

Signature Dental Ltd

Signature Dental

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 19 February 2016

to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

Signature Dental is located in Chislehurst, Kent. The practice consists of two treatment rooms, a waiting room,

decontamination area, reception area and patient toilet. All the facilities are situated on the ground floor. The practice has wheelchair access and parking is available outside the surgery.

The practice provides private dental treatment to children and adults. The practice offers a range of dental treatments such as routine examinations, general dental treatments, oral hygiene care, and restorative treatments such as veneers, crowns, bridges, implants and sedation for anxious patients.

The practice is open Monday – Tuesday 8am-5.00pm, Wednesday-Thursday 8am-8pm and Saturday 9am-1pm. The staff structure consists of a principal dentist, two part time associate dentists, two dental nurses, one receptionist and two hygienists.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons 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 inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We received 28 CQC comment cards completed by patients and spoke with four patients during our inspection visit. Patients we spoke with, and those who

Summary of findings

completed comment cards, were positive about the care they received from the practice. They were complimentary about the staff and the treatment they had received and told us they were able to access appointments easily. We were told the staff were friendly and professional at all times.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The practice manager had a clear vision for the practice and staff told us they were well supported by the management team.
- Governance arrangements and audits were effective in improving the quality and safety of the services.

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 in place to minimise the risks associated with providing dental services. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. There was a system in place for updating policies and protocols, which informed the team of any requirements to review practice, audit or arrange training. This included the management of infection control, medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and checked for effectiveness.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. There were regular and documented staff meetings to provide staff with feedback should the need arise.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence, (NICE) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers. Staff were undertaking continuous professional development (CPD) and were meeting the training requirements of the GDC.

Are services caring?

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

We reviewed 28 completed CQC comments cards and spoke with four patients on the day of the inspection. Patients were positive about the care they received from the practice. Patients commented they felt fully informed and involved in making decisions about their treatment at all times.

We noted that patients were treated with respect and dignity during interactions at the reception desk and throughout their episode of care.

Are services responsive to people's needs?

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

Patients had good access to appointments, including emergency appointments, which were available on the same day if required.

The needs of people with disabilities had been considered. There was level access to the waiting area and treatment rooms.

Patients were invited to provide feedback via a satisfaction survey. There was a clear policy in place which was used to handle complaints as they arose. The practice had not received any complaints in the last year.

Summary of findings

Are services well-led?

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

The practice had suitable clinical governance and risk management structures in place. There were processes in place for dissemination of information and feedback to all staff. There were appropriate audits used to monitor and improve care.

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the principal dentist. They were confident in the abilities of the management team to address any issues highlighted.

There was a strategy and vision in place to maintain the practice environment.

Signature Dental

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 19 February 2016. The inspection took place over one day and was led by a CQC inspector. They were accompanied by a dental specialist advisor.

During our inspection visit we spoke with three members of staff including the principal dentist, dental nurse, and receptionists. We carried out a tour of the practice and looked at the maintenance of equipment and storage arrangements for emergency medicines. We asked the dental nurse to demonstrate how they carried out decontamination procedures of dental instruments.

Thirty-two people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was a system in place for reporting and learning from incidents. There was a policy for staff to follow for the reporting of incidents or events. There had not been any reported incidents with in the last year. Staff told us any incidents would be shared with all staff employed where and the practice meeting minutes confirmed incidents if they occurred would be discussed.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There were no reported accidents or injuries within the last 12 months.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the named practice lead for child and adult safeguarding. The safeguarding lead and staff were able to describe the types of behaviour a child might display that would alert them to possible signs of abuse or neglect. Staff had received training at level 2 in safeguarding children and safeguarding vulnerable adults. The principal dentist confirmed level 3 child protection training was due to be undertaken on the 06 March 2016 and evidence was provided which confirmed this.

The practice had children and adults' safeguarding policy which included local authority contact details for escalating concerns; information was available for all staff to access.

The practice followed national guidelines on patient safety. For example, the practice used a non-latex rubber dam for root canal treatments in line with guidance supplied by the British Endodontic Society. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth. Rubber dams should be used when endodontic treatment is being provided. On the occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

Emergency exit routes were signposted and fire drills were carried out six times a year. The last fire drill was carried out in 11 January 2016 and records confirmed this. The drills

included checking all fire alarm systems and extinguishers and all staff had received fire safety training on 26 January 2016. The practice had carried out a fire risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. The receptionist was the named fire marshall for the practice and was due to undertake fire marshall training on 21 April 2016. Improvements could be made to ensure information relating to the evacuation procedure or meeting point should the building need evacuating was clearly displayed..

