Super White Dental Clinic Ltd

Super White Dental Clinic Ltd

Inspection Report

41 South Lambeth Road
SW8 1RH
Tel: 02075870896
Website: www.superwhitedental.com

Date of inspection visit: 09 September 2015
Date of publication: 14/01/2016

Overall summary

We carried out an announced comprehensive inspection on 09 September 2015 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

Super White Dental Clinic is located in the London Borough of Lambeth. The premises consist of two treatment rooms and one dedicated decontamination room. There are also toilet facilities, waiting area, a reception area and an office.

The practice provides private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment, veneers, crowns and bridges and oral hygiene.

The practice staffing consists of one principal dentist (who was also the manager and provider), one dental nurse and a receptionist.

The practice is open; Monday to Friday from 9:00am to 6:00pm. The practice books patients in on Monday, Wednesday and Saturday from 9:00am to 2:00pm for treatments.

The owner is the principal dentist, manager and the provider of the service.

The practice had a registered manager in place. 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 dentist specialist advisor.

Summary of findings

We received two CQC comment cards completed by patients. Patients had commented positively about the dentist and their experience of being treated at the practice.

Our key findings were:

- There was an effective system in place for reporting and learning from incidents.
- The practice had arrangements in place to deal with medical emergencies at the practice.
- 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.
- The principal dentist had a vision for the practice and staff told us they were well supported.
- Governance arrangements were in place for the running of the practice; however improvements needed to be made to have a structured plan in place to assess various risks arising from undertaking the regulated activities and to effectively audit quality and safety.

There were areas where the provider could make improvements and should:

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review the practice's policy and the storage of products identified under Control of Substances Hazardous to Health (COSHH), 2002 Regulations to ensure they are stored securely .
- Review the practice's protocols for completion of dental care records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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.

There was a safeguarding lead and staff understood their responsibilities for identifying and reporting any potential abuse. There were suitable recruitment procedures in place and staff were trained and skilled to meet patient's needs. The practice had systems for the management of medical emergencies. The practice had robust infection control procedures and staff had received training in infection prevention and control.

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 National Institute for Health and Care Excellence. Patients were referred to other services in a timely manner if needed.

Staff explained treatment options to ensure that patients could make informed decisions about any treatment. Staff were registered with the General Dental Council (where applicable) and were engaged in continuous professional development to meet the training requirements of their registration.

Are services caring?

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

We received feedback from patients through CQC comment cards and in speaking with them on the day of the inspection. We found that they were treated with dignity and respect. We noted a caring attitude amongst the staff towards the patients. We found that dental care records were stored securely and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

The practice was accessible to patients with restricted mobility, with level access and ground floor surgeries if needed.

Patients were able to access treatment quickly in an emergency, and there were arrangements in place for patients to receive alternative emergency treatment when the practice was closed.

The practice had a complaints procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue.

Are services well-led?

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

The practice had arrangements in place for monitoring and improving the services provided for patients. Regular checks were completed to ensure the practice was safe and patient's needs were being met.

The practice had some policies and procedures to ensure the practice was safe and met patient's needs. These needed to be improved. Arrangements for identifying, recording and managing risks through the use of risk assessments and audits also needed to be improved.

Summary of findings

The provider assured us on the day of the inspection and following our visit, that they would address these issues by notifying staff of the correct procedures to follow, provide staff training, and put immediate procedures in place to manage risks.

Super White Dental Clinic Ltd

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 9 September 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dentist specialist advisor.

During our inspection visit, we reviewed policy documents and spoke with three members of staff, including the provider. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed dental staff carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

We reviewed Care Quality Commission (CQC) comment cards completed by patients. They had all commented positively about the dentist and their experience of being treated at the practice.

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 an effective system in place for reporting and learning from incidents. There was a policy for staff to follow for the reporting of these events. No incidents had occurred that required to be notified or recorded.

The manager told us incidents would be appropriately recorded and investigated. Actions taken at the time and any lessons that could be learnt to prevent a recurrence would be noted and discussed with staff. Where necessary a staff meeting would be convened to discuss learning points which would improve the quality of care.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). They confirmed there had been no accidents that had required notification under the RIDDOR guidance.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the named practice lead for child and adult safeguarding. The safeguarding lead was able to describe the types of behaviour a child might display that would alert them to possible signs of abuse or neglect.

The practice had a safeguarding policy which referred to national guidance. All staff had completed safeguarding training and the staff we spoke with were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had been no safeguarding issues reported by the practice to the local safeguarding team.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. They told us they were confident about raising such issues with the practice manager in the first instance.

Although, the manager could demonstrate that they would follow up any issues identified during audits as a method for minimising risks, the practice had not carried out risk assessments or implemented policies and protocols with a view to keeping staff and patients safe.

We asked how the practice treated the use of instruments which were used during root canal treatment. The dentist we spoke with explained that these instruments were single use only. They explained that root canal treatment and other treatment, where appropriate, was carried out using a rubber dam which was in line with guidance from 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).

