

Tracey Bell

Assessment report

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Isle of Man

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Our findings

Overall summary

We carried out this announced assessment on 29 November 2022. The assessment was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

This assessment is one of a programme of assessments that the CQC is completing at the invitation of the Isle of Man Government's Department of Health and Social Care (IOMDHSC) in order to develop an ongoing approach to providing an independent regime of health and social care providers delivered or commissioned by IOMDHSC and Manx Care.

The CQC does not have statutory powers with regard to improvement action for services on the Isle of Man, and providers on the island are not subject to CQC's enforcement powers. The assessment is unrated.

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 assessment.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The service had infection control procedures which reflected published guidance. Systems to validate equipment and audit infection and control could be improved.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. The processes for checking these could be improved.
- The service had systems to help them identify and manage risk to patients and staff. We highlighted recommendations in a radiographic report which the provider told us had been addressed but this could not be evidenced.
- The service had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The service had staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The service had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The service asked staff and patients for feedback about the services they provided.
- The service dealt with complaints positively and efficiently.
- The service had information governance arrangements.

We found areas where the practice could make improvements. CQC recommends that the practice:

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiation (Medical Exposure) Regulations 2019 and taking into account HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam (Computed Tomography).
- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Take action to ensure that clinical staff are risk assessed for immunity against vaccine preventable infectious diseases.
- Take action to ensure a risk assessment is in place for when the dental hygienist is not supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

We have also identified areas we have escalated to the IOMDHSC.

- Implement amalgam waste handling protocols to ensure the amalgam waste is disposed of, is in compliance with the relevant regulations and take into account the guidance issued in the Health Technical Memorandum 07-01.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases and ensure staff can access the appropriate advice and care following sharps incidents.
- Review the need to undertake a Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Improve the systems for checking and monitoring pressure vessel (compressor) equipment taking into account relevant guidance and ensure that all equipment is well maintained. (In particular, pressure vessel inspection).

Background to assessment

Tracey Bell dental practice is in Douglas, Isle of Man and provides NHS and private dental care and treatment for adults and children and private aesthetic treatments for adults.

There is ramp access to the practice for people who use wheelchairs and those with pushchairs. The practice has a car park which includes dedicated parking for people with disabilities. Dental services are provided on the first floor which is accessed by a lift.

The dental team includes 2 dentists, 3 dental nurses (1 of which is a trainee), 1 dental hygienist, 2 patient coordinators, 2 receptionists and an operations manager. The practice has 3 treatment rooms.

The practice is open:

Monday to Thursday 8am to 5pm

Friday 8am to 2pm

Saturday 8am to 2pm

On the day of the assessment, we spoke with 2 dentists, 2 dental nurses, the dental hygienist, 2 patient coordinators, 2 receptionists and the operations manager. We looked at practice policies and procedures and other records about how the service is managed.

You can find information about how we carry out our inspections and assessments on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Is the service safe?

We found this practice was providing safe care in accordance with CQC's inspection framework.

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

Staff had clear systems to keep patients safe.

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 service had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with

suspected abuse. We saw evidence staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The service had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The service had an infection prevention and control policy and procedures. Staff completed infection prevention and control training and received updates as required.

The service had arrangements for transporting, cleaning, checking, sterilising and storing instruments. The records showed equipment used by staff for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. We noted staff did not carry out efficacy tests on the ultrasonic cleaner or steam penetration tests on the steriliser. Immediate action was taken by the provider to address this and evidence was sent after the assessment. The service had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. The provider had completed Legionella lead training and carried out a self-risk assessment. We saw records of water temperature testing and dental unit water line flushing were maintained. Staff were not flushing taps, toilets and a shower in unused areas of the building. We highlighted the need to identify these and flush them regularly to prevent the stagnation of water. Evidence was sent after the assessment that a flushing process had been introduced.

We saw effective cleaning schedules to ensure the practice was kept clean. When we carried out our assessment, we saw the practice was visibly clean and tidy. We were told there was no provision to remove waste dental amalgam from the Isle of Man. This had been escalated. We found the waste amalgam was stored safely within the premises.

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

The service carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. We discussed the need to ensure audits identify surfaces where cleaning may be inhibited. For example, tears in a dental chair and some areas of unsealed or damaged flooring in the bathrooms which had not been highlighted by the audit process.

The service had a whistle blowing policy and staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with appropriate guidance when providing root canal treatment to patients. In instances where a dental dam was not used, for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The service had a recruitment policy and procedure to help them employ suitable staff. We looked at 4 staff recruitment records. These showed the practice staff had followed their recruitment procedure.

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. The provider had ensured pressure vessels were inspected and certified appropriately.

A fire risk assessment was carried out in line with guidance. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

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

We were shown evidence the dentists justified, graded and reported on the radiographs they took. The service carried out radiography audits every year following current guidance and legislation.

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

The practice had a cone beam computed tomography (CBCT) X-ray machine. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff. We reviewed the critical acceptance test report which was carried out when the CBCT was installed. This included recommendations which included changing the glass in the operator's viewing panel and adjusting dosage settings. The provider confirmed these had been actioned, but no evidence was available to support this.

We observed that the practice used 2 hand-held X-ray machines. We were shown these were stored in a locked treatment room when not in use and the battery was removed. Staff had received training in the use of these and appropriate safeguards were in place for patients and staff.

Risks to patients

The service had implemented systems to assess, monitor and manage risks to patient safety.

The practice health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The service had current employer's liability insurance.

We looked at the practice arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The service had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. The provider did not have a risk assessment in place in relation to 3 clinical members of staff where the effectiveness of their Hepatitis B vaccination was unknown or where they had not yet completed their course of vaccinations. The provider assured us that immunity would be checked for these staff. It was noted the Isle of Man does not have consistent sharps injury advice and management procedures for primary care providers to follow and support them in this process.

