

St Mary's Street Ely Dental Practice Partnership

St Mary's Street Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 14 January 2020 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 advisers.

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

St Mary's Dental Practice is a large family practice, based in the centre of Ely. It provides both NHS and private treatment and serves a large catchment area. There are seven treatment rooms and the dental team includes nine dentists, ten dental nurses, four hygienists, reception staff and a practice manager.

Summary of findings

There is ramp access for people who use wheelchairs and those with pushchairs. Parking is available on streets and in public car parks nearby.

The practice is open Monday, Wednesday and Fridays from 8.30am to 5pm; on Tuesdays from 8.30am to 7 pm and on Thursdays from 8.30am to 6pm. Appointments outside these times are available by arrangement.

The practice is owned by a partnership 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 the practice is the principal dentist.

On the day of inspection, we collected 24 CQC comment cards filled in by patients and spoke with another two patients during our inspection. We spoke with the practice manager, three dentists, three dental nurses, and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Patients were satisfied about all aspects of the service the practice provided and commented positively on the treatment they received, and of the staff who delivered it.
- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- Staff had systems to help them identify and manage risks to patients and staff.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients' care and treatment was provided in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The practice had effective leadership and a culture of improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.

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

- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.

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

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. The principal dentist was the lead for safeguarding matters and staff had received safeguarding training. Information about protection agencies was widely available around the practice, making it easily accessible to staff.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

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

The protocol to prevent wrong site surgery was displayed in each treatment room.

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We looked at staff recruitment information for two recently recruited employees. This showed the practice had not always followed their procedure, as information about staff's Hep b status, training and references had not always been obtained at the point of their employment.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. A fire risk assessment had been completed following the recent completion of the building work and its recommendations to change the layout of the rooms within the building and put fire cladding at the top of the stairs had been implemented. There were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. However, staff had not regularly rehearsed evacuating the premises in the event of a fire.

The practice had a business continuity plan describing how staff would deal with events that could disrupt its normal running.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had the required information in their radiation protection file. The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits following current guidance and legislation, although these audits could be improved to assess the quality of each individual dentist's radiographs. Clinical staff completed continuing professional development in respect of dental radiography.

Rectangular collimators had been fitted on X-ray units to reduce patient exposure.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff.

A sharps risk assessment had been undertaken and staff followed relevant safety laws when using needles. Sharps' bins were wall mounted and labelled correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for the materials used within the practice.

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

Are services safe?

Department of Health and Social Care. Staff carried out infection prevention audits, although not as frequently as recommended in national guidance. The latest audit showed the practice was meeting the required standards.

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, apart from the ultrasonic baths.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of water testing and dental unit water line management were maintained.

We noted that all areas of the practice were visibly clean, including the waiting areas corridors toilets and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. There were clear zoned workflows from dirty to clean. Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. We noted they changed out of their uniforms at lunchtime to maintain good infection control.

The practice used an appropriate contractor to remove dental waste from the practice, which was stored securely.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines.

NHS prescription pads were held securely, although there was no system in place to identify any loss of theft of individual prescriptions. However, measures to address this were implemented during our inspection.

Antimicrobial prescribing audits were carried out and the practice manager told us that the most recent audit indicated the dentists were following current guidelines.

Information to deliver safe care and treatment

We looked at a sample of dental care records to confirm our findings and noted that records were written in a way that kept patients safe. Dental care records we saw were accurate, complete and legible. They were kept securely and complied with The Data Protection Act and information governance guidelines.

Lessons learned and improvements

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints, and staff were aware of formal reporting procedures. We noted that a recent staff injury from a scaler tip had been discussed at the practice meeting so that learning from it could be shared.

A system was in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and implement any action if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 24 comment cards that had been completed by patients prior to our inspection. All the comments received reflected high patient satisfaction with the quality of their dental treatment, and the staff who delivered it. One patient told us, 'the hygienist has really helped get my gums in good shape after years of neglect'. Another commented, 'the quality of dental care I've received at this practice has been really excellent, I know my teeth are in good hands'.

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken, and the advice given to them. Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. The practice had systems to keep dental practitioners up to date with current evidence-based practice.

Staff had access to an orthopantomogram machine to enhance the delivery of care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate.

Four part-time dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. Free samples of high fluoride toothpaste were available at reception.

Staff were involved in national oral health campaigns such as mouth action cancer month. The practice had also participated in 'Stoptober', to encourage patients to give up smoking. The practice manager told us of a recent

Halloween event that had been held to encourage children to attend. The practice had sent information to local care homes to advertise their service and promote the take up of dental care amongst residents.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients. Patients confirmed clinicians listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005 and we noted helpful information about the Act on display in staffroom. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. We found staff understood their responsibilities under the Act when treating adults who might not be able to make informed decisions.

Effective staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff. There was an additional member of nursing staff available each day to undertake dedicated decontamination duties, and all the hygienists had chairside support. Staff reported that they did not feel rushed in their work.

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.

The provider had current employer's liability insurance in place.

Co-ordinating care and treatment

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear

Are services effective?

(for example, treatment is effective)

systems in place 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.

Patient referrals to external organisations were monitored to make sure they were dealt with promptly. Referrals to the hygienists were not always documented in the patients' records. The principal dentist told us these would be implemented immediately.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as cheerful, friendly and supportive. One patient told us, 'I have always been impressed by the care of the dentists and nurses. They have always been really kind and understanding as I am a nervous patient'. Another stated, 'my dentist takes time to help reduce my anxiety and accepts the need to tell me everything and every movement she makes.'