Medical emergencies

The practice had suitable arrangements in place to deal with medical emergencies. The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. Oxygen and other related items, such as manual breathing aids and portable suction, and an automated external defibrillator (AED) were available in line with the Resuscitation Council UK guidelines. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). The practice did not have paediatric AED external pads available and we were told these would be ordered. Confirmation of the order had not been received at the time of writing the inspection report.

The emergency medicines and equipment were in date and logs were in place to show that checks had been undertaken. Staff received annual training in using the emergency equipment and management of medical emergencies; this had been carried for all staff on 26 January 2016. The staff we spoke with were all aware of the location of the emergency equipment within the premises and there was signage on the storage cupboard door to indicate this.

The practice carried out dental treatment under sedation. The service was provided by an external anaesthetist. There were policies and procedures in place to ensure health checks were carried out prior to people receiving dental treatment under sedation. The anaesthetist carried all the required medication for sedation, emergency drugs and an AED; all drugs were in date and labelled correctly.

Staff recruitment

Are services safe?

The practice staffing consisted of a principal dentist, two associate dentists, two dental nurses, two hygienists, and a receptionist. The principal dentist was the registered manager of the practice.

There was a recruitment policy in place. We saw the relevant checks had been undertaken to ensure that the persons being recruited were suitable and competent for the role. Document checks included evidence of relevant professional qualifications such as registration with the General Dental Council (where applicable) and photographic identification were noted. The practice carried out Disclosure and Barring Service (DBS) checks for members of staff when initially employed. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

A new member of staff had started in February 2016 and their recruitment record did not contain evidence of a job description or formal induction programme, although staff were able to outline what would be covered when a new member of staff was employed. This was discussed with the principal dentist and a copy of the job description was forwarded to us following the inspection.

Monitoring health & safety and responding to risks

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file and risk assessment completed in February 2016, which although brief covered key aspects for actions to be taken relating to some chemicals used on the premises but did not include all the cleaning materials used. This should be considered to safeguard patients and staff who may come into contact with hazardous substances used on the premises. Staff were aware of the COSHH file and of the strategies in place to minimise the risks associated with these products.

The practice responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, were reviewed by the principal dentist and where appropriate disseminated to the staff and the necessary action taken.

There was a business continuity plan and risk assessment in place dated January 2016, to cover emergency

situations. This had been kept up to date with key contacts details within the local area; this included emergency services, gas and electricity suppliers and local authority details.

Infection control

There were systems in place to reduce the risk and spread of infection. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. Staff files showed that staff regularly attended training courses in infection control.

Staff had access to supplies of personal protective equipment which included gloves, masks, eye protection and aprons. There were hand washing facilities in the treatment rooms and the toilet; there were posters displaying the correct hand washing techniques.

The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05).

We checked the cleaning and decontaminating of dental instruments which was carried out in the decontamination area. The decontamination area and the surgeries were well organised with clear flow from 'dirty' to 'clean' indicated. One of the dental nurses demonstrated the decontamination process and showed a good understanding of the correct processes. Following inspection of cleaned items, they were placed in an autoclave and stored appropriately and where applicable pouched and date stamped.

The dental nurse showed us systems that were in place to ensure all decontamination equipment such as the autoclaves were working effectively. These included the automatic control test for the autoclave. The data sheets used to record the essential daily validation were fully completed and up to date.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and domestic waste were properly separated and stored correctly, although the sharps bins were not wall mounted. This was discussed with the principal dentist and

Are services safe?

agreed the appropriate action would be taken. The practice used a contractor to remove dental waste from the practice. Waste consignment notices were available for inspection.

The practice had carried out practice-wide infection control audits every six months; the most recent audit was conducted on 06 August 2015 and showed an overall compliance rate of 98%. A hand washing audit had also been completed on all staff and no issues were noted. The domestic cleaning and effectiveness was audited by the receptionist on a daily basis.

The dental water lines were maintained and checks were logged to prevent the growth and spread of Legionella bacteria (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The method described was in line with current guidance. A Legionella risk assessment was conducted on 08 November 2013 and had previously been carried out by an appropriate contractor.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced. Portable appliance testing (PAT) was carried out annually and next due in November 2016 (PAT, is the name of a process during which electrical appliances are routinely checked for safety).

