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Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 18 May 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 Care Quality Commission (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

Dental Surgery is in Orpington in the London Borough of Bromley and provides NHS and private treatment to patients of all ages.

There is level access via a ramp for people who use wheelchairs and those with pushchairs. There is parking available near the practice.

The dental team includes a practice manager, two dentists, a qualified dental nurse, a trainee dental nurse, and a receptionist. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Summary of findings

On the day of inspection, we obtained feedback from 44 patients.

During the inspection we spoke with the principal dentist, the qualified dental nurse, and the practice manager. We checked practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday from 9am to 1pm, and from 2pm to 5pm. They are closed for lunch between 1pm and 2pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- 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.
- The practice had effective leadership and a culture of continuous improvement.
- Staff knew how to deal with emergencies.
- Appropriate medicines and life-saving equipment were available in line with current national guidance.
- The practice had systems to help them manage risk, though the fire risk assessment had not been completed by a competent person. The health and safety risk assessment also required a review.
- The practice's infection control protocols generally reflected published guidance; they had carried out infection control audits yearly instead of six monthly as recommended in current national guidance.

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

- Review the practice's environmental risk assessments with regard to reviewing the health and safety risk assessment, and ensuring a fire risk assessment is undertaken by a competent person and any necessary actions implemented.
- Review the practice's infection control protocols, considering guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices to ensure infection control audits are completed every six months.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

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.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

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

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

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.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance.

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.

No action



Are services caring?

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

We received feedback about the practice from 44 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, professional and polite. They said that they were given thorough explanations about dental treatment and said their dentist listened to them.

Several patients, including those with young children who were also patients at the practice, commented that staff provided good care and made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



Summary of findings

Are services responsive to people's needs?

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

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

The practice had considered patients' different needs. They had arrangements to support patients who could not speak or understand English.

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 clear patient-focused values with an ethos of providing high quality care for patients.

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 patient dental care records which were clearly written or typed and stored securely.

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

No action



Are services safe?

Our findings

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. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

There was a system to highlight vulnerable patients in their records.

The practice had a whistleblowing policy. Staff told us that 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. They also had the appropriate checks in place for agency and locum staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed that the practice followed their recruitment procedure.

We noted 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 the practice staff regularly checked fire safety equipment such as smoke detectors to ensure they were fit for use. The practice manager had carried out a fire risk assessment, though it covered a limited number of risks. We found the provider could strengthen fire safety arrangements by ensuring a comprehensive fire risk assessment was carried out by a competent person. Shortly after the inspection the practice arranged for a new risk assessment to be carried out in June 2018 so that they would be able to identify and take action to mitigate any risks.

The practice had suitable arrangements to ensure the safety of the radiography equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. 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. The practice could strengthen these systems to manage potential risk by regularly updating their health and safety risk assessment; they had last reviewed it in 2016.

The practice had 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. They had undertaken a sharps risk assessment to enable them to assess and mitigate any risks relating to the use of sharp items in the practice.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked for most staff; an outstanding check was arranged shortly after the inspection.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support (BLS) regularly.

Are services safe?

The practice had available most emergency equipment and medicines as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. They did not have child-sized masks for the oxygen cylinder and ambulatory bag, though they did have larger sized masks available. Shortly after the inspection the provider purchased the child-sized masks to ensure these would be available in the event of an emergency.

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 procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

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

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

The practice carried out infection prevention and control audits yearly; they told us they were not aware these should be carried out every six months in line with national guidance. 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 dentists 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 legible, and were kept securely and complied with data protection requirements.

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

Safe and appropriate use of medicines

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

There was a comprehensive 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 had taken additional steps to ensure staff could respond quickly to medical emergencies by creating and placing with each medicine instructions on its use and administration.

The dentists were aware of current guidance with regards to prescribing medicines.

The practice stored NHS prescription pads securely as described in current guidance.

We found they could make improvements to monitoring arrangements by ensuring they logged the serial numbers of prescription pads. Shortly after the inspection the practice sent us evidence demonstrating they had created, and started to use, a prescription monitoring system.

Track record on safety

The practice had a good safety record.

Are services safe?

