

Mr. Mark Harben

Hingham Dental Practice

Inspection Report

Hingham Dental Practice

20 Market Place

Hingham

Norfolk

NR94AF

Tel: 01953850666

Website: www.hingham-dental.co.uk

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Overall summary

We carried out this announced inspection on 14 August 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Hingham Dental Practice is a small, well-established dental practice that provides private treatment to about 2,000 adults and children. The dental team includes one dentist, three nurses, a hygienist and a practice manager. Another, separately registered, dental practice is based at the same location and shares some of the same staff, costs and facilities with this practice.

The practice does not have its own parking facilities, but there is free roadside parking just outside.

Summary of findings

The practice is owned by an individual who is the dentist there. He has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 31 CQC comment cards filled in by patients and spoke with three other patients. We spoke with the dentist, two dental nurses, and the practice manager.

The practice opens on Mondays from 9 am to 6pm and on Tuesdays, Wednesdays, Thursdays and Fridays from 8 am to 4pm. One Friday a month the practice opens from 7am to 3pm.

Our key findings were:

- Information from completed Care Quality Commission comment cards gave us a positive view of a caring and professional service.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, apart from paediatric defibrillator pads.
- 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 supported by management and the practice proactively sought feedback from staff and patients, which it acted upon.
- The dentist did not follow national guidance in relation to the management of sharps and the use of rubber dams.
- There was no evidence that fixed wire testing had occurred and there was no signage to indicate that oxygen was stored on the premises.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the management of sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's responsibilities to the needs of people with a disability, including those with hearing difficulties within the requirements of the Equality Act 2010.
- Review electrical fixed wire testing, and signage to indicate oxygen was stored on the premises.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations, although we noted that several improvements were required.

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults. There were sufficient numbers of suitably qualified staff working at the practice.

Premises and equipment were clean and properly maintained, although evidence of electrical fixed wiring testing was not available and there was inadequate signage to indicate that oxygen was stored on the premises. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The dentist did not follow national guidance in relation to the management of sharps, and the use of rubber dams to protect patients' airways

No action



Are services effective?

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

Patients described the treatment they received as effective and pain free. 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 arrangements when patients needed to be referred to other dental or health care professionals, although patients' referrals were not actively tracked to ensure they had been received.

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

No action



Are services caring?

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

We received feedback about the practice from 33 patients. They were complimentary about all aspects of the service provided. Patients spoke positively of the dental treatment they received and of the caring and supportive nature of the practice's staff. Staff gave us specific examples of where they had gone out of their way to support 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.

No action



Summary of findings

Routine dental appointments were readily available and time to treatment was good. Patients told us it was easy to get an appointment, especially in an emergency and the practice offered a text reminder service. The practice was responsive to patients' needs and often worked appointments around the village bus timetables, school and work commitments. However not all patients received a plan outlining their treatment and its cost.

Early morning and evening appointments were available and the practice opened at 7 am once a month.

The practice had made reasonable adjustments to meet the needs of patients with disabilities, although there was no portable hearing loop to assist patients who wore hearing aids.

The practice took patients' views seriously. They valued compliments from patients and responded to complaints appropriately.

Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for staff to discuss the quality and safety of the care and treatment provided.

Staff were well supported in their work, and it was clear the dentist valued them and supported them in their professional development.

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

No action



Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff had received training in safeguarding patients and there was a named lead within the practice.

We noted information about safeguarding protection agencies around the practice in the staff room and treatment rooms, making it easily available to staff.

The practice had a whistleblowing policy and staff told us they felt confident they could raise concerns.

The routine use of rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment was not evidenced by the dentist. We were not able to assess if other methods were used to protect patients' airways from the records we viewed.

There was no formal protocol in place to prevent wrong site surgery.

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running. Copies of it were kept off site so it could be accessed in the event of an emergency.

Clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The practice had a recruitment policy to help them employ suitable staff. We viewed recruitment files for staff and found that suitable pre-employment checks had been undertaken such as references and disclosure and barring checks.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. Evidence that five yearly electrical wiring testing had been completed was not available.

Records showed that fire extinguishers and smoke alarms were regularly tested. Staff undertook fire evacuation procedures every six months. The practice did not display suitable signage to indicate that oxygen cylinders were held on site.

The practice had 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. Clinical staff had completed continuing professional development in respect of dental radiography. We noted the X-ray unit was fitted with a rectangular collimator, although beam aiming devices were not routinely used.

We saw evidence that the dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

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. One member of staff was a non-responder to the Hep B vaccine and we saw that a full risk assessment had been completed in relation to this.

