

# Mr Richard John Simons St Faiths Clinic

## Inspection Report

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### Overall summary

We carried out this announced inspection on 02 August 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

##### **Background**

St Faiths Clinic is in East Grinstead, West Sussex. The practice holds an NHS contract to provide Minor Oral Surgery to patients of all ages.

The practice is accessible for pushchairs and wheelchairs. Car parking spaces including those for blue badge holders are available onsite.

The dental team includes the clinical director/oral surgeon, a visiting oral surgeon, six dental nurses who perform dual roles on reception, four receptionists and a practice manager who is a qualified dental nurse. The practice has four treatment rooms.

# Summary of findings

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

On the day of inspection, we collected feedback from 17 patients.

During the inspection we spoke with the clinical director, three dental nurses, three receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Friday from 8.30am to 5pm
- Saturdays and late appointments by arrangement only

## **Our key findings were:**

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported; and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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.

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 suitable 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 oral surgeons assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, tremendous and a pleasant experience. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

There were clear arrangements for patients referred to the practice and for when patients needed to be referred to other dental or health care professionals.

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

No action



### Are services caring?

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

We received feedback about the practice from 17 people. Patients were positive about the service the practice provided. They told us staff were exceptional, wonderful and attentive.

They said that they were given clear and detailed information about their oral health, and said their oral surgeon listened to them. Patients commented that the whole practice team 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



### Are services responsive to people's needs?

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

No action



# Summary of findings

The practice's appointment system was efficient.

The practice understood the needs of their patient population. Services were designed to ensure these needs were met. Where relevant patients could be seen in the downstairs treatment room. Staff were experienced in supporting patients with dental anxiety. The practice had access to telephone interpreter services.

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

## **Are services well-led?**

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

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

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

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

**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. Staff told us about examples of safeguarding concerns the practice had raised. We saw that these were dealt with appropriately.

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

There was a system to highlight vulnerable patients on records, for example, patients who require additional support such as with their mobility.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of reprimand.

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. These reflected the relevant legislation. We looked at seven staff recruitment records. These showed that the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) where applicable 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 and gas appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

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

We saw evidence that the dentists justified, graded and reported on the radiographs they took. 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 had current employer's liability insurance. The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk.

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. A sharps risk assessment had been undertaken and was updated annually.

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.

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

Emergency equipment and medicines were available 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.

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

# Are services safe?

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 and Social Care. 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 procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was 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. The latest audit showed the practice was meeting the required standards. Improvements were underway to ensure that the audits were completed six monthly following national guidance.

## **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 clinical director 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 typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act).

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 the appropriate and safe handling of medicines.

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

## **Track record on safety**

### **Lessons learned and improvements**

There were comprehensive risk assessments in relation to safety issues; these were updated regularly. There were adequate systems for monitoring safety incidents and reviewing when things went wrong. We saw that in the previous 12 months there had been no safety incidents. Prior incidents were investigated and documented. The practice discussed incidents with the rest of the dental practice team and took necessary actions to improve safety and prevent such occurrences happening again. This helped the practice to understand risks and gave a clear, accurate and current picture that led to safety improvements.

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 dental professionals up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### **Helping patients to live healthier lives**

Patients under the care of the oral surgeons were seen by their usual dentist for preventative care and 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 clinical director told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

### **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.

### **Effective staffing**

Staff new to the practice had a period of induction based on a structured induction programme. Staff had the skills, knowledge and experience to carry out their roles. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

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

### **Co-ordinating care and treatment**

The practice had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored referrals to make sure they were dealt with promptly.

The practice monitored all incoming referrals on a daily basis to ensure that the clinicians were aware of these.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights. Patients commented positively that staff were very caring, gentle and fantastic. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were extremely compassionate and understanding. They told us that staff were kind and helpful when they were in pain, distress or discomfort.

Patient information notice boards, magazines, and thank you cards were available for patients to read.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity. Patients commented that their privacy and dignity were respected at all times.

Staff were aware of the importance of privacy and confidentiality. The layout of reception provided limited 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 patients' personal information where other patients might see it.

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

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act. Whilst the practice had not come across any situations where patients were unable to access and understand information given by the practice, they were reviewing the requirements of the Accessible Information Standards.

Staff communicated with patients in a way that they could understand and told us that they would review the format of information in order to meet patient's specific needs.

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 thoroughly.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting people's needs**

The practice took account of patients' needs and preferences in organising and delivering services. Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had made reasonable adjustments for patients with disabilities. Wheelchair users were assisted into the practice by staff and patients could be seen in a downstairs treatment room.

A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients.

Staff told us that patients were telephoned following complex or lengthy treatments to review their wellbeing.

### **Timely access to services**

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The practice worked flexibly to ensure that patients did not feel rushed.

The practice displayed its opening hours in the premises, and included it on their website.

Patients needing emergency dental treatment when the practice was not open were referred to the NHS 111 service. The practice answerphone provided mobile telephone numbers for patients to contact. Patients confirmed they could make routine and emergency appointments easily.

### **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. The practice manager and clinical director were responsible for dealing with these. Staff told us they would share any formal or informal comments or concerns straight away so that patients received a quick response. The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Patient noticeboards in the waiting areas provided information for patients on how to make a complaint and 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 previous twelve 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

### Leadership capacity and capability

The practice manager and clinical director had the experience, capacity and skills to lead on the delivery of high-quality, sustainable care. They understood the challenges relating to the quality of future services; together with the whole staff team they worked to address these.

### Vision and strategy

There was a clear vision and set of values which were demonstrated by staff. The practice was focused on ensuring that patients received the care they deserved, understood their oral health needs and that patient care was delivered by dedicated and friendly staff.

### Culture

The practice had a culture of high-quality care, which focused on the holistic needs of patients.

Staff stated that they felt respected, supported and valued. They were proud to work in the practice. They told us that they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

The practice had arrangements to support staff and to ensure that behaviour and performance were consistent with the practice's vision and values.

The practice was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, all complaints were discussed in staff meetings to support organisational and personal learning for staff.

### Governance and management

The practice manager together with the clinical director had overall responsibility for the management, clinical leadership and day to day running of the practice. All staff understood their roles and responsibilities and there were clear systems of accountability to support good governance and management.

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 had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Systems and processes supported the confidentiality of people using the service.

The practice collected and analysed information on the quality of care and operational infrastructure to improve performance.

### Engagement with patients, the public, staff and external partners

The practice involved patients and staff to support high-quality sustainable services.

The practice used patient satisfaction questionnaires and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. The practice built an additional recovery room to ensure that, despite being medically fit to be discharged, patients who felt they wanted further time to recover from surgical procedures could do so without feeling rushed.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings, informal discussions and yearly staff appraisals. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, following a staff meeting held to review staff well-being, changes had been implemented to reduce workload pressure on reception staff.

### Continuous improvement and innovation

There were systems and processes for learning and encouraging improvements within the practice. These included audits of radiographs and infection prevention and control.

## Are services well-led?

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

The whole staff team had annual appraisals. The staff team were motivated to learn and increase their skills. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

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

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