

TTM Dental Limited

CBC Dental Studio

Inspection Report

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Overall summary

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

CBC Dental Studio is in Canada Water, in the London borough of Southwark. It provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Restricted car parking spaces are available near the practice.

The dental team includes seven dentists, a dental nurse, two trainee dental nurses, a dental hygienist, two dental administrators who also work as receptionists, and a domestic staff member. The practice has two treatment rooms.

Summary of findings

The practice is owned by a company, and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at CBC Dental Studio was the practice manager.

On the day of inspection we received feedback from 10 patients. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, the dental nurses, a dental administrator/ receptionist and the practice manager. We checked practice policies and procedures and other records about how the service is managed.

The practice is open at the following times:

Monday, Tuesday: 9am – 8pm

Wednesday, Thursday: 9am – 6pm

Friday: 8am – 4pm

Saturday: 9am – 4pm

Our key findings were:

- The practice was clean and well maintained. They had infection control procedures which reflected published guidance.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- Staff knew how to deal with emergencies. Emergency medicines and equipment were available in line with national recommendations.

- The practice had systems to help them manage risk. The practice carried out an outstanding health and safety risk assessment shortly after the inspection.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The team kept clearly written patient dental care records which stored securely. Improvements could be made to ensure all dentists recorded the necessary information in patients' dental care records with regard to radiographs taken.
- Staff knew their roles and responsibilities, though improvements could be made to ensure all clinical staff had a good understanding of the Mental Capacity Act and Gillick competence.
- Staff told us they received regular appraisals; improvements could be made to ensure these appraisals were documented.
- Improvements could also be made to the practice's recruitment procedures with regard to ensuring specific background checks were carried out prior to staff commencing work at the practice.

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

- Review staff awareness of their responsibilities with regard to the Mental Capacity Act 2005 and Gillick competence.
- Review staff supervision protocols to ensure an effective process is established for the on-going appraisal of all staff.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the radiograph and quality of the radiograph, ensuring compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.
- Review the practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice.

Shortly after the inspection the practice proactively began to address issues we had identified and sent us evidence of actions they had taken within two days of the inspection.

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. Improvements could be made to ensure Disclosure and Barring Service (DBS) checks were completed prior to staff commencing employment at the practice.

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.

Shortly after the inspection the practice proactively began to address issues we had identified.

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 caring and professional. 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.

Staff told us they received regular appraisals; improvements could be made to ensure these appraisals were documented.

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 10 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, helpful and professional. They said that they were given clear 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.

No action



Summary of findings

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

Are services responsive to people's needs?

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services which included British Sign Language (BSL).

Staff spoke Russian, Spanish, Italian, French, Hindi and English. The practice's website was available in Russian.

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 patient dental care records which were clearly typed and stored securely. Improvements could be made to ensure all dentists recorded the necessary information about radiographs taken in patients' dental care records.

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.

Staff knew their roles and responsibilities, though improvements could be made to ensure all clinical staff had a good understanding of the Mental Capacity Act and Gillick competence.

Shortly after the inspection the practice proactively began to address issues we had identified.

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 had not experienced any incidents though they said they would record, respond to and discuss any future incidents to reduce risk and support future learning.

The practice did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). During the inspection they registered with the MHRA website to ensure they would receive alerts in future and assured us they would act on and share relevant alerts with 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 practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

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

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

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

Medical emergencies

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

Emergency medicines and equipment were available as described in recognised guidance. Shortly after the inspection the practice told us they had ordered additional recommended equipment. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

The practice kept Glucagon (a medicine used to treat people with diabetes) refrigerated. Shortly after the inspection the practice sent us evidence they had begun to monitor the fridge temperature to ensure this medicine was stored in optimum conditions.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We checked two staff recruitment records. These showed the practice needed to make improvements in their recruitment procedure. For example, the practice had carried out a Disclosure and Barring Service (DBS) background check for a recently recruited staff member; improvements could be made to ensure the DBS check was made prior to the staff member commencing employment at the practice.

