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Dental Distinction – Wivenhoe

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 9 November 2023 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not available in line with guidance.
- The practice had systems to manage risks for patients, staff, equipment and the premises. We found minor shortfalls in appropriately assessing and mitigating risks in relation to domiciliary visits and sepsis management.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership, however there was scope for improvement with audits.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Dental Distinction is in Wivenhoe, Essex and provides private dental care and treatment for adults and children.

A portable ramp is available to provide step free access to the rear of the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist, 1 dental nurse, 1 dental hygienist and 1 receptionist/administrator. The practice has 2 treatment rooms.

During the inspection we spoke with the dentist, the dental nurse and the receptionist/administrator. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Thursday and Friday from 9am to 5pm.

Tuesday from 9am to 3pm.

Alternate Saturdays from 9am to 1pm by appointment.

The practice is closed on Wednesdays and Sundays.

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

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council. In addition, take action to ensure the availability of medicines in the practice to manage medical emergencies taking into account the guidelines issued by the British National Formulary and the General Dental Council.
- Take action to ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

- Take action to improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, when attending patients in their own homes and for sepsis management.

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 ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. However, there was scope to ensure cleaning chemicals were stored securely. Immediately following the inspection, the provider confirmed action had been taken to secure these.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and lone working. There was scope to ensure systems were in place to monitor and manage the risks associated with Sepsis.

Emergency equipment and medicines were not always available and checked in accordance with national guidance. We identified the aspirin was in tablet form rather than the recommended dispersible tablet form, there were no adrenaline ampoules or appropriate needles, there was no size 0 oropharyngeal airway, no glucagon (a medication used to manage hypoglycaemia) and no pocket masks. The practice EpiPen dosage was insufficient for a second dose (a medication that can help decrease the body's allergic reaction). In addition we noted there were no body or blood spillage kits and no eye wash kit. Immediately following our inspection, the provider submitted evidence that replacement emergency medicines and equipment had been purchased, and a new monitoring system had been implemented which listed all the emergency equipment, emergency medicines and the expiry dates.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Are services safe?

The practice had risk assessments to minimise the risk that could be caused from substances that were hazardous to health. We noted that the practice did not have any safety data sheets for household cleaning substances. Following our inspection, the provider submitted evidence that safety data sheets for household items were in place.

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national 2 week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

There was scope to embed the practice systems to review and investigate incidents and accidents. In addition, the practice had recently introduced a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. This included regular information updates from the Chief Dental Officer. In addition, the practice held daily staff discussions.

The practice had access to digital X-rays to enhance the delivery of care.

On limited occasions the practice provided some dental care including denture repairs for people in their own homes. There was scope to ensure the practice undertook suitable risk assessments prior to these visits.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Oral health advice and preventative care was provided by the dentist and the dental hygienist.

The practice sold dental sundries such as interdental brushes and dental floss to help patients manage their oral health.

The dentist and hygienist gave advice in relation to diet, oral hygiene, guidance on the effects of alcohol consumption and the effects of smoking on oral health with patients, as necessary. Patients were directed to local stop smoking services when appropriate. There was scope to ensure details of these discussions were reflected in patient records.

Information leaflets were available to patients as recommended by the dentist or upon request. These were available in a larger font as required.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Consent policies gave information regarding mental capacity and Gillick Competence. There was scope to ensure all staff understood their responsibilities under the Mental Capacity Act 2005. Information regarding private fees was available for patients.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6 monthly following current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction. Staff said that the induction process gave them all of the information they needed and included shadowing another member of staff, training and familiarising themselves with the practice's policies and procedures. We were told that staff received guidance and support whenever needed.

Are services effective?

(for example, treatment is effective)

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Patient feedback we reviewed was generally positive. We looked at online reviews. We observed numerous positive interactions, in person and on the telephone, between staff and patients.

Patients commented on specific support and kindness provided by staff during their treatment. Comments reviewed from patients reflected a high level of satisfaction with the quality of their dental treatment and the staff who delivered it.

Staff described to us some of the ways they enabled nervous patients to undergo their treatments. The practice offered longer appointments for nervous patients.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The computer screens were not overlooked, and staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

We noted that whilst the ground floor reception and waiting room area was open plan, staff were discreet when talking with patients in person and on the telephone, we were told patients were offered an alternative area to speak privately should they wish.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included photographs and X-ray images.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice was situated in a listed building accessed by a set of stairs at the front and a portable ramp at the rear of the premises. The practice had made reasonable adjustments including a ground floor treatment room, hand rails on steps, high rise chairs with arms to aid people when getting up from the chair and hazard tape where there were trip hazards or low ceilings. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website, the patient information leaflet, within the practice and on the notice board at the front of the premises.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner; appointment slots were available each day to see patients with a dental emergency. When these were full staff would speak with the dentist to identify the urgency of the appointment. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Information about how patients could raise their concerns was available in the waiting area and the staff spoke knowledgeably about how they would deal with a complaint. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on people's safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection highlighted minor issues or omissions, these were addressed immediately.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff commented on effective teamworking, and supportive leadership within the practice. They stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals, 1 to 1 meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance. However, minor shortfalls were identified in assessing and mitigating risks in relation to domiciliary visits and sepsis management.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings and informal discussions. There was scope to ensure details of the meetings were documented. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits, however there was scope to ensure the resulting action plans and improvements were reviewed and recorded.