

Bargain Dentist.Com Limited

Confident Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 5 July 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission 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

Confident Dental Practice is in Kings Cross, in the London Borough of Camden. It provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. Restricted car parking spaces, including those for disabled badge holders, are available near the practice.

The dental team includes three dentists, two dental nurses, a trainee dental nurse, a dental hygienist, two receptionists who are also dental nurses, and a practice manager. The practice has two treatment rooms located on the ground and lower ground floor of the premises.

The practice is owned by a company, and as a condition of registration must have a person registered with the Care Quality Commission (CQC) as the registered

Summary of findings

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. The registered manager at Confident Dental Practice was the principal dentist.

On the day of inspection we collected feedback from 33 patients. This information gave us a positive view of the practice.

During the inspection we spoke with the practice manager, the principal dentist, an associate dentist, three dental nurses, and a receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open from 9am to 5.45pm every Monday to Friday.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- 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.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had staff recruitment procedures.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- Staff knew how to deal with emergencies. Improvements were needed to ensure some life-saving equipment was available. Improvements were also needed to ensure incidents were recorded.
- The majority of clinical staff provided patients' care and treatment in line with current guidelines, though improvements were needed to ensure the necessary information was recorded in all dental care records.

Shortly after the inspection the practice took steps to address the issues identified.

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

- Review the practice's system for documentation of incidents that occur, actions taken, and learning shared, with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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. They used learning from incidents and complaints to help them improve, though improvements could be made in recording incidents, and documenting actions taken and lessons shared in response to incidents.

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.

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

The practice had arrangements for dealing with medical and other emergencies. Improvements were needed to ensure some medical equipment was available in line with guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team. Shortly after the inspection the practice ensured this equipment was in place.

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 the majority provided care and treatment in line with recognised guidance. The practice team kept complete patient dental care records which were, clearly written or typed and stored securely. Improvements could be made to ensure a dentist recorded the necessary information in patients' dental care records.

Patients described the treatment they received as caring and professional.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. Improvements were needed to ensure treatment identified by secondary care as being needed for a patient was followed up on.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. Improvements were needed to ensure records of training for Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) and radiation protection were kept for some clinical staff; shortly after the inspection the practice sent us evidence demonstrating that these members of staff had completed this training.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 33 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, helpful and professional. They said that 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 they were experiencing dental pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to a telephone or face to face interpreter services. Staff members spoke nine different languages.

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 smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. Improvements were needed to ensure audits conducted were comprehensive.

There was a clearly defined management structure and staff felt supported and appreciated.

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. Improvements could be made to ensure all staff had a good understanding of significant events and the practice's reporting process.

The practice responded to, and told us they discussed all incidents to reduce risk and support future learning. Improvements could be made with regard to ensuring incidents, and action taken in response to them, were documented.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority. Relevant alerts were discussed with staff, acted on and stored for future reference. Improvements could be made to ensure the practice received all recent alerts, as they were not aware of some recent alerts we would expect them to have received.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that the majority of staff received safeguarding children and adults training; evidence of this was not in place for a dental nurse but shortly after the inspection the practice sent us evidence showing the nurse had completed the training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy.

Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed regularly. The practice followed relevant safety laws when using needles and other sharp dental items.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with 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. Improvements were needed to ensure paediatric chest pads for the automated external defibrillator, and an adult-sized self-inflating bag were available as described in recognised guidance. Improvements were also needed to ensure the practice's stock of Midazolam was of the type that could be used oromucosally. Shortly after the inspection the practice sent us evidence demonstrating they had ordered all of the additional equipment and oromucosal Midazolam.

Staff kept records of their checks of the medicines and equipment to ensure they were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This generally reflected the relevant legislation.

We looked at the staff recruitment record of a recently recruited staff member. These showed the practice followed their recruitment procedure.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. Improvements were needed to ensure the health and safety risk assessment was practice-specific.

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

Are services safe?

The practice had carried out a Control Of Substances Hazardous to Health risk assessment. Improvements could be made to ensure this assessment was updated.

A dental nurse worked with the dentists when they treated patients. Staff told us the dental hygienist worked without the assistance of a dental nurse, though a dental nurse would assist them with complex treatments such as periodontal scaling and charting.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had 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, with the exception of protein residue tests.

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 and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used.

