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Bar Hill Dental Clinic

Inspection Report

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Date of inspection visit: 4 July 2017
Date of publication: 16/08/2017

Overall summary

We carried out this announced inspection on 4 July 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. A CQC inspector who was supported by two specialist dental advisers led the inspection.

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

Bar Hill Dental Clinic is a well-established practice that provides mostly private treatment to patients of all ages. The dental team consists of four dentists, three dental nurses, a hygienist and a practice manager, who serve about 2500 patients. The practice has three treatment rooms and is open Monday to Thursday from 9am to 5pm and on Fridays from 8am to 2pm. The hygienist works at the practice three times a month from 7am until 2pm.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

The principal dentist, who is also the owner, is registered with the Care Quality Commission (CQC) as an individual. 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.

Summary of findings

During the inspection we spoke with three dentists, two dental nurses and the practice manager. We looked at the practice's policies and procedures, and other records about how the service was managed.

We sent 50 comment cards to the practice prior to our inspection and requested that staff ask patients to complete feedback forms for us. The practice manager told us that none had been completed. However, following our inspection we were sent two completed cards from patients who were happy with the service they had received. We spoke with another three patients during our inspection.

Our key findings were:

- The practice had suitable safeguarding processes and staff knew their responsibilities for protecting adults and children.
- Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- Staff felt well supported by the practice owner, and there were regular practice meetings. The practice listened to its patients and staff and acted upon their feedback.
- The appointment system met patients' needs.
- The practice asked patients for feedback about the services they provided.
- There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence.
- Systems to ensure the safe recruitment of staff were not robust, as essential pre-employment checks were not completed.
- Audit systems were not effective and action had not been taken to address identified shortfalls.
- The practice's sharps handling procedures and protocols did not comply with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Information and evidence of some dental examinations and risk assessments was missing from patient dental care records.

We identified regulations that were not being met and the provider must:

- Ensure effective systems and processes are established to assess and monitor the service against the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and national guidance relevant to dental practice. This includes the recording and monitoring of significant events; ensuring appropriate medical emergency equipment is available, ensuring staff recruitment is effective and improving the quality of audits.

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

- Review the practice's protocols for recording in the patients' dental care records to ensure dental care records are maintained appropriately giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's cleaning procedures to ensure that all areas are kept clean, hygienic and dust free.
- Review the practice's responsibilities to the needs of people with a disability and the requirements of the Equality Act 2010.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

Staff received training in safeguarding vulnerable adults and children and knew how to recognise the signs of abuse and how to report concerns. The practice followed national guidance for cleaning, sterilising and storing dental instruments. There were sufficient numbers of suitably qualified staff working at the practice, although recruitment practices were not robust.

Significant events were not always reported appropriately and learning from them was not shared across the staff team. Emergency equipment did not meet national recommended guidelines.

Are services effective?

No action

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

There were sufficient numbers of suitably qualified staff working at the practice who had the skills, and experience to deliver effective care and treatment. The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. The quality of dental care records varied within the practice and we noted that in some instances care and treatment was not being delivered in line with current standards and evidence based guidance.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals, although routine referrals were not 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 the service the practice provided and spoke highly of the treatment they received and of the staff who delivered it. Staff gave us specific examples of where they had gone out their way to support patients. 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.

Summary of findings

Routine dental appointments were readily available and patients experiencing dental pain were always seen on the same day. Patients commented it was easy to get through on the phone to the practice, and they rarely waited once they had arrived. The practice had extended its opening hours in order to better meet patients' needs.

Information was available to patients about how to raise concerns, and complaints were dealt with effectively.

Are services well-led?

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

Staff told us they enjoyed their work and felt supported and listened to by the principal dentist. However, we found a number of shortfalls in three of the five key questions we inspected, indicating that the practice was not well-led. This included the analyses of untoward events, the quality of dental care records, recruitment procedures, the provision of medical emergency equipment and the quality of audit systems.

Requirements notice 

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had an incident policy in place, but this was narrow in scope and only covered serious events. There was an incident form but this was only designed to record possible aggression from a patient. There was no other guidance for staff on how to manage accidents or other incidents. We found staff had a limited understanding of what might constitute an untoward event. For example, staff told us there had not been any unusual incidents in the practice in the last 17 years; however, we were made aware of one incident where a patient's tongue had swollen up quickly during treatment. We also noted a number of needle stick injuries that had been recorded in the practice's accident book. There was no recorded evidence that these events had been fully investigated, or of any action taken to prevent their reoccurrence.

The principal dentist received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and was aware of recent alerts affecting dental practice.

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, and one dentist had been trained to level three in child protection. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns and there was good information around the practice of who to contact. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns about any poor practice they witnessed.

