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Reigate Gentle Dental

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 12 April 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

Reigate Gentle Dental is a dental practice located alongside retail shops and businesses on Western Parade in Reigate, Surrey. There are free parking bays located along the parade for staff and patients to use. The practice comprises of five treatment rooms, a spacious waiting area, a reception area and office/staff room, decontamination room and toilet facilities with disabled access.

The practice is fairly new and started providing services from January 2015. They provide private services to adults and children and offer a range of dental services including dental hygienists, routine examinations and treatment, veneers and crowns and bridges. One of the dentists also provides implants.

The practice staffing consisted of a principal dentist (who was also the provider), two general dentists (one also provided implants), seven dental nurses (including four trainees), a receptionist and a practice manager. The dental team worked various part-time hours to accommodate flexible working depending on the need.

The practice opening hours are Monday 8am to 5pm, Tuesday 8am to 8.30pm,Wednesday 8am to 5pm, Thursday 8am to 8.30pm, Friday 8am to 5pm and Saturday 9am to 2pm.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before the inspection we sent Care Quality Commission (CQC) comments cards to the practice for patients to complete to tell us about their experience of the practice. We collected 43 completed cards. All the comments received were positive about the care that patients received from the practice. They were complimentary about the friendly and caring attitude of the dental staff .

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- The practice had an ongoing programme of risk assessments and audits which were used to drive improvement.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- There were effective processes in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- Patients indicated that they found the team to be efficient, professional, caring and reassuring.
- All clinical staff were up to date with their continuing professional development.
- There was a comprehensive induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.

There were areas where the provider could make improvements and should:

- Review national guidelines for the use of safer sharps and implement protocols and risk assessments in line with guidance.

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 in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. There were policies and procedures in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was maintained and in line with current guidelines. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency and stored safely. X-rays were taken in accordance with relevant regulations.

Are services effective?

No action

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) Department of Health (DOH) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff had completed continuing professional development to maintain their registration in line with requirements of the General Dental Council. Staff explained treatment options to patients to ensure they could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers. We saw examples of effective collaborative team working.

Are services caring?

No action

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

Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. We observed the practice staff respecting patient's privacy and keeping doors closed during treatments. Patient's commented that the dentists discussed the options, risks, benefits and cost of the treatment with them in a way that they could understand.

Are services responsive to people's needs?

No action

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

The practice provided friendly and personalised dental care. The premises had level access to the reception area and surgeries which accommodated patients using a wheelchair. Patients had good access to appointments, including emergency appointments, which were available on the same day. In the event of a dental emergency outside of normal opening hours details of how to access out-of-hours emergency treatment was available.

Summary of findings

There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients. Patients had access to information about the service. There was a practice leaflet with relevant information for patients and also a patient information noticeboard.

Are services well-led?

No action

We found that this practice was providing well-led care in accordance with the relevant regulations.

The staff we spoke with described an open and transparent culture which encouraged candour. Staff we spoke with were very proud to work in the service and spoke respectfully about the leadership and support they received from the provider as well as other colleagues. They were comfortable about raising concerns with the practice manager and provider. They felt they were listened to and responded to when they did so.

The practice had suitable clinical governance and risk management structures in place. Staff told us they enjoyed working at the practice and felt part of a team. Opportunities existed for staff for their professional development. Staff we spoke with were confident in their work and felt well-supported.

Reigate Gentle Dental

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 12 April 2016. The inspection was carried out by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

During our inspection visit, we reviewed policy documents and staff records. We spoke with six members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We reviewed the practice's decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had an incidents and accident reporting procedure. All staff we spoke with were aware of reporting procedures including recording them in the accident book. There were no reported incidents within the last 12 months.

There was a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). However, staff we spoke with were uncertain of these requirements. There were no RIDDOR incidents within the last 12 months. The practice had carried out a comprehensive risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). The practice had a well maintained COSHH folder which was up to date.

Reliable safety systems and processes (including safeguarding)

The practice had clear policies and procedures in place for child protection and safeguarding vulnerable adults. This included contact details for the local authority safeguarding team and social services.