The practice had suitable systems for prescribing and storing medicines.

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

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment which met current radiation regulations. Improvements could be made to ensure they had the required information in their radiation protection file, such as notification of X-ray units to the Health and Safety Executive, and to ensure the local rules were updated to include the serial numbers of all X-ray units in use. Shortly after the inspection the practice ensured they made the necessary improvements.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation. Improvements were needed to include a summary of results and improvements action plan, and to ensure the X-rays for a clinician were graded.

We confirmed that some clinical staff completed continuous professional development in respect of dental radiography. Evidence of Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) training for two dentists, and radiation protection training for a dental nurse was not available; shortly after the inspection the practice sent us evidence demonstrating that this training was in place.

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.

We reviewed a sample of dental care records and found although the majority of dentists had recorded the necessary information, improvements could be made to records made by a dentist. For example, a dentist had not clearly recorded teeth that required treatment, they had not labelled X-ray envelopes to indicate which teeth had been imaged, and there was no evidence to indicate they had taken any action to address recommendation from a hospital to treat secondary caries the hospital had identified in a patients' tooth. In addition there was no evidence of any treatment plan or clear explanation of the cost implications for a patient undergoing orthodontic treatment.

Health promotion & prevention

The practice provided preventative care and supported 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 all children based on an assessment of the risk of tooth decay for each child.

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; staff we spoke with

told us they had found this process to be comprehensive and useful. We saw evidence that the majority of clinical staff completed the continuous professional development required for their registration with the General Dental Council, though improvements were needed to ensure this information was available for a dentist.

Staff told us they discussed training needs at appraisals. Though appraisal records were not available for us to view during the inspection, the practice sent us evidence shortly after of appraisals completed for dental nurses.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence 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 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 team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. They were also aware of the need to consider Gillick competence when treating young people under 16. The practice had a consent policy; improvements could be made to ensure the policy included information about the Mental Capacity Act 2005 and Gillick competence.

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 could choose whether they saw a male or female dentist.

We received feedback from 33 patients. Patients commented positively that staff were caring, helpful and professional, and that they respected their privacy and dignity. Nervous patients commented staff were compassionate and understanding.

We observed staff treating patients in a helpful manner, and they 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 the 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.

Information leaflets 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 commented that that staff listened to them, discussed options for treatment with them and did not rush them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as implants and orthodontics.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options. Staff also used visual aids 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 would be seen the same day. Patients told us they had enough time during their appointment and did not feel rushed.

Staff told us that they currently had older patients with mobility constraints for whom they needed to make adjustments to enable them to receive treatment; they told us they ensured these patients were treated on the ground floor of the premises.

Promoting equality

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

Staff said they could provide information in different languages to meet individual patients' needs. They had access to interpreter services which included British Sign Language.

Access to the service

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

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

The practice had a process in place which enabled them to see patients experiencing dental pain on the same day. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Concerns & 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 practice manager was responsible for dealing with these. Staff told us they would tell the practice manager or principal dentist 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 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 within the last 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 dentist 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. 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. 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 said the principal dentist and practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice's leaders were approachable, would listen to their concerns and act appropriately. It was clear they 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, X-rays and infection prevention and control. Improvements could be made to ensure results of the X-ray audits and the resulting action plans and improvements were recorded.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. They discussed learning needs, general wellbeing and aims for future professional development. Improvements were needed to ensure all staff received regular appraisals.

Staff told us they completed key training, including medical emergencies and basic life support, each year. Staff told us they had received in-house fire safety training, though this had not been documented. Improvements were needed to ensure the practice kept records of Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) training for two dentists, radiation protection training for a dental nurse, and a record of Continuous Professional Development (CPD) for a dentist; shortly after the inspection the practice sent us evidence showing this training had been completed.

The General Dental Council (GDC) requires clinical staff to complete CPD; 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 comment cards and verbal comments to obtain staff and patients' views about the service. The practice carried out its own patient survey on a quarterly basis. They also asked for patients' feedback on dentists partaking in trial days at the practice, and they used the responses received in their selection process. The practice used feedback from patients to improve the service. For example, after an older patient with mobility constraints requested to be treated on the ground floor, the practice implemented a policy to ask older patients if they had a preference for which level of the practice they received treatment, and this information was recorded on the patients' dental care record.

The practice encouraged patients 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.