

Dr Mohammed Saleem

Stamford Dental Care

Inspection Report

14 Broad Street
Stamford
Lincolnshire
PE9 1PG

Tel: 01780 752001

Website: www.stamforddentalcare.co.uk

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Overall summary

We carried out this announced inspection on 22 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a 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

Stamford Dental Care is in Stamford, a town in the South Kesteven district of Lincolnshire. It provides NHS and private treatment to patients of all ages.

The practice building has step access and some measures have been taken to enable people who use wheelchairs and pushchairs ease of entry into the premises. The practice premises is a grade two listed building which restricts modifications being made. Car parking is not available on site, but public parking is available within short walking distance of the practice. This includes spaces for disabled badge holders.

Summary of findings

The provider informed us they were planning to move premises by the end of 2017 to a purpose built premises. This location is close to the existing premises.

The dental team includes five dentists, eight dental nurses (including four trainee nurses), three dental hygienists and four receptionists. One of the receptionists also undertakes the role of stock manager. The dental nurses also undertake receptionist duties. The practice employs a practice manager and practice administrator. The practice has four treatment rooms, all on the ground floor.

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

On the day of inspection we collected 42 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with four dentists, three dental nurses, one receptionist, the practice administrator 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 9am to 5.30pm and on Saturday 9am to 4pm by appointment only.

Our key findings were:

- The practice ethos included the provision of high quality dental care including examinations, treatment and the promotion of good oral health to all their patients.
- Effective leadership from practice management was evident.

- Staff had been trained to deal with emergencies and appropriate medicines and life saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting and shared learning when untoward incidents occurred in the practice.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice were aware of the needs of the local population and took these into account when delivering the service.
- Patients had access to treatment and urgent and emergency care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- The practice asked staff and patients for feedback about the services they provided.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the protocols and procedures for use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.

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 dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, thorough and delivered by extremely professional clinicians. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

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

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 42 people who completed CQC comment cards. Patients were positive about all aspects of the service the practice provided. They told us staff were caring reassuring and attentive. They said that they were given helpful and informative explanations about dental treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist. A number of comment cards included that dental staff were particularly good when treating children and teenagers.

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.

Staff had considered patients' different needs. However, the practice was based in premises where modifications were restricted. The practice had access to telephone/face to face interpreter services and had a hearing loop installed at reception.

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

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. 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 written or typed and stored securely.

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

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice told us they would record, respond to and discuss any incidents to reduce risk and support future learning. The practice had not recorded any significant events within the past two years.

The practice received national patient safety and medicines alerts directly from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference. We looked at detailed practice meeting minutes which showed the discussions held amongst staff.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The principal dentist was the nominated safeguarding lead.

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

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. Whilst the dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment for some procedures, we were informed rubber dams were not routinely used in all these procedures.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice. The plan was last updated in May 2017.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in current recognised guidance. Staff kept daily records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure. We did however note an exception as one staff file did not include references or evidence of satisfactory conduct in previous employment. The practice told us they would ensure that this information was obtained and held on record.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental hygienists when they treated patients.

Infection control

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

Are services safe?

The practice had mostly suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We noted that there was a small quantity of dental equipment items such as local anaesthetic, matrix bands, and aspiration tips which were stored loose in surgeries. When we discussed this with the provider, they informed us they would ensure these items were stored appropriately. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out an infection prevention and control audits annually. We informed the practice that national guidance recommended these audits take place twice a year. The latest audit in February 2017 showed the practice was meeting the required standards. The practice had not completed an annual Infection Control statement. They told us they had not identified that this was contained in guidance and would take steps to address this.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The assessment took place in June 2016 and all recommendations were implemented. We noted that staff had received training in legionella.

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

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance, although we noted an exception. When pads were in use in surgeries, they were not locked away overnight. The provider told us they would ensure these pads were included in their existing security arrangements.