Staff gave us specific examples of where they had gone out of their way to support patients such as delivering dentures to their home and liaising extensively with a range of health care professionals to ensure a coordinated approach to their treatment. The practice manager told us that one member of staff had requested training to become a mental health champion and that funding for this had been agreed.

We spent time at the reception desk and although very busy, staff were consistently calm, helpful and courteous to patients both on the phone and face to face.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screens was not visible to patients and staff did not leave patients' personal information where other patients might see it. There was a note on the reception desk, asking patients to stand back to allow for privacy.

Staff password protected patients' electronic care records and backed these up to secure storage. All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy. Downstairs windows had frosted glass on them to prevent passers by looking in.

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. One patient told us, 'Everything was discussed, and I had a treatment plan which helped make decisions'. Another stated that, 'Staff always able to explain paperwork and treatment plans.'

The dentists used models and X-ray images to help patients better understand their treatment options. One dentist referred patients to the practice's web site where there was information explaining many treatments and dental conditions.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had its own website which gave patients helpful information about its services, fees and staff members.

Waiting areas were comfortable and we noted a board displaying staff photographs, qualifications and GDC registration numbers. There was also a recycling point for patients to bring their used dental products and toothpaste tubes to.

The practice had made reasonable adjustments for patients with disabilities. This included ramp entry access, downstairs treatment rooms, an accessible toilet and a hearing loop. One area of the reception desk had been lowered to make it easier to communicate with wheelchair users. One treatment room had a specialised dental chair that could accommodate people with limited mobility.

We noted that there was no information easily available for patients about translation services.

Two weeks before our inspection, we sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service. 24 cards were completed, giving a patient response rate of 48%. 100% of views expressed by patients were positive. Common themes within the feedback included the friendliness of staff, easy access to dental appointments and standards of cleanliness.

Timely access to services

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website. It opened later two evenings a week to meet patient demand.

At the time of our inspection the practice was taking on both new private and NHS patients.

Appointments could be made by telephone or in person and the practice operated an email and text appointment reminder service for patients. The waiting time for a routine appointment was about a week. Patients confirmed they could make emergency appointments easily and were rarely kept waiting for their appointment once they had arrived.

There were specific emergency slots each day for anyone in dental pain and the practice was contracted to offer additional emergency appointments as part of the NHS 111 service.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in the downstairs waiting area for patients, but not the upstairs one. Reception staff spoke knowledgeably about how they would manage patients' concerns.

It was not possible for us to assess how the practice managed patients' complaints on this occasion, as none had been received since it opened, just over a year ago.

Are services well-led?

Our findings

Leadership capacity and capability

The provider had taken over the practice in 2018 and had invested substantially in modernising and refurbishing the premises, as well as greatly improving patient access to appointments.

We found staff had the capacity, values and skills to deliver high-quality, sustainable care. Senior staff were knowledgeable about issues and priorities relating to the quality and future of the service. The principal dentist was Chair of East Anglian Local Dental Network and a lead dental practice advisor for NHS England.

There were clear responsibilities, roles and systems of accountability to support good governance and management. The principal dentist had overall responsibility for the management and clinical leadership of the practice and was well supported by a practice manager and experienced staff.

Staff spoke highly of senior staff, describing them as approachable and responsive to their requests.

Culture

Staff told us that they had actively welcomed our inspection and viewed it as a good opportunity to make any changes if needed, demonstrating their openness and commitment to improvement. We noted that staff took immediate action to rectify minor issues we identified during our visit.

Staff told us they felt respected, supported and valued. They described their morale as good, citing teamwork, effective communication and good management as their reasons.

Openness, honesty and transparency were demonstrated when responding to incidents and staff were aware of the requirements of the Duty of Candour.

Governance and management

There were effective processes for managing risks, issues and performance. The practice had comprehensive 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. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any serious issues or omissions.

Communication across the practice was structured around a regular meeting for all staff which they told us they found useful. There were additional meetings for dentists to discuss clinical issues, complex cases and recent guidance.

The practice used an online governance tool to help with the running of the service.

Appropriate and accurate information

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

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

Engagement with patients, the public, staff and external partners

The practice used the NHS Friends and Family Test as a way for patients to let them know how well they were doing. They received 8-15 responses a month and results of the test were displayed in the waiting area, along with what the practice had implemented as a result of the feedback. Staff told us that patients' suggestions to put coat hooks in the toilet and install a call bell for assistance at the main entrance had been implemented. We noted a display in the staff room, where patients' positive comments about staff were on display. The practice also had a Facebook page and used it to communicate to patients.

Staff actively monitored and responded to google on-line reviews. At the time of our inspection the practice had received 3.9 stars out of five, based on 23 reviews.

The practice gathered feedback from staff through meetings and informal discussions. They told us there was a specific box in their staff room where they could leave their suggestions. Their ideas for trainee nurses to work with different dentists in the practice, and to have a staff mental health champion had been implemented.

Continuous improvement and innovation

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The practice offered foundation training to newly qualified dentist and the principal dentist was a supervisor. There was protected learning time for both trainee nurses and foundation dentists at the practice.

Systems of staff appraisal were in place, with plans to have all staff appraised by the end of January 2020.