

Figges Marsh Dental

# Figges Marsh Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 1 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 CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information.

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**

Figges Marsh Dental Practice is in Mitcham and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Parking is available in nearby road and there are good transport links.

The dental team includes two principal dentists, five associates (one currently on maternity leave), a hygienist, four dental nurses, one trainee dental nurse and two administration staff. The practice has six 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 Care Quality Commission 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 Figges Marsh Dental Practice is one of the principal dentists.

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

During the inspection we spoke with two dentists, one dental nurse, one dental hygienist and the two receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 9.00am to 5.00pm Monday to Fridays. The practice is closed for lunch between 1-2pm.

## **Our key findings were:**

- The practice was 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 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. 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.

# 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 professional and effective. 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 oral 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 eight people. Patients were positive about all aspects of the service the practice provided. They told us staff were good, professional and amazing. They said that they were given honest and thorough explanations about dental treatment, and said their dentist and hygienist listened to them. Patients commented that they made them feel at ease.

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 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 telephone interpreter services and had arrangements to help patients with sight or hearing loss.

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 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.

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 recorded, responded to and discussed all incidents to reduce risk and support future learning. There had been two accidents/ incidents in the practice in the past 12 months. Both had been recorded appropriately and action taken in line with their policy.

One of the principal dentists received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). They told us that relevant alerts were discussed with staff, acted on and stored for future reference. However, the practice was not aware of a recent alert that was sent relating to glucagon.

### 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 we spoke with 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.

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 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.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at seven staff recruitment records. These showed the practice followed their recruitment procedure.

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. The practice provided indemnity for the nurses.

A dental nurse worked with the dentists routinely. The dental hygienist worked alone but there was a risk assessment in place for this. In the event of the dental hygienist requiring nursing support there was always a nurse available to assist.

### 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. Most staff completed infection prevention and control training on an annual basis.

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 carried out infection prevention and control audits twice a year.

# Are services safe?

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.

Portable appliance testing had been carried out in May 2017.

The practice stored and kept records of NHS prescriptions as described in current guidance.

## **Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the radiograph 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 radiograph audits in the last 12 months.

Improvements could be made to ensure all dentists' radiographs were audited and the audits that had been completed had results analysed and identified improvements where relevant. We discussed this with the principal dentist and they told us they would review the process.

One of the principal dentists told us that clinical staff completed continuous professional development in respect of dental radiography. The files we looked at confirmed this.

# 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.

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

### Health promotion & prevention

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

There was a dental hygienist who worked with patients providing oral health treatment and advice.

The dentists told us that where relevant 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 had opportunities to develop. The practice had recently booked training for staff which included a business administration course, infection control lead and customer services.

### 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. The system for monitoring general referrals was not fully robust but the principal dentist told us they would review arrangements and make changes if deemed necessary.

### 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. 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 and the dentists and dental nurses we spoke with 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. We discussed with the principal dentist that some staff would benefit from refresher training and they assured us that this would be arranged.

# 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 were good, professional and amazing. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Staff told us that nervous patients were treated with compassionate and understanding. They used techniques such as mood lighting and aromatherapy scents to calm them. Patients could choose whether they saw a male or female dentist.

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. 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 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 treatment rooms and there was reading material available in the waiting room. The practice provided drinking water.

### **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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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 implants.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos and models 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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were usually seen the same day. Appointment slots were blocked out in the afternoon to cater for emergencies.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, wheel chair users were seen in the downstairs surgeries which were wheel chair accessible. They also had a high elderly population. In response to feedback they provided neck cushions to make their treatment more comfortable (the cushions were available to all patients if required).

The principal dentist explained that they had various aromatherapy scents and fragrances to use to help calm patients and also for the benefit of patients who were made anxious by the "smell" of the dental surgery. They were also able to change the lighting in surgeries to make it more calm and relaxed.

Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and 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. They had access to interpreter/translation services which they used frequently. Members of the staff team were multi lingual and spoke languages including Polish, Spanish, Lithuanian and Urdu.

### Access to the service

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

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

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. Patients were invited to come in and wait for the next available slot to see the dentist. The website, information leaflet and 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. The practice information leaflet explained how to make a complaint. One of the principal dentists was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house and telephoned the patients to speak with them to discuss these. 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 last 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 principal dentists had overall responsibility for the management and clinical leadership of the practice. They also shared responsibility 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.

### **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 principal dentists 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 principal dentists were approachable, would listen to their concerns and act appropriately. The principal dentists discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings with the dentists every six weeks, team meetings with the whole team every six weeks, and meetings with the business manager every four months. Staff could raise any concerns and discuss clinical and non-clinical updates at all of the meetings. 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, hand hygiene, patient waiting times, radiography and infection prevention and control.

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

Some of the audits however had not been fully completed. For example in the Disability Access Audit some relevant questions had not been completed to confirm whether certain areas complied with regulations. Similarly, improvements could be made to ensure the patient dental care record audit had outcomes and analysis suitably recorded. We discussed this with one of the principal dentists and they agreed that audits would be made more thorough.

The principal dentists showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. One of the administration staff was responsible for organising training. They told us that they had recently signed various staff up to receive training in their lead areas. For example one member of staff was doing a business administration course; another was due to complete an extended infection control course to become the lead for infection control.

The practice had recently implemented a system of staff appraisals. Only a few staff had received an appraisal however the principal dentist told us that there were plans in place to ensure all staff had been appraised by February 2018. The appraisals which had been completed included discussions for learning needs, general wellbeing and aims for future professional development.

Staff told us they completed mandatory training, including medical emergencies and basic life support, fire awareness and infection control 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 comment cards to obtain staff and patients' views about the service. 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.

Staff confirmed that they felt confident to give feedback about the service and their views were acted on.