidance set out in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

Are services safe?

Staff had completed infection prevention and control training and the practice had infection prevention and control policy and procedures.

The practice did not have a dedicated decontamination area for cleaning and sterilising dental instruments. The practice protocol was to transport instruments to the larger practice in Newquay, where facilities were available. Dental instruments were hand cleaned to remove debris before transporting to Newquay. We were told that instruments were transported in a solid plastic box, which was cleaned and then sterilised instruments returned by car in the same box. This meant there were no clear demarcations for boxes transporting instruments when sterilised and unsterilised. We raised concerns about these procedures to the principal dentist/reception manager. Following the inspection the principal dentist wrote to use with a revised protocol for cleaning and transporting dental instruments off site. This new protocol met the required guidance and included check lists for each time instruments were taken elsewhere for cleaning and sterilising.

The practice had a Legionella risk assessment. However, this had been completed by the previous owner and was dated from 2011. We raised this with the principal dentist. They wrote to us to confirm that a new Legionella risk assessment for the premises had been booked to be carried out by a specialist contractor during July 2017. We saw records to show that checks on water outlets had been completed. However, these were last dated in March 2017. On the day of the visit we noted no hot water was available in the treatment rooms (it was available in other areas of the practice). We raised this to the reception manager who said this had just been detected and that they would arrange for a plumber to assess the problem.

At the time of the visit the staff told us that the practice had no clinical waste contract in place. Clinical waste was transported to the Newquay practice by car. This meant untraceable waste was being transported by road. We raised this with the principal dentist. They agreed to take immediate action. They responded by setting up a clinical waste contract for the practice for all appropriate types of dental and clinical waste. They provided a copy of this contract to us and photographs of supplied waste bins in secure storage areas.

The practice was cleaned by practice staff. However, at the time of the visit there was no written schedule available. We found areas in treatment rooms that were dusty. There was a fabric covered chair in one of the treatment rooms that was at risk of splash from dental procedures, cotton wool balls exposed to the same splash risk, a dental chair with rips in the head rest and there were mops in the cleaning equipment storage area stored in a way that prevented the mop heads from drying. All these issues posed risks to cross contamination at the practice. We raised all these issues with the principal dentist. They took immediate action to address the physical issues. They also devised a written cleaning schedule for the practice and sent a copy of this to us.

We found a number of expired items in the dental treatment rooms, such as dental putty, composite materials and local anaesthetics. We asked about the process for stock rotation. We were told there was no formalised written process for checking stock rotation. Following the visit the principal dentist wrote to us to reassure us that all out of date items had been removed and they sent us a new protocol for stock rotation.

The principal dentist had carried out an infection prevention and control audit in April 2017. This audit had identified a number of areas for improvements in order to meet the standards. During the inspection no action plan to address improvements needed could be found. Immediately following the inspection the principal dentist sent us the completed action plan. This identified they intended to address the issues by September 2017.

Equipment and medicines

We saw servicing documentation for the equipment used with the exception of the air compressor supplying the dental chairs, which could not be found. Following the inspection the principal dentist sent us an invoice from a contractor to carry out a service of the air compressor during July 2017.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

During the visit we the staff could not find all the records to demonstrate the safety of the X-ray equipment as not all the required information was in their radiation protection file. Immediately following the inspection absent

Are services safe?

documents were sent to us with the exception of a clinical testing pack for one X-ray. However, we were sent confirmation that this would be forwarded to the practice by the supplier by 6 July 2017.

We did not see evidence that the dentists justified, graded and reported on the all X-rays they took. Following the visit the principal dentist carried out a retrospective audit of 20 patient radiographs. They identified that most were of an acceptable quality, but that improvements could be made. This audit included an action plan of how improvements would be made, with a follow up audit planned for six months' time.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The practice had audited patients' dental care records in April 2017 to check that the dentists recorded the necessary information. Improvements had been identified during this audit and an action plan devised.

We looked at 11 dental care records. The need for improvements remained, as not all records seen had been completed. For example, it was not always possible to tell if patients had been treated in line with recognised guidance. This is because the practice used a template for all consultations and in four instances there was no individualisation of records to demonstrate how justification for clinical decision had been made, such as for recall timelines, decisions regarding radiographs or whether local anaesthetic had been used during treatments.

Health promotion & prevention

From patient feedback cards and in speaking with the principal dentist, hygienist and dental nurse we were in agreement that the practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The principal dentist and dental nurse told us high concentration fluoride toothpaste was prescribed if a patient's risk of tooth decay indicated this would help them. They also said that they used fluoride varnish for children based on an assessment of the risk of tooth decay for each child. However, records did not reflect this and improvements could be made to record completion to ensure that the Delivering Better Oral Health agenda is evidenced .

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they 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.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect patients' diversity and human rights.

Patients commented positively that staff were warm, kind and caring. Patients told us that staff treated them respectfully and were friendly towards patients at the reception desk and over the telephone. Patients said they could request dentists and dental nurses to examine and treat them.

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave 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.

Patient survey results and thank you cards were available for patients to read.

Involvement in decisions about care and treatment

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

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and cosmetic dentistry treatments. We noted that the website and patient information brochure for the company did not have specific details about this practice, such as opening hours. This information concerned the main practice in Newquay. We raised this with the reception manager who told us that information provided about the practice to patients on-line or in print would be reviewed and revised.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day or could be seen at the main practice in Newquay, if the Mylor Bridge practice was closed. Patients told us they had enough time during their appointment and did not feel rushed.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access at the front of the building.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to translation services, but said these had never been requested.

Access to the service

The practice displayed its opening hours in the premises.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice took part in an emergency on-call arrangement with some other local practices. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The reception manager responsible for dealing with these. Staff told us they would tell the reception manager about any formal or informal comments or concerns straight away so patients received a quick response.

The reception manager told us they aimed to settle complaints in-house and would invite patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. The reception manager told us there had been no complaints received in this time.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service.

The principal dentist reviewed policies, procedures and risk assessments to support the management of the service and to protect patients and staff as a result of our feedback during the inspection. However, the systems and processes for assessing, monitoring and improving the quality of services being provided were not embedded and established. In particular processes for monitoring the cleaning and sterilisation of dental instruments, systems for monitoring Legionella risk, systems for monitoring cleaning schedules at the practice, systems for monitoring emergency equipment and systems for moniting audit cycles at the practice. These issues were reviewed by the principal dentist immediately following our visit, but these revised systems and processes are not established as being reliable. We will re-inspect the practice to ensure that the revised governance arrangements are effective.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us the principal dentist encouraged them to raise any issues of concern and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns and act appropriately. The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays, anti-microbial prescribing, infection prevention and control. Improvements could be made to audit cycles to demonstrate that learning actions of a result of audit are realised and sustained.

The principal dentist supported staff learning and improvement and valued the contributions made to the team by individual members of staff. The staff at the practice had annual appraisals. They discussed learning needs, general well-being and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys to obtain patients' views about the service. We looked at patient surveys from the last 18 months. Patients praised the practice and its facilities.

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.

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
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular; • Embed processes for; monitoring the cleaning and sterilisation of dental instruments, systems for Legionella monitoring, systems for monitoring cleaning schedules at the practice, systems for monitoring emergency equipment and systems for monitoring the effectiveness of audit cycles.