

Mrs Megha Deval

St Helier Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 15 June 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

St Helier Dental Surgery is in Morden and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Unrestricted car parking spaces are available in local surrounding roads.

The dental team includes five dentists, five dental nurses (two of which also performed reception duties), two dental hygienists, two receptionists, one reception manager and an associate manager. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. They 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

On the day of inspection we collected 90 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, two dental nurses, one of the receptionists, the reception manager and the associate manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Tuesday, Thursday and Fridays from 9.00am to 6.00pm; Wednesdays 9.00am to 7.00pm and Saturdays 9.00am to 1.00pm

Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. Some staff had not completed medical emergencies training.
- The practice systems to help them manage risk required improvements.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Although, safeguarding policies we were given required updating.
- The practice had staff recruitment procedures. However, processes for maintaining records required improving.
- 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.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system generally met patients' needs.
- The practice did not have effective leadership and there was no culture for continuous improvement.
- Some staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- The practice did not have suitable governance arrangements.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation/s the provider was/is not meeting are at the end of this report.

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

- Review the practice's responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

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.

The practice had systems and processes to provide safe care and treatment. However, they did not demonstrate how they used learning from incidents and complaints to help them improve the service.

We were told that staff had received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. We did not see certificates to confirm this but staff we spoke with demonstrated awareness. Safeguarding policies required updating.

Staff were qualified for their roles and the practice completed essential recruitment checks. Although they did not have documentation to confirm this in all instances.

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 dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, skilful and attentive. The dentists 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.

We received feedback about the practice from 90 people. Most patients were positive about all aspects of the service the practice provided. We received two comments relating to lack of appointment availability and getting through quickly on the phone. They told us staff were attentive, friendly and treated them with dignity and respect.

No action



Summary of findings

They said that they were made to feel relaxed and confident and staff gave them helpful explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The practice did not have effective arrangements to ensure the smooth running of the service. There was lack of systems in place for the practice team to discuss the quality and safety of the care and treatment provided. The management structures were not clearly defined and some staff felt unsupported.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical areas of their work to help them improve and learn.

Requirements notice



Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

Staff we spoke with 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 however they were out of date (still referred to out of date terminology and had out of date contact details). We discussed this with the principal dentist and they told us they were sure they had updated them, but could not locate the up to date policy.

We saw evidence that some staff received safeguarding training. Certificates were missing for some staff. Staff we spoke with knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Some staff told us they 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. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff. The practice did not use locum or agency staff. The policy reflected the relevant legislation. We looked at seven staff recruitment records.

These showed the practice were not following their recruitment procedure or relevant legislation. Many documents were missing from files such as CV, photo identification and information relating to Disclosure and Barring Services (DBS) checks. The principal dentist and business manager told us that they had these documents and managed to locate some during the inspection. However, files in general were not ordered in a way whereby documents could be located efficiently.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. A fire risk assessment had been completed recently and the practice were working towards implementing the required actions identified.

Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. The practice did not have emergency lighting but had recently purchased it and was in the process of arranging to get it installed.

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 dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits.

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

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

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

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. The practice did not have an up to date sharps risk assessment.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff we spoke with knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support. There were some non-clinical staff who had not completed medical emergencies training and some others had not received it in many years. The provider assured us that they would put systems in place to monitor completion of training, including medical emergencies.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. The practice told us they risk assessed when the dental hygienist worked without chairside support.

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

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

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 were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

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

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

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

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

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 a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Track record on safety

The practice was not identifying or monitoring incidents. This principal dentist told us that there had not been any incidents in recent years. There was therefore no record of incidents. However through speaking with staff we were

Are services safe?

made aware that an incident had occurred which had not been recorded in the incident log. We discussed this with the principal dentist and they acknowledged that the event should have been recorded as an incident. The practice had nothing documented to demonstrate the matter had been shared with the wider team and lessons helped.

We discussed incidents in general with the principal dentist and they were uncertain as to what events would constitute a recordable incident.

Lessons learned and improvements

The practice did not demonstrate that they learnt and made improvements when things went wrong. There had been four accidents recorded in the accident book over a

six month period. Three of them related to needle stick injuries. There was no evidence that lessons learnt had been shared with the wider team to reduce the possibility of this type of injury occurring again.

There were no systems for reviewing and investigating when things went wrong. The principal dentist told us that they did this through team meetings. We reviewed team meeting minutes over the past six months (there had been three). None of the meetings minutes reflected that the accidents had been discussed.

There was a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

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.

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

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

Consent to care and treatment

The practice 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 told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice did not have a consent policy. Staff we spoke with understood their responsibilities under the act when treating adults who may not be able to make informed decisions. They understood Gillick competence, the concept by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

Staff told us that all new staff had a period of induction based on a structured induction programme. The principal dentist told us that confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. However not all the documentation was available to confirm this.

Some staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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.