The dentist did not follow the relevant safety guidelines when using needles and other sharp dental items. A specific sharps risk assessment had been undertaken but this did not include risks from all sharps such as scalpels, matrix bands and scissors. The dentist's justification for not using the safest types of sharps needles, that it would compromise patient care, was not robust. Sharps boxes although not wall mounted, were sited safely.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support, although they did not regularly rehearse emergency medical simulations so that they had a chance to practise their skills. Emergency equipment and medicines were available as described in recognised guidance, except for paediatric pads for defibrillator. First aid and eye wash stations were available. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Are services safe?

A dental nurse worked with the dentist and the hygienist when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise potential risks from most substances that were hazardous to health in the practice. This included safety data sheets for common cleaning products used by the practice's cleaner.

We noted that all areas of the practice were visibly clean, including the treatment rooms, the waiting area, toilet and staff area.

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 carried out regular infection prevention and control audits and the latest audit showed the practice was meeting the required standards. Staff had received training in infection control and minutes of a staff meeting we reviewed showed they had refreshed their knowledge on correct hand washing procedures.

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. Dirty and clean zoning was not clear in the treatment room and we noted some loose and uncovered items in drawers that risked aerosol contamination.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A risk assessment had been completed and recommendations to clean the water tank and remove dead legs in pipework had been actioned. Monthly water temperatures were monitored. We noted there was no signage to warn staff of very hot water by tap outlets.

The practice's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from the Department of Health and the practice used an appropriate contractor to remove dental waste.

Information to deliver safe care and treatment

Patients' paper records were kept securely and staff were aware of new regulations affecting the management and security of patient information.

Safe and appropriate use of medicines

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. The practice had a specific fridge in which medicines requiring cool storage were kept and its temperature was monitored daily to ensure it operated effectively.

An antimicrobial audit had been conducted to ensure the dentist was following current guidelines. This had indicated the dentist was not always prescribing in line with guidance. In response to this, the practice had obtained recent guidance on antibiotic prescribing and planned to conduct a second cycle of audit to assess if improvements had been implemented.

The practice employed a hygienist and patient group directions were in place for her to administer local anaesthetic and fluoride.

Lessons learned and improvements

The practice had a policy that provided guidance for staff about reporting and managing incidents and near misses. Further information about RIDDOR requirements was available on the staff noticeboard. We viewed accidents and injuries that had been documented in detail in the practice's accident book. We found that untoward events were recorded and managed effectively to prevent their reoccurrence. For example, the practice's fire drill had been reviewed following a fire at the property next door. Staff had learned how to access and change the practice's answerphone message, following an incident of bad weather and the dentist having to struggle into the practice to change it.

The practice had signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). These were monitored by the practice manager who actioned them if necessary.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Comment cards we received indicated high patient satisfaction with the quality of their dental treatment with patients describing their treatment as professional, effective and pain free.

The practice had systems to keep dental practitioners up to date with current evidence-based practice. Our review of dental care records and discussion with the dentist demonstrated that patients' needs were assessed and delivered care and treatment in line with current legislation, standards and guidance.

Patients' records were audited regularly to check that the necessary information was recorded. A recent independent audit indicated that improvement was needed for documenting patients' consent and oral health risks.

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. Free samples of toothpaste were available. A part-time dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. The nurse told us that where applicable the dentist discussed smoking, alcohol consumption and diet with patients during appointments.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. Staff told us they gave patients information about treatment options

and the risks and benefits of these so they could make informed decisions. Patients told us that they were provided with good information during their consultation and they had the opportunity to ask questions before agreeing to treatment.

Staff understood their responsibilities under the Mental Capacity Act when treating adults who might not be able to make informed decisions. Staff were aware of the need to consider Gillick competence when treating young people under 16 years of age. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Effective staffing

Although the practice team was small, staff told us there were enough of them for the smooth running of the practice and to meet patients' needs. We confirmed clinical staff had completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at their annual appraisals.

Co-ordinating care and treatment

Staff 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 and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice did not actively monitor to check that non-urgent referrals had been received and patients were not routinely offered a copy of their referral for their information.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as extremely caring and reassuring. Patients found the practice welcoming and friendly. Staff gave us examples where they had gone out of their way to assist patients. For example, opening the practice on a Saturday so that a patient could have their denture fitted for an important celebration that day, and providing umbrellas and seating for patients waiting at the bus stop nearby. The practice had participated in a five-year programme to provide free dental care to children visiting from Chernobyl.

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

Privacy and dignity

The layout of reception and waiting area provided some privacy when reception staff were dealing with patients. To enhance this, a radio was played in the waiting room to

distract patients from overhearing conversations at the reception desk. Reception staff were aware of the importance of privacy and confidentiality and did not leave patients' personal information where others might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. Paper records were kept securely in lockable filing cabinets.

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

The practice gave patients clear 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.

The practice's information leaflet provided patients with information about the range of treatments available at the practice. We noted leaflets describing various dental conditions and treatments in the waiting area making them easily accessible to patients.

Not all patients were provided with plans that outlined their treatment and its cost. Of four patient records we viewed, only one contained evidence that a treatment plan had been issued.

