

Miss Cheryl Frost

# The Dental Lounge

## Inspection Report

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### Overall summary

We carried out this announced inspection on 26 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 a specialist dental adviser 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 providing well-led care in accordance with the relevant regulations.

##### **Background**

The Dental Lounge is a newly established practice that provides private treatment to patients of all ages. The dental team consists of one dentist, one hygienist, two nurses and a practice manager who support about 500 patients. The practice has one treatment room, although is in the process of refurbishment to add more. There is ramp access for people who use wheelchairs and pushchairs.

The practice is open on Mondays from 2pm to 5pm, on Wednesdays from 9am to 1pm, and on Fridays from 2pm-5pm.

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 the principal dentist, a dental nurse and the practice manager. We looked at the practice's policies and procedures, and other records about how the service was managed. We collected 25 comment cards filled in by patients prior to our inspection.

## **Our key findings were:**

- We received many very positive comments from patients about the dental care they received and the staff who delivered it.
- The practice had suitable safeguarding processes and staff knew their responsibilities for protecting adults and children.
- The practice was clean and well maintained and had infection control procedures that reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff felt well supported by the practice owner, and there were regular practice meetings

# 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?**

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

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Staff were suitably qualified for their roles and the practice completed essential recruitment checks.

The premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### **Are services effective?**

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as effective and pain-free. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

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

No action



### **Are services caring?**

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.

We received feedback about the practice from 25 people. Patients were positive about all aspects of the service the practice provided, and mentioned in particular the good listening skills of the principal dentist. Patients commented that she made them feel at ease, especially when they were anxious.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality

No action



### **Are services responsive to people's needs?**

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

The practice had good facilities and was well equipped to treat patients and meet their needs. Good information was available for patients both in the practice's leaflet and on the provider's web site. The practice had made adjustments to accommodate patients with a disability.

No action



# Summary of findings

Although no complaints had been received by the practice, a robust procedure was in place to deal with them.

## **Are services well-led?**

We found that this practice was 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. The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were systems in place to monitor and improve quality.

The practice proactively sought feedback from staff and patients, which it acted on to improve services to its patients.

**No action** 

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Although no unusual events had occurred since the practice opened, staff knew that sort of things they should report and their role in the process.

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

### 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. Staff had received safeguarding training to the relevant level.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments that staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Emergency equipment and medicines were available as described in recognised guidance, although airways equipment needed to be kept in a sterile condition. Staff kept records of their checks to make sure equipment and medicines were available, within their expiry date, and in working order.

### Staff recruitment

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

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

### Monitoring health & safety and responding to risks

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

The practice had recently completed a legionella risk assessment and work to implement its recommendations, such as removing lead pipework, was underway. Temperature performance testing at sentinel outlets was undertaken each week to ensure they met required safety levels and a biocide was used in the dental unit water lines to control legionella. Staff had received training in legionella management.

Firefighting equipment such as extinguishers was regularly tested and staff rehearsed building evacuations regularly.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for most products used within the practice.

### Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice.

We checked the treatment room and surfaces including walls, floors and cupboard doors were free from visible dirt. The room had sealed work surfaces so they could be cleaned easily. The practice's decontamination suite consisted of two rooms so that dirty and clean areas could be separated effectively. Cleaning materials were stored securely and equipment met nationally recommended guidelines.

Records showed that dental staff had been immunised against Hepatitis B. We noted that their uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination.

# Are services safe?

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 carried out regular infection prevention and control audits, and results from the most recent one demonstrated compliance with essential quality standards.

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'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 and clinical waste was stored securely.

## Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. Stock control was good and medical consumables we checked in cupboards and drawers were within date for safe use.

The dentist was aware of procedures for reporting adverse drug reactions. No medicines were kept on the premises.

## 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.

We saw evidence that the dentist justified, graded and reported on the X-rays she took. The practice carried out X-ray audits every year following current guidance and legislation.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Monitoring and improving outcomes for patients**

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our discussion with the dentist and review of their comprehensive dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines.

### **Health promotion & prevention**

The dentist was aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. There was a selection of dental products for sale to patients including interdental brushes, mouthwash and toothpaste. 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.

### **Staffing**

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. Staff told us there were enough of them for the smooth running of the practice. A nurse always worked with the dentist and hygienist.

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

### **Working with other services**

The dentist confirmed she 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. Patients were offered a copy of their referral for their information.

### **Consent to care and treatment**

The practice team understood the importance of obtaining and recording patients' consent to treatment. Staff had a good understanding of the Mental Capacity Act and how it affected their management of patients who could not make decisions for themselves.

Dental records we reviewed demonstrated that treatment options had been explained to patients. Patients confirmed the dentist listened to them and gave them clear information about their treatment.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We received positive comments from patients about the quality of their treatment and of the staff who provided it. Patients' commented on the principal dentist's caring approach in particular, and told us that she was very good at listening to their concerns. During the inspection, a patient brought in cakes for staff at the practice. The patient told us it was in appreciation of the excellent care they had received from staff.

Staff gave us specific examples of where they had supported patients such as telephoning them after complex treatment and delivering dentures to them

The reception area was not particularly private but the computer screen was not easily visible to patients and staff did not leave personal information where other patients might see it. There was a poster informing patients they could request a different room if they wanted to speak in private with staff.

### **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. Patients received plans that clearly outlined the treatment they would receive and its cost. Results of practice's own survey showed that patients felt involved in decisions about their care and 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 there was free on street parking outside. The waiting area provided good facilities for patients, including interesting magazines to read and a patient information folder with details of the staff, the fees, complaints and the nine principals of the General Dental Council. Further information was available on the practice's web site.

Patients told us they were satisfied with the appointments system and that getting through on the phone was easy. There was a daily emergency appointment slot for patients in dental pain.

### **Promoting equality**

The practice had ramp entry access and a downstairs treatment room. There was a disabled toilet and the sofa in the waiting room had been raised to make it easier for patients with mobility problems.

### **Concerns & complaints**

There was information about how patients could raise their concerns in the waiting area. This included the timescales by which they would be responded to and other organisations that could be contacted. Although the practice had not received any complaints since it had opened, staff knew how to deal with them and we noted that the principal dentist had undertaken specific training in the management of complaints.

# Are services well-led?

## Our findings

### **Governance arrangements**

The principal dentist took responsibility for the overall leadership in the practice, supported by the practice manager who assisted her with the day-to-day running of the service. The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. We found evidence to show that staff had read the practice's policies and signed to show they would agree by them.

The principal dentist attended a peer review group to share knowledge and best practice issues with other local dentists.

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 well 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.

### **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.

Communication across the practice was structured around regular practice meetings that all staff attended. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them.

The practice had a specific duty of candour policy and staff were aware of their obligations under the policy.

### **Learning and improvement**

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, hand hygiene, X-rays, and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

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

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

The practice had developed its own patient survey, which asked patients, amongst other things, if their treatment had been explained well to them, if they were given options and if they were aware of the costs. We viewed 40 responses that indicated a high level of satisfaction with the service provided. The principal dentist told us that in response to patients' feedback she had installed raisers on the sofa in the waiting room.

Staff told us that the principal dentist listened to them and was supportive of their suggestions. For example, their suggestion to use social media to promote the practice had been implemented.