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 policy was up to date and reviewed to help manage potential risk. Improvements could be made to ensure the practice carried out a general health and safety risk assessment, though the practice completed this shortly after the inspection.

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

Dental nurses worked with the dentists when they treated patients. They told us the dental hygienist worked alone but could seek chairside assistance for complex treatments

Are services safe?

when a dental nurse was available; the practice had carried out a lone worker risk assessment to mitigate the risks associated with this. The dental nurses assisted the dental hygienist with the sterilisation of dental instruments.

Infection control

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

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice had carried out an infection prevention and control audit in 2017. This audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

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

Equipment and medicines

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

Radiography (X-rays)

The practice had arrangements to ensure the safety of the X-ray equipment and the required information was in their radiation protection file.

The radiography local rules needed to be completed and clearly displayed in each treatment room; the practice completed this shortly after the inspection.

The dentists reported on all the radiographs they took, though improvements could be made to ensure all radiographs were justified and graded. The practice had not carried out any radiography audits, which was not in accordance with current guidance and legislation, though they completed one shortly after the inspection.

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 told us they assessed patients' treatment needs in line with recognised guidance.

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

Health promotion & prevention

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

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

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.

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; improvements could be made to ensure appraisals were documented.

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 National Institute for Health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist.

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 included information about the Mental Capacity Act 2005. Not all clinical staff demonstrated a good understanding of their responsibilities under the Act when treating adults who may not be able to make informed decisions. Improvements could be made to ensure all staff had a good understanding of the need to consider this when treating young people under 16; the practice amended their policy to include information about Gillick competence and made arrangements to discuss this at their next staff meeting.

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.

We received feedback from 10 patients; they commented positively that staff were caring, friendly, professional and helpful. We saw that staff treated patients with courtesy in the reception area and over the telephone.

Nervous patients commented that staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and 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 securely.

Music was played in the waiting area and there were magazines and a television in the waiting area. The practice provided drinking water, tea and coffee for patients.

Information leaflets were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients 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.

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 and more complex treatment such as dental implants and orthodontics.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff told us they used videos and visual aids to explain treatment options to patients needing more complex treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment could be 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 no patients for whom they needed to make adjustments to enable them to receive treatment.

The practice manager had gained a qualification in Neuro Linguistic Programming (NLP), which they told us they applied in helping to reassure nervous patients.

Promoting equality

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

Staff said they could provide information in different formats and languages to meet individual patients' needs. Staff spoke Russian, Spanish, Italian, French, Hindi and English. The practice's website was also available in Russian. The practice had access to interpreter/translation services which included British Sign Language.

Access to the service

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

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

The practice was committed to seeing patients experiencing dental pain on the same day and kept appointments free for same day appointments. Their answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

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. They had a complaints leaflet explaining how to make a complaint; this information was also available on the practice's website. 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. 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 in the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The registered manager, who was also the practice manager, had overall responsibility for the management, clinical leadership and day to day running of the service. The majority of staff knew the management arrangements and their roles and responsibilities; improvements could be made to ensure all staff had a good understanding of their responsibilities in relation to the Mental Capacity Act and Gillick competence.

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. Improvements could be made to ensure a health and safety risk assessment was carried out, though the practice completed one shortly after the inspection.

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

Leadership, openness and transparency

Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the 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's leaders were approachable, would listen to their concerns and act appropriately. The practice discussed concerns at staff meetings and it was clear they worked as a team and dealt with issues professionally.

The practice held regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. Improvements could be made to ensure radiography audits were carried out, though the practice ensured they completed one shortly after the inspection.

The principal dentist and registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The principal dentist told us the dental nurses, trainee dental nurses and non-clinical staff had annual appraisals where they discussed learning needs, general wellbeing and aims for future professional development; improvements could be made to ensure appraisals were documented.

Staff told us they completed key 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 and verbal comments to obtain patients' views about the service. They obtained verbal feedback from staff. The practice had responded to patient feedback by providing herbal teas for them.