

Kingfisher Hill Limited

Complete Dental

Inspection Report

64 St Leonards Road
Windsor
SL4 3BY
Telephone: 01753 864484

Date of inspection visit: 14/09/2017
Date of publication: 25/10/2017

Overall summary

We carried out this announced inspection on 14 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.

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 not providing well-led care in accordance with the relevant regulations.

Background

Complete Dental is in Windsor and provides Private treatment to patients of all ages.

The practice is based on the first floor and as such cannot treat patients who find stairs a barrier. New patients are advised of this when they first contact the practice.

The dental team includes the two dentists, two dental nurses, one dental hygienist, a receptionist who is also the practice manager and a business manager.

The practice has two treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist 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.

On the day of inspection we collected 35 CQC comment cards filled in by patients and obtained the views of two other patients. This information gave us a completely positive view of the practice.

During the inspection we spoke with the principal dentist, a dental nurse and a receptionist who was also the practice manager.

The practice is open 8.30am to 5.30pm Monday to Wednesday, 8.30am to 7pm on Thursday, 8.30am to 3pm Friday and one Saturday a month.

Our key findings were:

- The practice appeared clean and well maintained.
- Generally the practice infection control procedures reflected published guidance.
- Staff knew how to deal with emergencies. The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Staff appraisals were not carried out.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Most clinical staff completed the continuous professional development required for their registration with the General Dental Council.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Risk assessments had not been carried out for needle stick injuries and protection from blood borne virus for those clinical staff without Hep B immunity.
- The appointment system met patients' needs.
- Staff training records were not collated to assess the status of individual staff competency.
- Staff felt involved and supported and worked well as a team.
- Staff recruitment procedures were not effective.
- The practice asked staff and patients for feedback about the services they provided.
- The practice had a procedure in place to deal with complaints.

- Risk assessments had not been carried out for electrical and gas safety.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure procedures are established to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed, and ensure specified information is available regarding each person employed.

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

- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Review the practice's system for recording, investigating and reviewing incidents or significant events, with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review its responsibilities to the needs of disabled people, including those with hearing difficulties and the requirements of the Equality Act 2010.
- Review availability of an interpreter services for patients who do not speak English as a first language.
- Review 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 availability of equipment to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

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 some systems and processes to provide safe care and treatment. Improvements were needed to manage risk, specifically fire, electrical and gas safety. The provider arranged for a fire risk assessment to be carried out at the time of our visit. This we saw being carried out.

Risk assessments had not been carried out for needle stick injuries and protection from blood borne virus for those clinical staff without Hep B immunity.

We were told the practice used learning from incidents and complaints to help them improve. Records of learning were not kept.

Staff knew how to recognise the signs of abuse and how to report concerns. Records seen confirmed that four of the seven staff received the recommended level of safeguarding training.

Records seen confirmed most staff were qualified for their roles. We noted that essential recruitment checks for two staff had not been carried out.

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 emergencies though some equipment was missing.

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 thorough and professional. We received feedback about the practice from 37 patients.

Patients were positive about all aspects of the service the practice provided. They told us staff were thorough, inclusive and professional.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

No action



Summary of findings

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 37 patients. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and treated like a family member.

They said that the staff paid great attention to detail and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for families with children.

The practice did not have access to interpreter services or had arrangements in place 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.

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

The practice had some 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.

We found shortfalls with the systems and processes which would ensure good governance in accordance with the fundamental standards of care. Shortfalls identified were in risk assessment management, staff recruitment, collation of training records and appraisals.

The practice team kept complete patient dental care records which were, clearly 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.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. Improvements were required to ensure records of the learning stage of the process were made with a view to preventing further occurrences and ensuring that improvements are made as a result.

The practice generally recorded, responded to and discussed all incidents to reduce risk and support future learning. However, the practice did not have a system in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA).

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 most staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Records seen confirmed that four of the seven staff had carried out safeguarding training.

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

We looked at the practice's arrangements for safe dental care and treatment. These included some risk assessments which staff reviewed every year. We noted there was no risk assessment in place for sharps and needle stick injuries. Information for action following an injury was missing from treatment rooms.

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 most had completed training in emergency resuscitation and basic life support. Records seen confirmed that four of the seven staff had carried out basic life support training in the last 12 months.

Emergency equipment and medicines were generally 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 two items missing which included a child defibrillator pad and an eyewash kit.