Staff were aware of sepsis but had not completed any formal training. Sepsis prompts and posters were displayed throughout the practice.

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

Emergency equipment and medicines were available as described in recognised guidance. We found staff checks of these could be improved to make sure they were available, within their expiry date, and in working order. We noted the emergency medical oxygen was half full and there was no portable suction device. We brought this to the attention of the operations manager who took immediate action to obtain a replacement medical oxygen tank and portable suction. Evidence was received this had been delivered the following day.

Glucagon, which is required in the event of severe low blood sugar, was kept with the emergency drugs kit but the expiry date had not been adjusted in line with the manufacturer's instructions.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the dental team. The dental hygienist sometimes worked without chairside

support. This had not been risk assessed for their and the patient's safety. They explained if they required chairside support, there were always enough staff on-site.

The service had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to corroborate our findings and observed that individual records were typed and managed in a way which kept patients safe. Dental care records we saw were complete, legible, were kept securely.

The service had systems for referring patients with suspected oral cancer to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of medicines.

There was a 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.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance regarding prescribing medicines.

The provider was in the process of implementing antimicrobial prescribing audits to ensure the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The service had implemented systems for reviewing and investigating when things went wrong.

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand the potential risks and led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. We reviewed records of a previous safety incident. We saw this was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The service had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Is the service effective?

We found this practice was providing effective care in accordance with CQC's inspection framework.

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current standards and guidance supported by clear clinical pathways and protocols.

The practice provides private orthodontic treatment. A dentist with additional training carried out a patient assessment in line with recognised guidance. The patient's oral hygiene was also assessed to determine if the patient was suitable for orthodontic treatment.

Staff had access to intra-oral cameras and scanners and microscopes to enhance the delivery of care. For example, one of the dentists had an interest in endodontics, (root canal treatment). The dentist used an operating microscope to assist in carrying out root canal treatment. The dentists also used computer-aided design and manufacturing dental restorations including crowns and bridges.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

Staff were aware of oral health campaigns and schemes which supported patients to live healthier lives, for example, stop smoking services. They directed patients to these schemes when appropriate.

The dentists and dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and completing detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce preventative advice.

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. We saw this documented in patients' records.

The practice team understood their responsibilities when treating adults who might not be able to make informed decisions, and that children under 18 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. For example, the patient coordinators also spent time discussing treatment options with patients.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patient's current dental needs, past treatment and medical history. The dentists assessed patient's treatment needs in line with recognised guidance.

The service had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

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

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

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

Is the service caring?

We found this practice was providing caring services in accordance with CQC's inspection framework.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights. We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patient feedback showed that staff were compassionate, understanding and helpful when they were in pain, distress or discomfort.

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

- Staff were not aware of Manx translation services available through the government website for patients who did not speak or understand English. Staff had occasionally used online translation services and patients were told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patient feedback confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentists and patient coordinators described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, X-rays, CBCT scans, 3 dimensional images and an intra-oral camera. The intra-oral cameras and microscope with a camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient or relative to help them better understand the diagnosis and treatment.

Is the service responsive?

We found this practice was providing responsive care in accordance with CQC's inspection framework.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. Staff had recently completed a 2-day mental health training course to help them to identify where patients and colleagues may need support.

Patient feedback described high levels of satisfaction with the responsive service provided by the practice.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments to support disabled patients. This included step free access, a lift to the first floor and an accessible toilet with handrails. One of the treatment rooms had a knee-break dental chair, this provides easy patient entry and exit via the front or either side of the dental chair, detachable armrests allow wheelchair access from either side.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during

their appointment and did not feel rushed. Appointments ran smoothly on the day of the assessment and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with all other local practices and patients were directed to the appropriate out of hours service. This was also published on the Isle of Man Government website.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us the service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The service had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

The operations manager was responsible for dealing with complaints. Staff told us they would tell them about any formal or informal comments or concerns straight away so patients could receive a quick response.

The operations manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice had dealt with their concerns.

We looked at comments, compliments and complaints the practice had received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Is the service well-led?

We found this practice was providing well-led care in accordance with CQC's inspection framework.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The service had a strategy for delivering the service which was in line with health and social priorities across the island. Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs informally and at 6 monthly appraisals, one to one meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients.

We saw the service had systems in place to identify and deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints.

Staff could raise concerns and were encouraged to do so. They had confidence these would be addressed.

Governance and management

Staff had 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. The operations manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The service had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed regularly.

We saw there were clear and effective processes for managing risks, issues and performance. We highlighted some additional minor areas of risk during the assessment. The provider and manager were open to discussion and feedback during the assessment and took immediate action in response to these.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example performance information, surveys, audits and external body reviews was used to ensure and improve performance. Performance information was combined with the views of patients.

The service 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

Staff involved patients, the public, staff and external partners to support the service. The service used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service.

Patients were encouraged to complete the Isle of Man NHS Dental Patient Survey online or in writing. This is a national programme to allow patients to provide feedback about NHS services they have used. We reviewed 3 responses received through this process from April 2021 to March 2022. All comments were positive about staff and the service. These included praise for the comfortable facilities, the practice's friendly team, staff knowledge and time spent explaining treatment options and the cleanliness of the practice.

The service gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted upon.

Continuous improvement and innovation

The service had systems and processes for learning, continuous improvement and innovation.

The provider had participated in the Transformation Programme on leadership and Healthcare improvement and staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

The service 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. We discussed how audits could further be improved by making clinical audits clinician specific and ensuring the infection prevention and control audit highlights where surfaces could be improved to facilitate effective cleaning.

The partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as stated in the General Dental Council professional standards. The service supported and encouraged staff to complete continuing professional development.