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED). (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 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, were available in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date. Although the manager assured us the medicines and equipment were checked weekly we saw no evidence of log sheets.

Staff were booked to receive training in using the emergency medicines and equipment in October 2015.

Staff recruitment

The practice staffing consists of one principal dentist (who was also the manager and provider), one dental nurse and a receptionist. The practice had a small team and were in the process of building the business before more staff were recruited. There was no formal recruitment policy in place; however we saw that the practice would carry out relevant checks to ensure that the person being recruited was suitable and competent for the role. This would include the checking of qualifications, proof of identity, registration with the General Dental Council (where relevant) and checks with the Disclosure and Barring Service (DBS). The manager agreed to put a recruitment policy in place for staff to refer to for guidance.

Monitoring health & safety and responding to risks

We saw that the practice had only been assessed for risk of fire and there were documents showing that fire

extinguishers had been recently serviced. The manager informed us shortly after the visit they had commissioned specialist advice and were in the process of carrying out audits and putting policies in place.

There were some arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a system in place to record COSHH products where risks to patients, staff and visitors associated with hazardous substances were identified. We noted only five products had been recorded. The manager informed us shortly after the visit they had completed a COSHH file on 14 September 2015. During our observations around the practice we saw COSHH products were securely stored.

The practice did not have systems set up in place to receive and act upon alerts from external organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA)..

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. It was demonstrated through direct observation of the cleaning process and a review of protocols that the practice was following most of 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 observed that the dental treatment rooms, waiting areas, reception and toilet were clean, tidy and clutter free. Hand washing facilities including liquid soap and paper towels were available in the treatment room and toilet.

The manager and the dental nurse were jointly the infection control leads and they described the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated a good system for decontaminating the working surfaces, dental unit and dental chair.

The practice had a decontamination room for instrument processing. We noted there were no protocols displayed remind staff about the correct processes to follow at each stage of the decontamination process. Staff demonstrated the process to us; from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a system designed to minimise the risks of infection.

When instruments had been sterilized they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines.

The dental nurse showed us that systems were in place to ensure that the autoclave and ultrasonic bath were working effectively. These included the automatic control test and steam penetration tests for the autoclave and foil tests for the ultrasonic cleaning bath. It was observed that the data sheets used to record the essential daily validation were always complete and up to date.

We inspected the drawers and cupboards of some treatment rooms. All of the instruments were placed in pouches and it was clear which items were for single use as they were clearly labelled. Each treatment room had the appropriate personal protective equipment such as gloves, aprons and eye protection available for staff and patient use.

The dental water lines were maintained 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 by the dental nurses was in line with current HTM 01-05 guidelines. The practice had commissioned a Legionella risk assessment in April 2014. The report had identified some high risk factors and advised regular logs and checks; however the manager had not completed this effectively. The manager told us they would arrange this as soon as possible.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. For example, we observed that sharps containers, clinical waste bags and general waste were properly stored. The practice used a contractor to remove dental waste from the practice.

Equipment and medicines

Portable appliance testing (PAT) had been completed in accordance with good practice guidance. PAT is the name of a process during which electrical appliances are routinely checked for safety.

Are services safe?

The manager told us the expiry dates of medicines, oxygen and equipment were monitored weekly however these were not logged in the form of a check sheet by staff.

We noted prescription pads were stored securely so they were not open to abuse.

Radiography (X-rays)

The practice had in place a Radiation Protection Adviser (RPA) and a Radiation Protection Supervisor (RPS) in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). However, the radiation protection file was not in line with these regulations. There was no critical examination pack for the X-ray set, there was no Health and Safety Executive (HSE) notification certificate and there was no copy of the local rules. The manager informed us shortly after our inspection they had completed these requirements.

We saw evidence in files that training in IRMER 2000 had been completed in January 2015.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We checked a sample of dental care records with the principal dentist to confirm the findings. There was some evidence in notes on explanations provided to patients and treatment plans being discussed and some of the patients being involved in discussions. However improvements could be made to better record in the clinical notes of conditions such as caries, condition of periodontal tissues and cancer risk. Similarly, there was not enough evidence of record of, where applicable alcohol or tobacco consumption or advice regarding reduction or cessation.

The outcomes of examinations of gum health were not recorded. There was no evidence from the check of the dental care records that the condition of the gums were checked using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).

X-rays were always justified and reported on but were not graded as per National Radiological Protection Board (NRPB) guidelines. In some cases complex treatment had been commenced, though detailed records had not been kept of examination findings or prior assessment.

Dentist spoke of many patients only wanting specific treatments or what they could afford but no notation of this type of discussion in notes seen or possible consequences or outcomes for these discussed.

Patients were given a written treatment plan form with the cost included and it was signed by patient.

