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Crendon Dental Centre

Inspection Report

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Overall summary

We carried out this announced/unannounced inspection on 09/04/2018 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 providing well-led care in accordance with the relevant regulations.

Background

Crendon Dental Centre is in High Wycombe and provides NHS and private treatment to patients of all ages.

The practice is based on the first floor. Patients who find stairs a barrier are directed to a nearby dentist practice.

The dental team includes four dentists, two dental nurses who also cover reception tasks, one trainee dental nurse and one receptionist. The practice has three treatment rooms.

Summary of findings

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.

On the day of inspection we collected 20 CQC comment cards filled in by patients and obtained the views of seven other patients.

During the inspection we spoke with two dentists, one dental nurse, and the practice receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open from 8.30am to 7pm Monday, 8.30am to 5.30pm Tuesday to Friday 9am to 1pm on Saturday.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- 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 met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- 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.
- The practice had suitable information governance arrangements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

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

Premises and equipment appeared 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.

Are services effective?

No action

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 reassuring, professional and responsive. 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.

Are services caring?

No action

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 welcoming, helpful and caring.

They said that they were given treatment in a relaxed and comfortable way. Options were fully discussed and they were confident their dentist listened to them. Patients commented that dentists made them feel at ease, especially when they were anxious about visiting the practice.

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

Summary of findings

Are services responsive to people's needs?

No action

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 families with children.

The practice was based on the first floor and told us they could not treat patients who found stairs a barrier but referred these patients to a nearby dentist.

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

Are services well-led?

No action

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly 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.

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 knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. We saw evidence that all but three staff received safeguarding training. We have since received evidence which confirms this shortfall has been addressed.

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 also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced female genital mutilation.

The practice had a whistleblowing policy. 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 and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at two staff recruitment records. This showed the practice followed its recruitment procedure.

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 appliances.

Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. We noted the practice did not have adequate emergency lighting in the stairwell between the practice and the ground floor exit. The emergency lighting in the practice was not tested or serviced or records available to confirm the fire alarm system had been serviced. The practice carried out informal fire training but did not record this. We have since received evidence which confirms these shortfalls are being addressed.

We were provided with a gas maintenance visit sheet but found this to be undated. The practice had a boiler situated in the staff room but did not have a carbon monoxide detector present. We have since received evidence which confirms these shortfalls have been addressed.

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. Records seen confirmed that dentists at the practice carried out radiography audits every year following current guidance and legislation.

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.

Are services safe?

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.

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 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. We noted that staff were either protected or going through a course of vaccinations.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. We noted there were no spare AED pads available. We have since received evidence which confirms this shortfall has been addressed

Staff kept records of their checks to make sure emergency medicines and equipment were available, within their expiry date, and in working order. We noted signs to advise emergency services the location of oxygen were missing. We have since received photographic evidence to confirm this shortfall has been addressed.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

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. 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 records of water testing and dental unit water line management were in place. We were told the practice was waiting for the results of a Legionella risk assessment which had been carried out in March 2018.

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

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that a bag used to store clinical waste in a surgery bin did not confirm with clinical waste management protocols and the practice's clinical waste storage cupboard was insecure. We have since received evidence which confirms these shortfalls have been addressed.

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.

Safe and appropriate use of medicines

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

There was a suitable 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.

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

Are services safe?

The dentists were aware of current guidance with regards to prescribing medicines. Antimicrobial prescribing audits were carried out annually. The most recent audit, carried out in January 2017, demonstrated the dentists were following current guidelines. We were told the next audit was overdue. We have since received evidence which confirms this shortfall has been addressed.

Track record on safety

The practice had a good safety record. There were comprehensive risk assessments in relation to safety issues. In the previous 12 months there had been no safety incidents. We noted the practice was using an accident record book which did not meet Data Protection Act rules. We have since received evidence which confirms this shortfall has been addressed.