Patients commented positively that staff were polite, caring and gentle. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

The practice 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. Staff told us that if a patient asked for more privacy they would take them into another room. 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 be involved in decisions about their care:

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, 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.

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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

One of the dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos, X-ray images and an intra-oral camera

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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.

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

Patients' feedback included comments relating to staff being attentive, helpful reception staff, assisting with booking appointments and willing to be flexible to accommodate patients' requests.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. This included patients with mobility problems who needed assistance getting around the practice, calling older patients to remind them of appointments, assisting patients to arrange travel home after treatment and arranging appointments around less busy times for nervous patients.

The practice had made reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails.

A Disability Access audit had not been completed on the premises. We discussed this with the provider and they advised us they would get one completed.

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 on their website. Patients could make

appointments by telephone or in person. We saw that the telephone lines were very busy and there was no facility for patients to be put on hold. We discussed this with the principal dentist and they advised us that they were considering making improvements to the current system.

The practice had an appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open including referring them to NHS 111 service. 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

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

The principal dentist told us they were responsible for dealing with complaints.

The principal dentist told us they 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 dealt with their concerns.

We looked at comments and complaints the practice received. We saw that these had been handled in line with their policy.

Are services well-led?

Our findings

Leadership capacity and capability

The practice management did not have the capacity and skills to manage the practice in an effective way. Leadership of the clinical areas were in line with our expectations however the principal dentist was also responsible for the general management of the practice.

They were unable to provide evidence that they had the capacity to do this effectively. For example, the principal dentist told us they were responsible for updating policies, procedures, organising staff recruitment details and monitoring training. The systems and processes for carrying out these roles required improvements and were not up to date or in order. The principal dentist acknowledged that there were shortfalls and said that it was a capacity issue as they did not have the time to do it in the way they needed to. We saw little evidence of the principal dentist delegating roles to other team members.

Some staff told us that the leaders were visible and approachable. They told us they worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Other than staff comments we did not see any evidence of this.

Vision and strategy

The practice did not have a clear vision. The principal dentist explained that they were in the process of trying to resolve some strategic challenges and plan for the future. They were not able to provide any evidence of what their vision for the practice was or the strategy for implementing it.

Culture

Some staff stated they felt respected, supported and valued.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

The provider had awareness of the requirements of the Duty of Candour.

Governance and management

The systems for responsibilities, role and accountability were not in place to support good governance and management. Some staff were unclear about their own roles and some were unclear about the roles, responsibilities of other staff.

The principal dentist had overall management of clinical leadership however it was not clear who had overall responsibility for the day to day management of the service. Staff we spoke with gave us different accounts of who had responsibility for certain areas..

The provider's system of clinical governance in place was not organised and lacked structure. This included out of date policies, no system in place for reviewing or updating policies, not knowing where the most up to date version of a policy was and not have full and complete staff records.

We discussed this with the principal dentist and they agreed that work was required to improve the governance arrangements and management of procedures. Up to date policies were not available to staff. For example, we were given a copy of the safeguarding policy which was out of date. Staff then told us that this was not the most recent version of the policy. The most recent version was not easily accessible because it took them time to locate and print off the most up to date policy. This was the case with other pieces of evidence we requested.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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 involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys to obtain staff and patients' views about the service.

Are services well-led?

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The results of the FFT were generally positive.

The practice gathered feedback from staff through staff surveys, during team meetings and informal discussions. We noticed that staff surveys were not distributed to all staff. We discussed this with the principal dentist and they assured us that systems would be put in place where all staff were offered the opportunity to take part in staff surveys.

Some staff told us they were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Some staff felt that improvements could be made in this area and they could be more involved in decisions.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had some quality assurance processes in place. These included audits of dental care records, radiographs and infection prevention and control. They had records of the results of these audits and the resulting action plans and improvements.

The principal dentist carried out annual appraisals with staff. We saw evidence of completed appraisals in the staff folders. However, the opportunity to have an annual appraisal was not offered to all staff. We discussed this with the principal dentist and explained the importance of offering all staff an opportunity. The principal dentist assured us that systems would be put in place to offer annual appraisals to all.

The General Dental Council also requires clinical staff to complete continuing professional development. Some staff told us the practice provided support and encouragement for them to do so.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17</p> <p>Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none">• Systems were not in place for maintaining staff recruitment documents at the location• Staff training details were not maintained and the provider did not have complete records to evidence some training they told us some staff had completed. <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none">• Policies and procedures were not in place for some key areas, such as safeguarding and child protection.• Some policies were out of date• There was no comprehensive or orderly system in place for maintaining policies and other key documents for running the service. <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:</p>

This section is primarily information for the provider

Requirement notices

- Systems were not in place for all employed staff to be offered the opportunity to take part in staff surveys
- Systems were not in place for all employed staff to be offered an annual appraisal.

Regulation 17(1)