Only the dentists handled sharps and staff spoke knowledgeably about action they would take following a sharps' injury. The practice was using a suitable method to control the risk of injury during the recapping of a contaminated needle.

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 it would deal with events that could disrupt the normal running of the practice.

Medical emergencies

Staff completed training in emergency resuscitation and basic life support every year. We noted the practice did not have some essential medical emergency equipment including a full set of airways equipment or a child's ambubag. Following our inspection, the dentist informed us that all missing equipment had been purchased.Not all the equipment and drugs were held in the same location so they could be accessed quickly in an emergency.

The practice held emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice and those we checked were in date for safe use. We noted that Glucagon was stored in the practice's fridge, but the fridge's temperature was not monitored to ensure it worked effectively to keep the Glugagen at the recommended temperature. The Glucagon's expiry date had not been reduced as a result.

Staff recruitment

We reviewed recruitment files for two members of staff that showed that some pre-employment checks had been undertaken including proof of their identity. References were missing for two staff (although both had worked at the practice previously) and there were no record of the interviews held for either. Disclosure and barring checks (DBS) had not been completed at the point of their employment to ensure they were suitable to work with vulnerable adults and children.

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's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and

Are services safe?

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.

The practice had had a legionella risk assessment undertaken in 2011, although its recommendations for annual bacterial analysis and for drinking water outlets to be labelled had not been actioned. Staff were managing dental unit water lines according to guidance and a biocide was used to control legionella, although staff were not testing for temperature performance at sentinel outlets each month to ensure they met required safety levels.

Firefighting equipment was serviced regularly. The fire risk assessment we viewed was dated 2004 and it had not been updated since then, despite a new treatment room having been created.

We found there were no COSHH sheets available for some cleaning products used within the practice.

Infection control

The practice had an infection prevention and control policy and procedures to keep patient's safe. They mostly followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health, although we did find that improvements could be made which included: ensuring clear zoning between dirty and clean areas in the treatment room and general environmental cleaning. We noted some areas of the treatment rooms where patients were treated were visibly clean, but there were other areas of the treatment rooms and in the practice generally that were visibly dusty, including radiators and cupboards.

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

Clinical staff's uniforms were clean, although their arms were not always bare below the elbows to reduce the risk of cross contamination. Records showed that clinical staff had been immunised against Hepatitis B.

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

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

The practice carried out regular infection prevention and control audits. The latest audit showed the practice had scored 100%, indicating that it met essential quality standards. It was unclear how it had achieved this score as the practice did not use a safety sharps system, amongst other things.

The practice's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally, although we noted the bin was not secured to ensure its safety.

Equipment and medicines

Staff told us they had the equipment needed for their role and that repairs to premises and fixtures were actioned in a timely way. The practice had recently refurbished its decontamination room and one of its treatment rooms to a high standard.

We saw servicing documentation for the equipment used.

The practice stored and kept records of prescriptions issued to patients as described in current guidance.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. Clinical staff completed continuous professional development in respect of dental radiography.

Are services safe?

Not all dental care records contained evidence that the dentists had justified, graded and reported on the X-rays they took. We saw that rectangular collimation was not used in one treatment room as recommended by current good practice guidelines.

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. We did note that improvements could be made in several areas of record keeping including the legibility of some records and the level of detail captured. For example, some records we saw were not detailed enough to accurately represent what took place during each appointment. We also found that improvements could be made to the referral process from the dentists to the dental hygienist. This included providing more detailed instructions for the hygienist to follow including any follow up treatment and advice. The provider reviewed their referral process to the hygienist following our inspection.

Dentists we spoke with mostly understood National Institute for Health and Care Excellence (NICE) guidelines applied to dentistry. Areas not fully understood included those in relation to antibiotic prophylaxis prescribing and the management of wisdom teeth.

We noted that some of the dentists were using a newer record template that collected information more completely and consistently.

Health promotion & prevention

There was a selection of dental products for sale to patients including interdental brushes, mouthwash and toothpaste. Free samples of toothpaste were also available on the reception desk. A hygienist was employed at the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. The practice manager told us that pre-school groups regularly visited the practice and one dentist visited local schools to deliver oral health education. We were shown posters that pupils had drawn for a competition to demonstrate how to keep teeth healthy.

Not all the dentists were aware of guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.

Staffing

Staff told us there were enough of them for the smooth running of the practice and enough to cover each other's sickness or annual leave. A nurse always worked with a dentist; however, the hygienist worked without chairside support**.**

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

Staff told us they discussed their training needs at their annual appraisals and that the principal dentist was supportive of their training requests.

