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Slough Dental Hygiene

Inspection Report

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Overall summary

We carried out this announced inspection on 10 and 17 July 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Slough Dental Hygiene is in Slough and provides private hygienist treatment to patients of all ages.

There is level access in to the building for people who use wheelchairs and those with pushchairs. The practice is based on the first floor which is accessible by lift.

Car parking spaces, including one for blue badge holders, are available outside the practice.

Summary of findings

The practice rents a treatment room and a decontamination room from another health care provider and has use of some parts of the common areas in the building. This health care provider is referred to as the landlord in this report

The dental team includes a dental hygienist and a newly qualified dental nurse. The practice has one treatment room.

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

We collected two CQC comment cards filled in by patients.

On the day of inspection, the practice was closed which meant we did not speak to any patients.

During the inspection we spoke with the hygienist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Tuesday and Wednesday from 10am to 5pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies.
- 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.
- 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 practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- 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.
- The practice had suitable information governance arrangements.

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

- Review the practice's current performance review systems and have an effective process established for the on-going supervision and appraisal of all staff.
- Review the practice's protocols for completion of dental care records considering the guidance provided by the Faculty of General Dental Practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

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.

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 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 hygienist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as comfortable and kind. The hygienist discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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

No action



Are services caring?

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

We received feedback about the practice from two people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, warm and knowledgeable.

They said that they were given relevant advice about concerns and treatment ideas, and said their hygienist listened to them.

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.

The practice's appointment system was efficient and met patients' needs.

No action



Summary of findings

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services.

The practice took patients views seriously. They valued compliments from patients and had systems in place to respond 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 stored securely. Recruitment procedures were operated to ensure only fit and proper persons were employed.

It was evident that improvements were required to a number of areas of the business. All of these have been addressed since our inspection.

No action



Are services safe?

Our findings

Safety systems and processes including staff recruitment and equipment & premises

The practice had clear systems to keep patients safe.

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, including notification to the CQC.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

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

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at one staff recruitment record. This showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Records provided by the landlord showed the smoke alarm was regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We were told

that the weekly fire alarm test did not include the activation of call points around the building which meant that the landlord could not satisfy themselves these would work in an emergency.

We requested to see evidence of the testing and servicing of the emergency lighting, the gas system and the staff and patient lift (Regulation 9 of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) requires that all lifts provided for use in work activities are thoroughly examined by a competent person at regular intervals).

The provider told us they requested this information from the landlord but at the time of producing this report remains outstanding. As a result of our concerns about the management of fire safety we referred the landlord to Royal Berkshire Fire & Rescue Service.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were shared with the landlord. Most 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. We noted a medicine to treat a prolonged seizure was missing. Following discussion we were told the provider was going to purchase a medical emergency bag.

Are services safe?

A dental nurse worked with the dental hygienist when they treated patients in line with GDC Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support.

The provider did not have a suitable risk assessment or storage arrangements in place to minimise the risk that can be caused from substances that are hazardous to health. We have since received evidence which confirms this shortfall has been addressed.

The practice had an infection prevention and control policy and procedures. 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 and received updates as required.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. We noted the practice performed manual scrubbing of instruments. We have since been provided evidence which confirms an ultrasonic bath has been introduced to the cleaning process.

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.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted the bin, provided by the landlord, used to store clinical waste in the garage was not secure. We spoke to the provider who in turn told us they requested the bin be replaced with a bin which could be locked from the landlord. We have yet to receive any evidence to confirm this shortfall has been addressed.

The practice carried out infection prevention and control audits. The latest audit showed the practice was meeting the required standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the hygienist how information to deliver safe care and treatment was handled and recorded. Dental care records we saw were legible and were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

Lessons learned and improvements

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong.

We noted there was not a system for receiving and acting on patient safety alerts. We have since been provided evidence which confirms this shortfall has been addressed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

We spoke with the hygienist who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice.

We were told that patients with more severe gum disease would be recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The hygienist 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 hygienist 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, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

We looked at a sample of dental care records and noted that individual records were not always written and managed in a way that kept patients safe. We were assured by the hygienist that a template system was being introduced to prevent any shortfall in recording treatment information in future.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

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

Co-ordinating care and treatment

The practice had systems and processes for 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. We noted the practice did not have systems in place to monitor referrals to make sure they were dealt with promptly. We have since been provided evidence which confirms this shortfall has been addressed.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

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

Patients commented positively that staff were kind and caring.

The practice was closed on the day of our visit so we did not see staff and patient interaction.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The practice did not have a reception but shared it's waiting area with a neighbouring health related organisation. Patients were taken to the surgery to discuss treatment which was private.

Staff stored patients' care records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act (a requirement to make sure that patients and their carers can access and understand the information they are given).

Interpretation services were available for patients who did not have English as a first language. The hygienist told us they communicated with patients in a way that they could understand.

The practice gave patients clear information to help them make informed choices. The hygienist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The hygienist described to us the methods they used to help patients understand treatment options discussed. These included for example, models of teeth and gums.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included step free access into the building and a wheelchair accessible toilet with hand rails and a call bell.

We noted the treatment room was set over two levels. The patient chair was accessed via a step. We have since been provided evidence which confirms a ramp has been ordered which removes this barrier.

We noted a hearing loop was not available for patients who were hearing aid wearers. We have since been provided evidence which confirms this shortfall has been addressed.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening in their practice information leaflet and on their website.

The practice had an efficient appointment system. Patients told us they had enough time during their appointment and did not feel rushed.

Listening and learning from concerns and complaints

The hygienist told us they took complaints and concerns seriously and would respond to them appropriately to improve the quality of care.

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.

We were told there had been no complaints had been received since the practice opened in 2017.

Are services well-led?

Our findings

Leadership capacity and capability

The hygienist had the skills to deliver high-quality, sustainable care and had the experience, capacity and skills to deliver the practice strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

The practice planned its services to meet the needs of the practice population which was mostly working professionals based at the trading estate.

Culture

The practice had a culture of high-quality sustainable care.

We were unable to speak with the nurse as they were on leave the day of our visit and the practice was closed.

Openness, honesty and transparency were demonstrated when responding to our enquiries about incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The provider had responsibility for the management and clinical leadership of the practice.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

It was evident that improvements were required to a number of areas of the business. All of the areas that are in the direct control of the provider have been addressed since our inspection. We were told the landlord was not responsive to requests for information which hindered the health and safety management monitoring at the practice.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used verbal comments to obtain staff and patients' views about the service. We were shown a patient survey and was told this would be started as soon as practicably possible.

The practice gathered feedback from staff through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The provider showed a commitment to learning and improvement and valued the contributions made by individual members of staff.

They discussed learning needs, general wellbeing and aims for future professional development. We were told appraisals were planned for but not yet carried out.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

Are services well-led?

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.