There were comprehensive risk assessments in relation to safety issues. The practice team monitored and reviewed incidents. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements. All incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

Lessons learned and improvements

The practice learned and made improvements when things went wrong. There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice.

The practice staff recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the Serious Incident Framework.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment:

The practice had systems to keep the dentists 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.

The practice had access to models and patient information leaflets to enhance the delivery of care.

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 that 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 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.

We spoke with the principal dentist who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice and taking plaque and gum bleeding scores and detailed charts of the patients gum conditions. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

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 that they gave patients information about

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

The practice had policies containing information about consent, including information about the Mental Capacity Act 2005, and 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 principal dentist understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. They were aware of the considerations required when treating young people under 16 years of age.

Staff described how they would involve patients' relatives or carers when appropriate and made sure that 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.

The practice audited patients' dental care records to check that the dentists recorded the necessary information. They had made improvements to the documentation of key information in patients' dental care records. They could make further improvements to the completeness of the records by ensuring the dentists documented information about recalls for every patient.

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 that clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us that they discussed training needs at appraisals and during informal discussions. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

Are services effective?

(for example, treatment is effective)

The dentists confirmed that they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes for 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 (NICE) in 2005 to help make sure patients were seen quickly by a specialist.

The practice could strengthen arrangements for monitoring referrals by implementing a referral log. They had received a complaint regarding a delayed referral; the practice had fully investigated this and resolved it promptly and successfully.

Are services caring?

Our findings

Kindness, respect and compassion

During the inspection we observed staff treating patients with kindness, respect and compassion. They were friendly towards patients at the reception desk and over the telephone.

We received feedback from 44 patients; they commented positively that staff were kind, professional, sympathetic and polite. They told us staff were compassionate and understanding and made them feel at ease, especially when they were anxious about visiting the dentist. They told us staff listened to them and thoroughly explained what their treatments would involve.

Several patients with children told us their children had received good care from staff at the practice.

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

Information leaflets were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and treatment. They had interpretation services available for patients who did not speak or understand English. We did not see any notices in the reception areas, including in languages other than English, informing patients this service was available.

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

The principal dentist described to us the methods they used to help patients understand treatment options discussed. These included, for example, models, radiograph images and patient information leaflets.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

We received feedback from 44 patients; they described high levels of satisfaction with the responsive service provided by the practice and told us they had not experienced any problems getting appointments to suit their needs.

The practice had carried out a disability access audit and made adjustments for patients with disabilities. These included communicating in writing with patients who had hearing loss, and providing reading glasses for patients who had problems with their vision.

Timely access to services

Patients told us they could access care and treatment for routine and urgent care from the practice within an acceptable timescale for their needs.

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

The practice's answerphone provided contact details for patients needing emergency dental treatment during the working day and when the practice was not open. This information was also displayed on the practice's entrance door.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care. They 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 and principal dentist were responsible for dealing with complaints.

The practice manager told us that they aimed to settle complaints in-house. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

We looked the only complaint the practice received in the last 12 months.

This showed the practice responded to the concern appropriately. Staff told us they discussed complaints during staff meetings and informal discussions.

Are services well-led?

Our findings

Leadership capacity and capability

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

The principal dentist and practice manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

There was a clear vision and set of values to provide high-quality, patient-focused care. The practice leaders had arrangements that would enable them to act on behaviour and performance that was inconsistent with their vision and values.

The practice had a realistic strategy that was in line with health and social priorities in the local area, and they had planned their services to meet the needs of the practice population.

Culture

Staff told us they felt respected, supported and valued. They were proud to work in the practice.

The practice demonstrated openness, honesty and transparency when responding to complaints. They were aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us that they could raise concerns and were encouraged to do so. They had confidence that any concerns they raised 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. The practice manager was responsible for the day to day running of the service. Staff had a clear understanding 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.

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.

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 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. Feedback from the practice's April 2018 FFT results was very positive.

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

The practice had 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. They had clear records of the results of these audits and the resulting action plans and improvements.

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

Are services well-led?

The practice had begun a cycle of staff appraisals; they informed us they would continue to do this on an annual basis. We saw evidence of completed appraisals where staff discussed learning needs, general wellbeing and aims for future professional development.

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

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.