We saw evidence that all staff had completed safeguarding training to the appropriate levels and were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had been no safeguarding issues reported by the practice to the local safeguarding team.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues internally with one of the principle dentists.

We noted that although the practice used ultra-safety plus style needles to prevent staff getting needle stick injuries there was no protocol or risk assessment completed for the various other sharp instruments used in practice. The provider told us they were in the process of reviewing this policy.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. Medical oxygen and other related items, such as manual breathing aids and portable suction, were available in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff.

Records completed showed regular checks were done to ensure the equipment and emergency medicine were safe to use. All staff were aware of where medical equipment was kept and knew how to respond if a person suddenly became unwell. We saw evidence that all members of staff completed training in emergency resuscitation and basic life support in the last 12 months.

Staff recruitment

The practice staffing consisted of a principal dentist (who was also the provider), two general dentists (one also provided implants), seven dental nurses (including four trainees), a receptionist and a practice manager. The dental team worked various part-time hours to accommodate flexible working depending on the need.

There was a recruitment policy in place and we reviewed the recruitment files for five staff members including one visiting dentist. We saw that relevant checks to ensure that the person being recruited was safe and competent for the role had been carried out. This included DBS checks for all members of staff, a check of registration with the General Dental Council (GDC) where appropriate, references, ID checks and employment profiles. All staff were up to date with their Hepatitis B immunisations and records were kept on file. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Monitoring health & safety and responding to risks

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, we saw records of risk assessment for infection control, fire safety, the safe use of X-ray equipment and disposal of waste.

Are services safe?

The practice had carried out a comprehensive risk assessment around the safe use and handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). The practice had a well maintained COSHH folder which was up to date. We saw that COSHH products were securely stored.

The provider was responsible for responding promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, were received by email. These were disseminated to staff, where appropriate.

The practice had a business continuity plan in place to ensure continuity of care in the event that the practice's premises could not be used for any reason, such as a flood or fire. The plan consisted of a detailed list of contacts and advice on how to continue care without compromising the safety of any patient or member of staff. The practice manager told us they kept a copy of the plan off site.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments and hand hygiene. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff. An infection control audit had recently been carried out in April 2016. The provider told us the audit will be repeated every six months which in line with the recommended guidance.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a dedicated decontamination room with three sterilisers. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment including heavy duty gloves while instruments were decontaminated.

We saw instruments were placed in pouches following sterilisation and dated to indicate when they should be reprocessed if left unused. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

The treatment rooms where patients were examined and treated and equipment appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination of hands. Patients were given a protective bib and safety glasses to wear when they were receiving treatment. There were good supplies of protective equipment for patients and staff members.

There was a good supply of environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place for the practice.

Equipment and medicines

There were appropriate service arrangements in place to ensure equipment was well maintained. There were service contracts in place for the maintenance of equipment such as the autoclaves and the compressor. The autoclaves and compressor were serviced in December 2015 and not problems were identified. The practice had portable appliances and had carried out portable appliance tests (PAT) in December 2015.

The expiry dates of medicines, oxygen and equipment were monitored using a daily and monthly check sheet which enabled the staff to replace out-of-date drugs and equipment promptly.

Radiography (X-rays)

The practice followed the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER) guidelines. They kept a radiation protection file in relation to the use and maintenance of X–ray equipment.

Are services safe?

There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) in 2015 which was within the recommended timescales of every three years. The provider who was also the principal dentist was the radiation protection supervisor (RPS). All dental staff including the RPS had completed the necessary radiation training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) and Faculty of General Dental Practice (FGDP) guidance and Delivering Better Oral Health toolkit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. The principal dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals.

During the course of our inspection we checked dental care records to confirm our findings. The assessment included completing a medical history, outlining medical conditions and allergies, an assessment of soft tissues lining the mouth and checking for signs of mouth cancer. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums]. We saw the dental care records included the proposed treatment after discussing options with the patient and this included the details of the costs involved.