Lessons learned and improvements

The practice staff told us they would learn and make improvements should things go wrong.

Staff told us they were aware of the Serious Incident Framework but had not had any accidents or incidents for some considerable time.

There was a system for receiving and acting on safety alerts. We noted the most recent alert stored in the file was May 2017. We spoke with the provider about this who assured us they would improve the current arrangements. We have since received evidence which confirms this shortfall has been addressed.

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. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists told us that where appropriate 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.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

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's consent policy included information about the Mental Capacity Act 2005. 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 the legal precedent (formerly called the Gillick competence) 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 less than 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. We were told that the practice annual record card audit was overdue and would be carried out as soon as practicably possible. We have since received evidence which confirms this shortfall is being addressed.

Effective staffing

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

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

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.

Coordinating care and treatment

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

Dentists confirmed they would refer patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also told us they would refer 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

Are services effective?

(for example, treatment is effective)

provider told us they did not have a system in place to monitor urgent or specialist treatment referrals to make sure they were dealt with promptly. We have since received evidence which confirms this shortfall has been addressed.

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 welcoming, helpful and caring. They said that they were given treatment in a relaxed and comfortable way.

We saw that staff treated patients treatment in a dignified and respectful way and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

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. 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.

Involving people in decisions about care and treatment

Patients were told about multi-lingual staff that might be able to support them. Staff helped patients be involved in decisions about their care.

Staff were not aware of the Accessible Information Standards and the requirements under the Equality Act. Interpretation services were not available for patients who did not have English as a first language. We have since received evidence which confirms these shortfalls have been addressed.

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/information leaflets provided patients with information about the range of treatments available at the practice.

A dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models and X-ray images.

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 and took account of patient needs and preferences. We noted the practice did not have a hearing loop available for patients and visitors who were hearing aid wearers. We have since received evidence which confirms this shortfall has been addressed.

Staff were clear on the importance of emotional support needed by patients when delivering care. A Disability Access audit had been completed by the practice.

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

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

Timely access to services

Patients were able to 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 on their website.

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.

They took part in an emergency on-call arrangement with other local practices for private patients and sign-posted NHS patients to the local out of hour's service.

The practice website, 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 and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The principle dentist told us they took complaints and concerns seriously and would respond to them appropriately to improve the quality of care.

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. We were told the practice had received one complaint in the previous 12 months.

The principal dentist was responsible for dealing with these. Staff told us they would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response.

The principle 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, compliments and complaints the practice received. Patient information showed a complaint would be acknowledged within three days and an investigation would take place as soon as possible.

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

Leadership capacity and capability

The provider, who was also the principle dentist, had the capacity and skills to deliver high-quality, sustainable care.

They had the experience, capacity and skills to deliver the practice strategy and address risks to it.

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

The principle dentist was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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

Vision and strategy

There was a clear vision and set of values.

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.

The practice focused on the needs of patients.

The provider acted on behaviour and performance inconsistent with the vision and values.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. Staff knew the management arrangements and their roles and responsibilities.

The provider 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 on a regular basis. We were told policies were held in electronic format and a paper copy was also kept. We noted the paper copies were not dated. By not dating policies staff could not be confident the information contained within these was up to date. We have since received evidence which confirms this shortfall has been addressed

There were clear and effective processes for managing risks, issues and performance.

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 comments, suggestions, patient surveys and online feedback to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on. For example, patient communication was improved and waiting times reduced and more training opportunities were made available to staff.

The last patient survey was carried out in December 2016. We were told the practice was aware of this and would be undertaking a survey as soon as practicably possible. We have since received evidence which confirms this shortfall is being addressed.

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.

Are services well-led?

The practice 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 on.

Continuous improvement and innovation

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. We found that improvements were needed to ensure all dentists completed the radiograph audits and infection prevention and control audits included a written results summary. We have since received evidence to confirm these shortfalls have been addressed.

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

The whole team had annual appraisals. Staff discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

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