Staff told us they held small quantities of antibiotics site; all medication used for sedation was supplied by the external provider used to carry out the sedation procedure. All

medication such as antibiotics were stored safely and batch numbers recorded when dispensed to patients. Any other medication was prescribed on a private prescription and recorded within the patient's notes.

The expiry dates of emergency medicines, oxygen and resuscitation equipment were monitored using a daily check sheet which enabled the staff to replace out-of-date drugs and equipment promptly. The drug refrigerator was also checked and the temperature recorded on a daily basis.

Radiography (X-rays)

The practice had a Radiation Protection Adviser in place and a nominated Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). A radiation protection file and local rules were displayed within the practice. Included in the file were the critical examination pack for the X-ray set, which included dose assessment reports, the maintenance log and appropriate notification to the Health and Safety Executive. The maintenance log was within the current recommended

interval of three years and next check was due to be undertaken 20 April 2016. We saw evidence that staff had completed radiation protection training.

A copy of the most recent radiological audit undertaken in 10 October 2015 was available for inspection. Staff told us that daily quality assurance checks were carried out and audits were carried out annually to ensure the quality was maintained and the reasons for any retakes were documented. We checked a sample of dental care records to confirm the findings and noted that justification of all dental X-rays was appropriately documented in the dental care records.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised professional and General Dental Council (GDC) guidelines. The principal dentist described how they carried out patient assessments using a typical patient journey scenario. The practice used a pathway approach to the assessment of the patient which was supported by the use of computer software. The assessment began with a review of the patient's medical history. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues of the mouth. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment and the appropriate advice and actions taken.

Following the clinical assessment, the diagnosis was discussed with the patient and treatment options were fully explained. The dental care record was updated with the new treatment plan after discussing the options with the patient. The treatment given to patients was monitored at their follow-up appointments in line with their individual requirements.

During the course of our inspection we checked dental care records to confirm the findings. These showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw notes containing details about the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) The dentists and hygienists worked closely and provided verbal handover of patients and their needs to ensure that areas of concern were treated appropriately. Details of the treatments carried out were documented this included local anaesthetic, type of anaesthetic, site of administration, batch number and expiry date.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease

prevention strategies. Staff told us they discussed oral health such as tooth brushing and dietary advice and where applicable smoking cessation and alcohol consumption with their patients.

The waiting area had health promotion material available. Health promotion material included information on how to prevent gum disease, smoking cessation and maintaining healthy teeth and gums.

Staffing

Staff told us they received appropriate professional development and training. We reviewed staff files and saw that this included training in responding to cardiopulmonary resuscitation and medical emergencies, infection control and safeguarding.

The practice carried out annual appraisals for each member of staff. This provided staff with an opportunity to discuss their current performance as well as their career aspirations. Notes from these meetings were kept in each staff member's file and these were made available at the inspection.

Working with other services

The principal dentist explained how they worked with other services. Dentists were able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice or if a possible oral cancer was suspected. A referral letter was prepared and sent to the hospital with full details of the dentists' findings and a copy was stored in the patient's dental care records.

Consent to care and treatment

Consent was obtained for all care and treatment patients received. Staff discussed treatment options, including risks and benefits, as well as costs, with each patient. Patients were asked to sign to state they had understood their treatment plans and provide with a copy of their treatment plan and signed consent.

Staff were aware of the Mental Capacity Act (2005). The practice had a process in place to assist with staff to carry out assessments on suspected vulnerable adults if required. Staff could explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if they suspected patients lacked some decision-making abilities. The Mental

Are services effective?

(for example, treatment is effective)

Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We collected comment cards from 28 patients. They were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were friendly and polite at all times. During the inspection we observed staff in the reception/waiting area and observed staff were polite towards patients on arrival and throughout the episode of care. Some of the patients we spoke with had been attending the surgery with their families for a number of years and one patient told us that they were very happy with the treatment they received. Patients told us they were not kept waiting and treatment was explained fully.

All the staff we spoke with were mindful about treating patients in a respectful and caring way. They were aware of the importance of protecting patients' privacy and dignity. There were systems in place to ensure that patients' confidential information was protected. All computers were

password protected and staff had individual passwords. Staff understood the importance of data protection and confidentiality and had received training in information governance.

