

Little London Dental Care Limited

Little London Dental Care

Inspection Report

31 Little London

Chichester

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Overall summary

We carried out an announced focused inspection on 29 October 2015 to follow up on a previous inspection carried out on 28 April 2015 to ask the practice the following key questions; Are services effective, responsive and well-led?

Our findings were:

Are services effective?

We found that this practice was providing effective care 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

CQC inspected the practice on 28 April 2015 and asked the provider to make improvements regarding Regulation 17 HSCA (RA) Regulations 2014 Good governance.

We checked these areas as part of this focused inspection and found this had been resolved.

Little London Dental Care is a general dental practice in Chichester offering both NHS and private dental treatment. The practice is one of many governed by Southern Dental a corporate provider. The practice treats adults and children.

The practice has five dentists, three receptionists and two qualified dental nurses, four trainee dental nurses who are all supported by a practice manager, the provider's area business manager, and a complaints and compliance manager. The practice has the services of two part time dental hygienists who carry out preventative advice and treatment on prescription from the dentists.

The business manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission 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.

We carried out an announced focused inspection on 29 October 2015 to follow up on the

breaches of regulation found at the last inspection on 28 April 2015. Following the last inspection we asked the

Summary of findings

provider to take action through a requirement notice for the following regulation; **17** Good governance; and found that the practice was providing effective, responsive and well-led care.

Our key findings were:

- The practice had implemented time management and specified appointment lengths to ensure that patients were not rushed during their appointments and helped to reduce waiting times.
- Completed audit cycles demonstrated that radiographs were of a good diagnostic quality and were below the 10% parameters for unusable images.
- Record card audits had identified strengths and weaknesses and training and support had been implemented as a result. Dental Care records were a more accurate reflection of patient treatment and care and followed current guidance.
- An audit and compliance manager role had been created and fulfilled to oversee all aspects of governance for the Southern Dental practices in the region.
- Complaints were handled and responded to appropriately and in a timely manner which reflected the practice policy.
- Student dental nurses were supported by qualified dental nurses and dentists and could demonstrate a comprehensive knowledge of their job role.
- The practice had implemented a system to follow up and keep track of referrals to other dental and health care professionals.
- All staff had completed Mental Capacity Act training via an online educational tool.
- The practice had a procedure to record, analyse, and mitigate risks across the practice to keep staff, patients and visitors safe.

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?

Are services effective?

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

Are services caring?

Are services responsive to people's needs?

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.

Little London Dental Care

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.

The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

We carried out an announced, focused inspection on 29 October 2015 to follow up on the areas on the breaches of regulation found on the last inspection on 28 April 2015. The inspection took place over one day and was carried out by a lead inspector.

We reviewed the information received from the provider prior to the inspection in April 2015. We did not receive an action plan or evidence of actions taken to address the breaches of regulation found at the last inspection. We also informed the local Healthwatch we were inspecting the practice; however we did not receive any information from them.

During our inspection, we reviewed policy documents and dental care records. We spoke with four members of staff, including the practice manager and the audit and compliance manager. We spoke with a student dental nurse to discuss mentoring and the support they were receiving, and also observed staff interacting with patients in the waiting area.

We did not speak with any patients on this occasion but reviewed complaints and compliments and practice reviews on NHS choices.

To get to the heart of patients' experiences of care and treatment, on this occasion we asked the following three questions to establish that improvements had been made:

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

These questions therefore formed the framework

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out patient consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines.

We saw treatments were planned and delivered in line with patient's individual treatment plans. We found the dentists had regularly assessed patient's gum health and soft tissues (Including lips, tongue and palate) and the recording of this information had improved since our last inspection.

The records showed an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple screening tool used by dentists to indicate the level of treatment need and health of a patient's gums.) Since the last inspection the dentists had reviewed current guidance in relation to the frequency of carrying out the basic periodontal examination (BPE) scores. At this inspection we saw there was an improvement in the documentation of the details of treatments required and undertaken.

Health promotion & prevention

Two dental hygienists were available to provide a range of advice and treatments in the prevention of dental disease under referral from the dentist.

The reception area contained leaflets which explained the services offered at the practice and the fees. This included information about effective dental hygiene and how to reduce the risk of poor dental health. The practice had a range of products patients could purchase which were suitable for both adults and children.

Our discussions with staff together with our review of the dental care records and recent audits showed, where relevant, preventative dental information was given in order to improve outcomes

for patients. This included advice around smoking cessation, alcohol consumption and diet which was not always recorded previously. Recent record card audits showed that the practice was working to improve in this area.

Staffing

We found there was an induction programme for new staff to follow to ensure they had the

necessary knowledge and competence to effectively support the provision of care and treatment to patients. At the last inspection we found the dental nurses employed at the practice were all

students with limited or no prior experience. Two of the nurses had since gained their qualification and were supporting and mentoring the student nurses under the supervision of the dentists.