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 three staff recruitment records. We noted that one clinical member of staff started to work for Complete Dental without any recruitment checks being made. We were told this member of staff was recruited on the recommendation of an existing member of staff. A second member of staff's file did not have evidence of references being undertaken. Both of these examples showed the practice did not follow their recruitment policy.

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 to help manage potential risk were not up to date. These included the lack of any fire safety management, no electrical wiring installation test, no gas safety check and no carbon monoxide detector in the staff room where the boiler is situated. The provider arranged for a fire risk assessment to be carried out at the time of our visit. This we saw being carried out.

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

A dental nurse worked with the dentists. We were told the hygienist was not supported by an adequately trained member of the dental team.

Are services safe?

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. Records seen confirmed that four of the seven staff had carried out infection prevention and control training.

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. The latest audit showed the practice was meeting the required standards.

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

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

We noted one clinical waste bin could not be operated hands free.

Equipment and medicines

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

The practice had suitable systems for prescribing, dispensing and storing medicines.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the radiography equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation. Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories.

The dentists assessed patients' treatment needs in line with recognised guidance.

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

Health promotion & prevention

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

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children/children based on an assessment of the risk of tooth decay for each child.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

We were told staff new to the practice received an informal induction due to the size of the practice and team. This was not recorded.

We confirmed most clinical staff completed the continuous professional development required for their registration with the General Dental Council.

We were told appraisals had not been done for a number of years.

Working with other services

The principal dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These 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.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The principal dentist 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 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.

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 caring, friendly and lovely. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

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.

The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage.

Music was played and there were magazines in the waiting room and 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.

The principal dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Dentists could show patients photographs, X-ray images when they discussed treatment options. We were shown a number of hand drawn diagrams the principal dentist used to explain treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

Staff told us that they physically supported some older patients with the stairs when they visited the practice.

Promoting equality

The practice was based on the first floor so making adjustments for patients requiring level access impossible. We were told staff always advised anyone enquiring about the practice of the stairs.

Staff told us patients requiring an interpreter would bring a family member or friend with them to appointments. The practice did not have the facility in place to provide information in different formats, which included British Sign Language and braille, and different languages to meet individual patients' needs.

Access to the service

The practice displayed its opening hours outside the premises. 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 time free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The practice answerphone provided telephone number 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 for staff on how to handle a complaint. The policy stated that a complaint would be acknowledged within seven days and a full response would be given in ten days.

The practice information leaflet explained how to make a complaint. The principal dentist and practice manager were responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person 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. 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 dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

The practice had a number of policies, procedures and risk assessments to support the management of the service which included arrangements to monitor the quality of the service and make improvements. Policies were not kept in any logical order.

We noted there was no processes in place that would enabled the principal dentist to assess, monitor and mitigate all the risks relating to the health, safety and welfare of service users and others who may be at risk. Risks included fire, electrical and gas safety. The provider arranged for a fire risk assessment to be carried out at the time of our visit. This we saw being carried out.

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 dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns and act appropriately. Staff discussed concerns at

lunchtimes in place of formal staff meetings and it was clear the practice worked as a team and dealt with issues professionally. We noted records of these discussions were not kept. We were assured records of these would be kept in future.

Learning and improvement

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

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

We were told that formal staff appraisals had lapsed in the recent years.

Staff working on the day of our visit told us they completed mandatory training, including medical emergencies and basic life support, each year. However we were unable to confirm three members of staff's training status due to certificates not be available. The General Dental Council requires clinical staff to complete continuous professional development. .

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

The practice used feedback forms to obtain patients' views about the service. We were told patients were happy and there had not been any suggestions to change anything about the service. The feedback we received before and during our visit confirmed this.

Staff said they echoed this sentiment by saying they wouldn't change anything.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met The service provider had systems or processes in place that operated ineffectively, in that they failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular:</p> <ul style="list-style-type: none">• Risk assessments had not been carried out for electrical and gas safety.• Risk assessments had not been carried out for needle stick injuries and protection from blood borne virus for those clinical staff without Hep B immunity.• Staff training records were not collated to assess the status of individual staff competency.• Staff appraisals were not carried out. <p>Regulation 17(1)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Fit and proper persons employed</p> <p>How the regulation was not being met The registered person had not established or operated effective recruitment processes, and had not ensured</p>

Requirement notices

that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

In particular:

- Evidence of recruitment checks such as employment histories, DBS checks, references, immunisation records, eligibility to work in the UK, identification and health assessment were not in place for all staff working at the practice.

Regulation 19 (2)(3)