The practice obtained regular feedback from patients via a satisfaction survey which was collated annually and showed high levels of satisfaction.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area regarding dental charges. There was also practice information leaflet. The leaflet provided information on opening hours, how to make a complaint, confidentiality, emergency and disabled access.

We spoke with a variety of staff which included the principal dentist, associate dentist, dental nurse and reception staff on the day of our visit. We were also able to talk to the visiting sedation specialist. Staff told us they worked as a team to provide clear explanations about treatment plans and patients were given time to them prior to going ahead with the treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had systems in place to schedule enough time to assess and meet patients' needs. Staff told us they scheduled additional time for patients receiving complex treatments, including scheduling additional time for patients who were known to be anxious or nervous. Staff confirmed they were able to have enough time in between each patient to document care and prepare equipment for the next patient as required. Staff told us they had adequate and appropriate equipment to carry out all types of dental treatment and were able to meet their patients' needs at all times.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff were able to access a website app should they need access to interpreting services. Staff at the practice also spoke Polish and Afrikaans.

The practice had disability access to all areas of the practice. There was parking outside the practice with also a car park adjacent to the practice. The practice had carried out disability risk assessment 2016 to ensure the facilities provided access for wheelchair users.

Access to the service

The practice is open Monday–Tuesday 8am-5.00pm, Wednesday-Thursday 8am-8pm and Saturday 9am-1pm. Staff told us patients, who needed to be seen urgently, for example, if they were experiencing dental pain, could be accommodated and seen on the same day. The principal dentist told us the practice covered their own out of hour's emergency service the majority of the time; holiday periods were covered by another practice where necessary.

Staff told us they had enough time to treat patients and that patients could generally book an appointment within 24 hours to see the dentist. The feedback we received from patients confirmed was that they could get an appointment on the same day if it was an emergency or within a reasonable time frame to receive treatment. We noted that one patient in the recent survey identified a delay of 24 hours before they could be seen and this did not appear to be a theme we found reflected in the inspection process.

Concerns & complaints

There was a complaints policy which described how the practice handled formal and informal complaints from patients. Information about how to make a complaint was displayed in the reception area and on the practice information leaflet.

There had not been any reported complaints recorded from January 2015 January 2016.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements with an effective management structure in place.

The principal dentist implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. There were relevant policies and procedures in place to ensure all policies were updated using a new computer programme recently installed. Staff were aware of the policies and procedures and acted in accordance with them. Records maintained including those related to patient care and treatments, as well as staff employment, were kept up to date and stored securely.

The principal dentist organised staff meetings on approximately quarterly basis, to discuss key governance issues and staff training sessions. Staff told us as a small team the lunch period was also a forum for issues where necessary. The staff meetings agenda included training, complaints and infection control items. We saw minutes of meetings from April and December 2015 where discussions relating to new patients', equipment, infection prevention and control were highlighted. We were told that an annual joint meeting with another practice took place although minutes were not requested for the inspection.

Leadership, openness and transparency

Staff we spoke with described an open and transparent culture which encouraged candour. Staff said that they felt comfortable about raising concerns with the principal dentist. They felt they were listened to and any issues were responded to promptly. Staff were aware of their responsibilities relating to the duty of candour. Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

We spoke with the principal dentist about future plans for the practice. We were told the practice was keen to ensure the standards of care remained high and due to environmental restrictions there were no plans to expand the practice.

We found staff to be hard working, caring and a cohesive team committed to providing a high standard of care. There was a system of yearly staff appraisals to support staff in carrying out their roles to a high standard. We found examples where changes to working conditions and training had been discussed and acted upon for the staff employed.

Learning and improvement

The practice carried out included audits for infection control, and X-ray quality and justification. Audits were repeated at appropriate intervals to evaluate whether or not quality had been maintained or to demonstrate if improvements had been made. We looked at some audits for example, on patient satisfaction and X-rays. The X-ray audit undertaken in October 2015 showed that 86% of the X-rays taken met the standard required.

Staff were supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council (GDC). We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC.

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

The practice gathered feedback from patients through the use of a patient satisfaction survey. The survey covered topics such as treatment given, cleanliness of the premises, and general satisfaction with the service and care received. The satisfaction audit carried out February 2016 showed that the majority of patients' were happy with the care and service they received.

Staff commented the principal dentist was open to feedback regarding the quality of the care they provided. Staff felt the staff meetings also provided appropriate forums to give their feedback.