Information was available for patients regarding the various treatment options. For example, the dentist shared with us a a computer printed copy of information for patients about implant treatment and post implant care. This was also available in Brazilian language as most of the patients were Brazilian. The dentist also showed us how they ensured patients could understand their treatment procedures using the help of diagrams or showing information on the internet.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. The dentist told us they discussed oral health with their patients, for example, effective tooth brushing or dietary advice. The manager showed us some oral health promotion information that was printed from their computer system for patients and demonstrated to us how this was available in different languages. The information could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition.

Staffing

The practice staffing consists of one principal dentist (who was also the manager and provider), one dental nurse and a receptionist. The dental nurse on the day of our visit was a temp and the receptionist had been working for only two weeks prior to our visit. The receptionist confirmed there was an opportunity to learn about the practice and systems for booking appointments before they started the job and there was enough support from the manager to carry out the role.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. The practice kept a file with referral forms for local secondary providers. The dentist and receptionist ensured that referral letters were sent out on the same day that the dentist made the recommendation.

The dentist told us a referral letter would include all the necessary details from the patients' record including medical history. All letters were filed into patient's notes. When the patient had received their treatment they were discharged back to the practice for further follow-up and monitoring.

Consent to care and treatment

The dentist told us the practice ensured valid consent was obtained for all care and treatment. However the patient dental care records did not always note the details of treatment options, the risks and benefits discussed and costings.

We saw some examples of formal written consents obtained using standard treatment plan forms and these were also available in other languages. Patients were asked to read and sign these before starting a course of treatment.

Are services effective?

(for example, treatment is effective)

The staff were aware of the general principles of Mental Capacity Act (2005). They could explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if patients lacked some decision-making abilities. The Mental 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 received two CQC comment cards. Both described a positive view of the service the practice provided. Patients commented that they were happy with the dentist and customer care was good. They were happy with the quality of treatment provided.

During the inspection we observed staff in the reception area. They were polite and helpful towards patients and the general atmosphere was welcoming and friendly. The staff 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. Dental care records were stored securely. Staff understood the importance of data protection and confidentiality and had received training in information governance. The receptionist told us that people could request to have confidential discussions in an empty room, if necessary.

Involvement in decisions about care and treatment

On the day of our inspection we observed the receptionist took time to explain appointments and fees to patients in person and on the telephone.

Staff told us that they took time to explain the treatment options available. They spent time answering patients' questions and gave patients a copy of their treatment plan.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The dentist could decide on the length of time needed for their patient's consultation and treatment. They scheduled additional time for patients depending on their knowledge of the patient's needs, including scheduling additional time for patients who were known to be anxious or nervous.

Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time to see the dentist.

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.

The dentist spoke Brazilian, Spanish and Italian as additional languages to English and told us they would print forms and information in these languages where required. Most of the patients accessing the service were from these backgrounds.

The practice premises ensured that it was wheelchair accessible. For example, the corridors, treatment rooms and toilet facilities were wide enough to allow for wheelchair access.

Access to the service

The practice was open; Monday to Friday from 9:00am to 6:00pm. The practice booked patients in on Monday, Wednesday and Saturday from 9:00am to 2:00pm for treatments. The manager told us they would fit patients in at other times when required.

We asked the manager about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message gave details on how to access out of hours emergency treatment. They also explained to patients that they could contact the dentist directly if necessary for emergency dental services.

Concerns & complaints

There was a complaints policy which described how the practice handled formal and informal complaints from patients and this was available in different languages on request. The manager told us there had been no complaints to record since the practice opened in January 2015.

Are services well-led?

Our findings

Governance arrangements

The practice was new –registered with the CQC in Jan 2015 – and the dental team until two weeks before the inspection included only a dentist and a temporary nurse when required. The provider told us that the practice was becoming gradually more established and they were further developing and putting in place the various requirements for meeting the standards of care.

The practice had a management structure in place and some governance arrangements that however needed to be improved and better embedded. The policies and procedures in place needed to be more detailed and more extensive for staff to refer to for training and guidance. Arrangements for identifying, recording and managing risks through the use of risk assessments and audits also needed to be improved.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff told us they were comfortable about raising concerns with the management staff. They felt they were listened to and responded to when they did so. They were aware that they could escalate concerns to external agencies, such as the Care Quality Commission (CQC), if necessary.

We spoke with the provider who was the principal dentist who told us they aimed to provide high-quality care. They were committed to both maintaining and continuously improving the quality of the care provided. The staff we spoke with told us they enjoyed their work.

Learning and improvement

All staff were supported to pursue development opportunities. 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 General Dental Council (GDC). The practice had a programme of clinical audit to be completed by the end of the year. These included audits for infection control, clinical record keeping and x-ray quality.

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

The practice had a feedback form for patients to complete and we reviewed the forms that had been completed. All patients commented positively. The manager explained that they would improve the process for patients to feedback comments by giving them out at every appointment and also having them available in different languages applicable to the patients.

Staff described an open culture where feedback between staff was encouraged in order to improve the quality of the care.