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, a water fountain and children's toys and books to keep them occupied while they waited.

The practice had made reasonable adjustments for patients with disabilities which included a downstairs surgery, a lowered reception desk, a raised seat in the waiting area and information in large print. There was no disabled toilet, but patients had access to a local one nearby. We noted that there was no portable hearing loop to assist those who wore hearing aids.

Staff told us they worked hard to accommodate patients' appointment requests and often worked these around the local village bus timetable, and their work and school schedules.

Patients stated that getting through on the telephone was easy and they were rarely kept waiting once they had arrived for their appointment. Patients told us they had enough time during their appointment and did not feel rushed.

Timely access to services

At the time of our inspection the practice was not able to accept any new patients, having reached the maximum number of patients it could accommodate.

The practice displayed its opening hours in the premises, and included it in their practice information leaflet and on

their website. We received several positive comments from patients about the ease of getting an appointment. Patients told us that waiting times for treatment were good and the dentists ran to time.

The practice offered patients a text appointment reminder service. Forty minutes was set aside each day for patients experiencing dental pain. The practice manager told us that patients in pain would be seen at lunchtime the same day if needed. The practice participated in an emergency rota with five other practices when closed.

Listening and learning from concerns and complaints

The practice had a complaints' policy providing guidance to staff on how to handle a complaint. The practice manager was the named lead for handling complaints and information about how to complain was available in the practice patient leaflet, in the waiting room and on its website. However, it did not include information about other organisations for patients to contact if they wanted to raise their concerns externally to the practice.

Reception staff showed a good awareness of how to deal with patients' concerns and showed us information they could give to patients about the procedure.

We viewed the practice's complaints log and saw that patients' concerns had been dealt with professionally. The practice had recently implemented a notebook by reception to record patients' minor concerns such as the dentist running late. Concerns raised by patients were discussed at the team meeting, evidence of which we viewed in the minutes of 7 August 2018.

Are services well-led?

Our findings

Leadership capacity and capability

The dentist had overall responsibility for the management and clinical leadership of the practice. He was supported by the practice manager who had worked at the practice for many years. Staff told us that both the dentist and practice manager were approachable and responsive. We found the manager to have the necessary skills knowledge and capacity to lead the service. Staff described her as 'the heart of the practice'. She worked part-time and told us she would value more time to fulfil all her managerial responsibilities effectively.

Vision and strategy

The practice did not have a specific vision or strategy, other than to continue providing dental treatment, delivered by a small and friendly staff team. The practice did very much want to expand its service but was prevented from doing so as the premises were not suitable. Plans were in place to increase the hygienist service and refurbish the decontamination room.

The dentist told us he was nearing retirement and succession planning was at its initial stages.

Culture

The practice was small and friendly, something which both patients and staff particularly appreciated. Staff told us they enjoyed their job and felt valued in their work. For example, the dentist had taken the staff for a meal, as a thank you for the good score they achieved in a recent accreditation inspection. Staff reported they would be able to raise any concerns they had and felt they would be responded to by the dentist or practice manager.

The practice had a Duty of Candour policy in place, and staff told us the policy had been discussed at one of their regular meetings to ensure they were aware of their responsibility to be open and candid if things went wrong.

Governance and management

Communication across the practice was structured around regular meetings which staff told us they found useful.

There was a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Records required by regulation for the protection of patients and staff and for the running of the business were maintained, up to date and accurate.

The practice had information governance arrangements in place and staff were aware of the importance of these in protecting patients' personal information. We saw that recent changes in data protection requirements had been discussed with staff at their meeting of June 2018.

Engagement with patients, the public, staff and external partners

The practice used surveys, a suggestion box and verbal comments to obtain patients' views about the service. The last full-scale patient survey had been conducted in 2015, and another was planned in the coming months. Results from the latest survey showed that the practice scored marginally higher for patient satisfaction than other practices nationally. Patient feedback was acted upon: for example, their suggestion for a hook on the bathroom door, for brighter carpeting on the stairs and for a radio in the waiting room had been implemented.

The practice gathered feedback from staff through meetings, and informal discussions. Staff were encouraged to suggest improvements to the service and told us these were listened to and acted upon. For example, their suggestions to install a hand rail on the stairway and implement a patient cold sore policy had been implemented.

Continuous improvement and innovation

The practice was a member of a dental accreditation programme, which demonstrated its commitment to quality improvement. At a recent inspection for this accreditation, the practice had scored 99.17%. We saw that the results of the audit were discussed with staff at the practice meeting.

The dentist paid for staff's on-line training to help keep them up to date with their professional development. All staff received an annual appraisal, which they told us they

Are services well-led?

found useful. This assessed their skills in dealing with patients, their job knowledge, teamwork, appearance and attitude. Each member of staff had a personal development plan in place.