At the last inspection the student dental nurses we spoke with expressed concerns they had not been given adequate practical training and support to enable them to undertake their roles and responsibilities confidently and effectively. At this inspection we were told and shown documentary

evidence they had received training and support from the newly qualified nurses and the dentists. Workbooks for specific job roles had been created by head office and all staff would be required to complete them and sit an exam to verify their knowledge and competencies. We looked at the workbook for reception staff which was comprehensive and covered areas such as; confidentiality, medical emergencies and health and safety. Other workbooks for practice managers and dental nurses were either in creation or ready for distribution.

We were told the training and support received since our last inspection had been very good and staff demonstrated a sound understanding of health and safety at the practice and what they would do should a patient lack capacity to consent to treatment. Student nurses said that they now felt supported and that they were learning new skills everyday which complimented their studies at college.

Working with other services

The staff explained how the practice currently worked with other services and what improvements they had made. They 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.

At the last inspection we found the practice did not monitor their referral process to ensure patients had access to treatment they needed within a reasonable amount of time. The practice manager showed us how they had implemented a referral log which indicated when the referral request was sent and where, what the indicated time frame was for a patient to be seen and a date to follow

Are services effective?

(for example, treatment is effective)

up. One member of staff was responsible for the referral log and kept it up to date. The practice had a buddy system where another member of staff could take over the referral log during absence or leave.

Consent to care and treatment

At the last inspection we saw dental care records did not always capture patient consent to treatment or discussions between the dentist about treatment options and the risks and benefits of treatment. At this inspection we saw some progress had been made in recording discussions and preferences to demonstrate informed consent had been obtained.

Our discussions with staff demonstrated they had awareness of the Mental Capacity Act 2005 (MCA) and their duties in fulfilling the Act. Staff demonstrated an understanding of the MCA and how this was applied in considering whether or not patients had the capacity to consent to dental treatment. They explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met. All staff had completed online training with regard to the MCA and we saw records to confirm this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

At our previous inspection in April 2015 some staff reported (and we saw from the appointment book) the practice did not always schedule enough time to assess and undertake patients' care and treatment needs. Staff told us they sometimes felt rushed and under pressure to complete procedures and did not always have enough time available to prepare for each patient.

Improvements had been made regarding the amount of time needed by each individual dentist for different treatment types. Appointments had been scheduled to reflect the requested appointment lengths which had improved the amount of time that patients spent with the dentist or hygienist. Staff said that this had improved and that in the past where extra treatment had been carried out in addition to other appointments such as a check-up, time management strategies had been implemented to ensure patients received their allocated time and proposed treatments so that this did not impact on the following patients appointments where possible.

Concerns & complaints

At the last inspection we had concerns the complaints procedure was not yet fully established and that complaints had not been responded to in a timely manner.

At this inspection we found the complaints policy was displayed in the waiting area. It informed patients they could take their complaint to the registered manager or to NHS England. If you complained to the practice it would be acknowledged in three days and would be dealt with either by the practice manager or the group co-ordinator. The notice displayed in the waiting room said staff would tell you about the ombudsman if you were not satisfied with the local resolution. There was a leaflet for patients available to support anyone needing to make a complaint. Complaints we looked at reflected that this process had been followed in all cases.

Staff showed us the practice complaints policy and demonstrated how it was implemented. Complaints were recorded and 'tracked' to ensure full resolution of any complaint received. We followed three individual complaints from the day each had been received to evidence the process was working. Staff explained they had a policy of trying to resolve any patient issues in person to reduce the possibility of a formal complaint proceeding.

Are services well-led?

Our findings

Governance arrangements

At the last inspection there had been changes in leadership locally at the practice. During this inspection we found many changes had been made to provide effective leadership.

We observed the provider had formulated and implemented a rolling system of clinical governance to assess and monitor the quality of clinical care provided and the safety of the practice for the well-being of patients. This had been achieved by the appointment of an audit and compliance manager who was in the process of carrying out a record card audit review on the day of our inspection.

Staff we spoke with indicated their understanding of their role in the audit processes, such as the gathering and recording of data for audit activity, and how they evaluated their daily tasks such as the quality of X-rays. Staff told us they had been working with the provider's management team to establish more effective governance processes and that it would take some time for these to become embedded.

Improvements had been made with regard to systems to identify and manage clinical and environmental risks related to the care and treatment provided to patients. We looked at a whole environment risk assessment and the log covering areas such as the building, slips trips and falls, fire safety, pressure vessel safety and infection control and

cleanliness. Where risks had been identified, improvements were made such as, better security arrangements and monitoring of emergency medicines held at the practice and the provision of heavy duty gloves for decontamination duties.

Learning and improvement

There had been audits of infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. Previously these were not always undertaken every six months, as recommended in HTM 01-05 guidance, to ensure compliance with essential quality standards. Records demonstrated that audits were now completed every six months. The last two audits indicated that decontamination and infection control was well managed (95 per cent compliant). Action points identified had been addressed such as the provision of heavy duty gloves for decontamination activities.

The practice had completed an audit to assess the quality of X-ray images and had re-audited to see what improvements had been made. At our previous inspection we found that X-rays were mostly but not always taken to an acceptable standard. The new audits demonstrated a full process with analysis of the results and actions taken to minimise the risk of further (and unnecessary) X-ray exposure to patients. Such as providing the correct cone size to match the size of the X-ray being taken and new sensor plates for the digital X-ray system.