

Confident Dental

Confident Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 16 October 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. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. They did not provide any information which we took into account.

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

Confident Dental Practice is in Wimbledon and provides mainly private and some NHS treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs.

The dental team includes five dentists, three dental nurses, two dental hygienists, two dental hygienist therapists, two receptionists and a practice manager. The practice has four treatment rooms and a decontamination room.

Summary of findings

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. At the time of the inspection the practice did not have a registered manager in post. We discussed this with the principal dentists and they told us one would be appointed soon.

On the day of inspection we collected 27 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

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

The practice is open: Monday to Fridays from 9.00am to 5.30pm. They also offered extended opening for private patients as follows:

Monday – 5.30pm to 6.00pm

Tuesday 8.00am to 9.00am

Wednesday 5.30pm to 8.00pm

Alternative Saturdays from 9.00am to 1.00pm.

Our key findings were:

- The practice generally clean although some areas were showing signs of being worn and in needs of deep cleaning

- Infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available (including a defibrillator which had been ordered but not delivered at the time of the inspection).
- The practice had systems to help them manage risk, although some of the risk assessments were out of date.
- Staff we spoke with knew their responsibilities for safeguarding adults and children. However the practice safeguarding policies and procedures lacked detail and needed reviewing.
- The practice 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.
- The appointment system met patients' needs. However information provided to patients about appointments needed improving.
- The practice had effective leadership. 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 dealt with complaints positively and efficiently.

We found areas where the provider could make improvements and should:

- Review the staff supervision protocols and ensure an effective process is established for the on-going appraisal of all staff

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, although they were not fully complying with sharps regulations. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Safeguarding policies and procedures were not up to date and needed reviewing.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Some areas of the premises and equipment were cluttered and in need of a deep clean. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had arrangements for dealing with medical and other emergencies; however they did not have access to an automated electronic defibrillator. The practice manager contact us shortly after the inspection to confirm they had purchased one and it would be in the surgery in the next few days.

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 and good. 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.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

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 27 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, respectful and empathetic. They said that they were given helpful and clear 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.

No action



Summary of findings

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 providing well-led care in accordance with the relevant regulations.

The practice had arrangements to ensure the running of the service. Some of the governance arrangements required updating. This included missing written policies and some policies were out of date. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. Staff felt supported and appreciated.

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

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. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. There had not been an accidents or incidents in the practice over the past 12 months.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The practice manager told us that relevant alerts were shared with and discussed with staff,

Reliable safety systems and processes (including safeguarding)

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 a safeguarding policy however it was not comprehensive and lacked detail. The policy did not provide staff with information for identifying, reporting or dealing with suspected abuse. For example, there was no definition of abuse, no outline of the various types and no guidelines to give staff direction on how to report abuse. We discussed this with the practice manager and they assured us that they would review the policy as soon as possible. We saw evidence that staff received safeguarding training. Staff we spoke with knew about the signs and symptoms of abuse and neglect and how to report concerns.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice were not fully following relevant safety laws when using needles and other sharp dental items. This was because there was evidence that they were re-sheathing needles. The practice manager and the dentists told us they would ensure the regulations were adhered to with immediate effect. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice did not have a written business continuity plan however the practice manager described how the practice would deal events which 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 with the exception of a defibrillator. The practice manager told us they had discussed this and the practice planned to purchase one very soon. The practice manager contacted us shortly after the inspection to confirm that one had been purchased and should be in the practice within the next two days. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had suitable procedures to help them employ suitable staff. This reflected the relevant legislation. We looked at six 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. However the fire risk assessment was carried out internally and was not comprehensive. We identified some areas of potential risk which they practice told us they had assessed and planned for. We discussed the possibility of carrying out an external fire risk assessment and the practice agreed that this could be beneficial and they would consider it.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists, dental hygienists and dental therapists when they treated patients.

Infection control

Are services safe?

The practice had an infection prevention and control policy and procedures to keep patients safe. Their procedure was in line with guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. The demonstration from staff was not fully in line with guidance. Staff completed infection prevention and control training every year.

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

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 although some areas of the practice were worn and were in need of a deep clean. The practice manager confirmed this would be addressed.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had systems for prescribing, dispensing and storing medicines. The system for recording and monitoring required improving. Staff were not always recording when they had taken a prescription therefore there was no way of knowing if a box of medication had been taken without authorisation. The practice manager assured us they would be reviewed immediately.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the radiography 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 radiography they took. The practice carried out radiography 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

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.

Health promotion & prevention

The practice promoted preventative care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. There were four dental hygienists who further helped to promote good oral health.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child.

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.

Staffing

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

Working with other services

The dentists in the practice had various specialisms so some referral such as orthodontic and implants was referred in hours. However the dentists also confirmed that they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide internally. This included 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 urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice did not have a written consent policy. Staff we spoke with had an understanding of the Mental Capacity Act 2005 and most staff had completed training. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

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 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.

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

Involvement 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 and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. Patients commented that when they had complex treatment staff were always willing to speak with them or see them the following day if they had a query or wanted further advice.

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

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient 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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. This included putting procedures in place to accommodate nervous patients; booking appointments at specific times for patients with learning disabilities or mental health problems who requested specific appointments.

Promoting equality

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

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services. The staff team were multi lingual. Languages spoken included Arabic, Romanian, Polish and French.

Access to the service

The practice displayed its opening hours in the premises, their patient welcome pack and on their website. However the information was not clear because there was no distinction between appointment times available to private and NHS patients (the practice offered extended hours

appointments which were not accessible to NHS patients for general appointments). We discussed this with the practice manager and they confirmed that they would make access to appointments clear to all patients.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free over lunch time and at the end of the day for same day appointments. They took part in an emergency on-call arrangement with some other local practices. Patients were also directed to the "111" service. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. There was a folder in reception with information about how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person or on the phone 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, compliments and complaints the practice received over the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentists had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Some staff had lead roles for various areas such as safeguarding, infection control and audits. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Some policies were not written however in the absence of the policy staff demonstrated appropriate knowledge. These included arrangements to monitor the quality of the service and make improvements.

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 were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They knew who to raise any issues with and told us the practice manager and principal dentists were approachable, would listen to their concerns and act appropriately. The practice manager and principal dentists discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

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

The nurses and administration staff were supposed to receive annual appraisals. The practice manager told us that they had not been doing them routinely and did not have paperwork to confirm they occurred on an annual basis. Staff we spoke with told us they felt supported and said there were opportunities for development.

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 used patient surveys and comment cards to obtain staff and patients' views about the service. We saw examples of suggestions from patients/staff the practice had acted on. For example patients had commented about the condition of the carpets and flooring and the practice responded by changing all the flooring throughout the practice.

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.