Health promotion & prevention

Appropriate information was given to patients for health promotion. There were a range of leaflets available in the treatment rooms relating to health promotion including toothbrushing, caring for children's teeth and erosion.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as dietary advice and smoking cessation. Dental care records we checked confirmed this; for example we saw that the dentist had discussions with patients about gum disease and smoking.

Staffing

There was a comprehensive induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff were required to complete the induction programme which included training on health and safety, infection control, disposal of clinical waste, medical emergencies and confidentiality.

The practice had a staff handbook which included information on consent, data protection and complaints. We saw records that showed the trainee dental nurses were registered on a training course to gain a qualification which could lead to registration with the General Dental Council (GDC).

Opportunities existed for staff to pursue continuing professional development (CPD). All staff had undertaken training to ensure they were up to date with the core training and registration requirements issued by the General Dental Council. We reviewed staff training records and saw that staff had attended a range of courses and conferences for their development. We saw evidence of training in medical emergencies, infection control, radiography and radiation protection Staff we spoke with confirmed that they had access to opportunities for development and gave examples of team training. There was a formal appraisal system in place to identify training and development needs.

Working with other services

The practice had arrangements in place for working with other health professionals to ensure quality of care for their patients. Referrals were made to other dental specialists when required including orthodontics, oral surgery and complex root canal cases. The dentists referred patients to other practices or specialists if the treatment required was not provided by the practice. We found the practice monitored their referral process to ensure patients had access to treatment they needed within a reasonable amount of time.

Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. We saw examples of the referral letters. All the details included in the referral were correct for example they included personal details and the details of the dental problems. Copies of the referrals had been stored in patients' dental care records appropriately, and where necessary referrals had been followed up.

Consent to care and treatment

The practice had a policy on consent that included being transparent of costs for treatment. We saw the practice leaflet and website listed the different fees for treatments. The practice ensured valid consent was obtained for care

Are services effective?

(for example, treatment is effective)

and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and the actual costs. Patients would be given time to consider the information given before making a decision. The practice asked patients to sign treatment plans and a copy was kept in the patients dental care records. We checked dental care records which showed treatment plans signed by the patient. The dental care records showed that options, risks and benefits of the treatment were discussed with patients.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. While staff did not have formal training on the MCA they demonstrated an understanding of the key principles of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. We saw records which showed that the practice had reviewed guidance issued by the Department of Health on MCA. This included assessing a patient's capacity to consent and when making decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. During the inspection we observed staff in the reception area. They were polite, courteous, welcoming and friendly towards patients**.**

The practice had a confidentiality policy which was reviewed recently. Staff explained how they ensured information about patients using the service was kept confidential. Patients' dental care records were locked in a filing cabinet. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms or the office.

The provider told us that consultations were in private and that staff never interrupted consultations unnecessarily. We observed that this happened with doors being closed so that the conversations could not be overheard whilst patients were being treated. The environment of the treatment rooms was conducive to maintaining privacy.

CQC comment cards completed by patients reflected that the dentist and dental nurses had been very mindful of the patients' anxieties when providing care and treatment. They indicated the practice team had been very respectful and responsive to their anxiety which meant they were no longer afraid of attending for dental care and treatment.

Involvement in decisions about care and treatment

The dentists told us they used a number of different methods including tooth models, display charts, pictures, X-rays and leaflets to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment.

Staff told us the dentists took time to explain care and treatment to individual patients clearly and were always happy to answer any questions Patient's comments confirmed that the dentist discussed the options, risks, benefits and cost of the treatment with them in a way that they could understand.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We viewed the appointment book and saw that there was enough time scheduled to assess and undertake patients' care and treatment. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient. They told us long appointments were allowed for assessments and treatment planning.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

Tackling inequity and promoting equality

Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. They told us they did not have a translation service for languages because they did not have many patients that attended the practice where English was not their first language and could not communicate in English. The provider told us if there was a need for this they would use a telephone translation line.