Radiography (X-rays)

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 noted that rectangular collimators were available for use in surgeries, but we were informed they were not used.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. Dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the condition of the gums using the basic periodontal examination scores and soft tissues lining the mouth.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. They were also aware of local clinics where patients could be referred if appropriate. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. We also saw samples of free toothpaste available for patients to take.

Practice staff had previously visited two primary schools to deliver oral health education sessions to the children.

Staffing

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

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy did not include information about the Mental Capacity Act 2005. The team did however, fully understand their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy referred to Gillick competence and the dental team were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff did not rush and were caring and engaging with their patients. Comments left on CQC comment cards included that the dental team engaged positively with children and young people. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. During our inspection, we saw first-hand how a nervous patient was spoken with by a receptionist over the telephone. This reflected the caring approach adopted by practice staff.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. The practice manager told us that they also utilised a radio to provide background noise and this also helped ensure confidentiality. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records in cabinets, which we noted were not locked. The practice manager told us they would ensure these were locked when not in use.

Information leaflets and patient survey results were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients were provided with completed treatment plans which they could take away and consider prior to procedures being undertaken. The dentists explained advantages and disadvantages of particular treatment options. Patients were shown X-rays and pictures to ensure their understanding and were also provided with leaflets or directed to websites to obtain more information.

Patients confirmed in CQC comment cards that staff listened to them, did not rush them and discussed options for treatment with them. One patient comment included that the dentist was very clear and explained everything in detail and another comment included that their dentist always had enough time to give.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

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

Staff told us that they currently had a small number of patients for whom they needed to make adjustments to enable them to receive treatment. For example, the receptionist we spoke with told us of the additional considerations they would make for a patient who had a sight impairment. The staff used the practice's computer system to make notes about patients with particular needs. This included if a patient was anxious.

Promoting equality

The practice made a number of reasonable adjustments for patients with disabilities. These included a sign and bell at the front of the practice to inform disabled patients to ring for assistance, a portable ramp to ensure step free access and a hearing loop. The practice also had ground floor treatment rooms and a toilet. The provider told us that they were limited in making modifications to the premises because it was a listed building and privately leased. They told us that their new premises they were moving to accommodated disabled patients' needs well, and this had been incorporated at the design stage.

Staff had access to interpreter/translation services which included British Sign Language.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum. On the day of our inspection, we noted the next routine appointment available was the following working day.

The practice was committed to seeing patients experiencing pain on the same day and kept a number of appointments free for same day appointments. The principal dentist was available for emergency call outs outside of usual opening hours for the practice's private patients. NHS patients were directed to the NHS 111 service. The website, information leaflet, notice board and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint and information was also displayed on the noticeboard in the patient waiting area. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these if appropriate. 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 past twelve months. We noted four complaints received. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The practice undertook an annual review of complaints received to ensure learning was embedded.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. This was included in the staff induction programme.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. Information regarding this was displayed on the practice noticeboard for patients to see.

Staff told us there was an open, no blame culture at the practice. They said the practice manager and principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager and principal dentist were approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally. Members of staff we spoke with praised the leadership in the practice. They told us that the practice manager and principal dentist had listened to them and considered their needs in respect of issues such as flexible working.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. We reviewed a sample of detailed meeting minutes. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had robust quality assurance processes to encourage learning and continuous improvement. We reviewed a prescribing audit which resulted in a number of positive changes in prescribing patterns for each of the dentists. Other audits included dental care records, X-rays and infection prevention and control. The practice had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole dental team had annual appraisals. 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 mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys to obtain patients' views about the service. These included a cleanliness survey and patient satisfaction survey. The practice had analysed the results of the latest surveys in March 2017. A total of 50 patients had completed the surveys. Results included that 100% of patients considered the cleanliness of the practice to be very good or good. A total of 100% of patients said the dentist gave them enough time and 100% felt they were able to ask questions.

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. We looked at results in April and May 2017. A total of 24 responses were received. Of these, 22 patients were extremely likely to recommend the practice and two were likely to.

The practice also welcomed suggestions from members of staff. We were provided with an example whereby nurse staff requested that receptionists take on an additional administrative duty to release some of their busy time.