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 and we noted the practice had responded immediately and effectively in a recent case. The practice did not keep a central log of all non-urgent referrals to ensure that all referrals had been received once sent. This meant staff were not able to follow up these referrals until the patient themselves raised a concern that they had not heard anything.

Consent to care and treatment

Staff understood the importance of obtaining and recording patients' consent to treatment. They had received recent specific training in the Mental Capacity Act and how it applied in the dental setting. The practice manager described this training as 'eye opening' and had greatly increased her understanding of the issues involved.

All private patients received a plan that outlined their treatment and its costs. NHS patients did not receive any plan.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We received positive comments from patients about the quality of their treatment they received and of the staff who provided it. They described staff as caring, helpful and advised us that staff listened to them empathetically. The practice conducted its own annual survey and feedback from 85 respondents indicated that staff were helpful and polite. Staff gave us specific examples of where they had supported patients such as providing them with a lift home, ringing them after complex treatment to check on their welfare and coming in on Christmas day specifically to see a patient in dental pain.

The reception area was not particularly private but the computer screen was not visible to patients and staff did not leave personal information where other patients might see it. All consultations were carried out in the privacy of the treatment rooms and obscure window transfers were in place to prevent passerbys looking in.

Involvement in decisions about care and treatment

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Feedback from the practice's own annual survey indicated that all 85 respondents felt there was enough information given to them for them to make a decision on their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was easily accessible and had free parking directly outside the premises. The waiting area provided good facilities for patients including interesting magazines and a large TV screen. There was a range of information for patients to read including the details of NHS and private fees, and the practice's complaints procedure.

Patients told us they were satisfied with the appointments system and that getting through on the phone was easy. The practice was about to introduce a text an email reminder service for patients.

Although the practice did not hold specific slots for emergency treatments, they did offer a 'sit and wait' service for patients experiencing dental pain. Staff told us this worked well and all patients would be seen the same day. The practice was on a rota system with 10 other practices for emergency out of hour's appointments for private patients. NHS patients had access to 111 services.

Promoting equality

The practice had level entry access and a downstairs treatment rooms. However**,** there was no disabled toilet to accommodate those with mobility problems or hearing loop to assist patients who wore hearing aids. Information about the practice was not available in any other languages or formats such as large print. There was no information available about interpreting services that patients could access in the waiting area.

Concerns & complaints

Information about the practice's complaints procedure was available in the patient waiting area and included details of the timescales by which they would be responded to and other organisations that could be contacted.

The practice had received one complaint in the previous year. We viewed paperwork in relation to this complaint and saw it had been dealt with promptly and efficiently.

Are services well-led?

Our findings

The principal dentist took responsibility for the overall leadership in the practice, supported by a practice manager who assisted her with the day-to-day running of the service. None of the other staff had been given specific lead roles within the practice. We identified a number of shortfalls in the practice's governance arrangements including the analyses of untoward events, the recruitment of staff, cleanliness, the availability of medical equipment, and the quality of dental care records.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff, although some of these policies had not been reviewed regularly so it was not clear if they were up to date and still relevant for the practice.

There was no system in place to check staff's professional registration and if they had any fitness to practice conditions.

The dental nurses received regular appraisal, which they told us they found useful. There was no formal appraisal for the practice manager or associates so it was not clear how their performance was monitored.

Leadership, openness and transparency

Staff told us they enjoyed their work and the small size of the practice, which meant that communication between them was good. They told us they felt supported and valued in their work and reported there was an open culture within the practice. Staff told us that they had the opportunity to, and felt comfortable, raising any concerns with the principal dentist and practice manager who were approachable and responsive to their needs.

The practice had recently implemented a policy in relation to its requirements under the Duty of Candour, although not all staff were aware of it.

The practice held regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates.

Learning and improvement

The practice undertook some audits of its service, however the infection control audit had not been completed accurately and the radiograph audit did not identify who took the actual X-ray. The practice dental care records' audit had not been effective in improving their quality as we noted that patients' medical histories not being signed had been an issue since November 2015.

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

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Results we viewed indicated that respondents would recommend the practice. It also undertook its own survey for private patients about how they experienced the service. The principal dentist told us that in response to patients' feedback: the practice's opening times had been extended, a TV screen had been installed and a bike rack had been purchased.

Staff told us that the principal dentist listened to them and was supportive of their suggestions. For example their request to rework the staff rota so that tasks were shared more equitably had been implemented.

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 Bar Hill Dental Clinic were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example: • There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence. • Systems to ensure the safe recruitment of staff were not robust, as essential pre-employment checks were not completed. • Audit systems were not effective and action had not been taken to address identified shortfalls.