We asked staff how they would support patients that had difficulty with hearing and vision. The receptionist explained how they would face the patient and speak slowly and clearly especially for someone who had hearing difficulties to allow the patient to lip read. Staff told us they would assist a blind patient or any patient who had difficulty with mobility by physically guiding and holding their arm if needed.

The practice carried out a disability risk assessment and had a disability policy. The premises had level access to the reception area and surgeries which accommodated patients using a wheelchair. The provider told us they had decided not to implement an alarm cord in the toilet because the reception was close by and staff would always be able to hear someone calling if needed.

Access to the service

The practice opening hours were Monday 8am to 5pm, Tuesday 8am to 8.30pm, Wednesday 8am to 5pm, Thursday 8am to 8.30pm, Friday 8am to 5pm and Saturday 9am to 2pm.

The practice was open from 8am every week day and two evenings a week until 8:30pm and Saturday's. This accommodated patients that were working during the weekdays that may find it difficult to take time off from work. The practice had a practice information leaflet at the reception desk available to patients. However we noted the opening times advertised three late evenings and week when it was two evenings as advertised on the practice website.

We asked the provider how patients were able to access care in an emergency. They told us that if patients called the practice in an emergency they were seen on the same day. If patients required dental treatment outside of normal opening times the answer phone left information about how to access out-of-hours emergency treatment.

Feedback received from patients in the CQC comment cards indicated that they were happy with the access arrangements.

Concerns & complaints

The practice had a complaints policy that described how formal and informal complaints were handled. Information about how to make a complaint was available in the practice leaflet which was available at the reception desk. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice told us they had not received any complaints in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements with an effective management structure. There were relevant policies and procedures in place. These were all frequently reviewed and updated. Staff we spoke with fully understood all of the governance systems and had signed a log sheet for practice policies to indicate they had read and understood them.

The practice manager organised staff meetings to discuss key governance issues and staff training sessions. Staff told us there were informal discussions on a daily basis which allowed issues or concerns to be resolved in a timely way. The practice manager had responsibility for the day to day running of the practice and was supported by the provider. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns.

Leadership, openness and transparency

The provider and the practice manager told us they led by example and this was confirmed in conversations we had with staff. Staff we spoke with were very proud to work in the service and spoke respectfully about the leadership and support they received from the provider as well as other colleagues. They were confident in approaching the provider or the practice manager if they had concerns and displayed appreciation for the leadership. The staff we spoke with described an open and transparent culture which encouraged honesty and candour. We found staff to be hard working, caring and a cohesive team and there was a system of yearly staff appraisals to support staff in carrying out their roles.

Learning and improvement

All staff were supported to meet their professional standards and complete continuing professional development standards set by the GDC. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC. The practice completed training as a team in areas such as medical emergency and safeguarding children and vulnerable adults.

The practice had a programme of audits in place. Various audits had been completed over the past 12 months that included audits on record keeping, radiographs, infection control, waiting times, patients returning and delivering better oral health. All audits had clear and comprehendible write ups with data gathering and results sheets and good learning processes documented. The provider was active about holding team meetings to discuss the findings and share learning. We saw for example, the results from an audit with one of the dentists on delivering better oral health resulted in an improvement from 38 percent to 100 percent over a 12 month period. In another audit that was done for waiting times where patients were noted to be waiting too long because the dentists was running behind on appointment time; the practice built in break times during the morning and afternoon so there was time to catch up if dentists ran late.

Practice seeks and acts on feedback from its patients, the public and staff

The provider told us they carried out an audit on patients returning to the practice and the results showed a high return rate and no issues. They had circulated a patient survey form in July 2015 but the provider told us they received no responses. The practice had a feedback box in the waiting area and the provider shared the comments received. We saw seven letters from patients including a young patient giving positive and complimentary feedback.

All of the 43 patients who completed the CQC comment cards were positive and complimentary of the staff, quality of treatment and level of care received in the practice. The provider told us they would be reviewing their process for getting feedback especially in light of the response from patients to the CQC comment cards we received.

Staff commented that the provider was open to feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums for staff to give their feedback.