

Mrs. Gita Suchak

Mobile Dental Services

Inspection Report

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Overall summary

We carried out this announced inspection on 2 November 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.

We told the NHS England area team that we were inspecting the provider. They had no information of concern.

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 provider was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Mobile Dental services is located in the London borough of Harrow and provides NHS and private treatment to elderly people residing in care homes and within their own homes covering a wide geographical area

Staff consists of a dentist and a manager/nurse .

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

The provider is open Monday to Friday 10am to 5 pm

Summary of findings

On the day of inspection we collected feedback from 16 patients. This information gave us a positive view of the provider.

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

Our key findings were:

- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The 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 appointment system met patients' needs.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.

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 provider was providing safe care in accordance with the relevant regulations.

The provider had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

The provider followed national guidance for storing disposable dental instruments.

The provider had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as outstanding and painless.

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

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

The provider 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 provider was providing caring services in accordance with the relevant regulations.

We received feedback about the provider from 16 people. Patients were positive about all aspects of the service the provider provided. They told us staff were kind, caring and supportive. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about seeing 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 provider was providing responsive care in accordance with the relevant regulations.

The provider's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

No action



Summary of findings

The provider took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

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

The provider had arrangements to ensure the smooth running of the service. These included systems for the 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 provider 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.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The provider had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The provider recorded, responded to and discussed all incidents to reduce risk and support future learning.

The provider received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

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

We looked at the provider's arrangements for safe dental care and treatment. These included risk assessments for working in the community which staff reviewed every year. The provider followed relevant safety laws when using needles and other sharp dental items.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and 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.

Staff recruitment

The provider had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at both staff recruitment records. This showed the provider followed their recruitment procedure.

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 provider's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk in the community. These covered general workplace and specific dental topics. The provider 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 dentist at all times.

Infection control

The provider 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 providers (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The manager showed us the two mobile dental kits which comprised of sterilised single use and disposable instruments which were bagged and in date. The kits also contained hand gels and disinfectant spray. The manager told us the service also used protective bibs, gloves and face masks, all of which were disposable and changed after each patient.

There were effective systems in place to reduce the risk and spread of infection. The manager described the routine for dirty instruments and the processes they followed to minimise the risk of infection. There was a special box for dirty instruments and sharps and needles were disposed of in the correct way. The provider had effective procedures in place for the management of clinical waste to ensure infection control risks were being managed.

The manager also described the processes they followed for preparing a surgery room and after people had received

Are services safe?

treatment to maintain a clean and hygienic environment and guidance on domiciliary work surface preparation. One patient told us "they were extremely good at making the environment comfortable".

We saw infection control training had been undertaken and staff were aware of current national guidance practice on infection control. Risk assessments on infection control and waste control had been carried out to ensure that the risks of infection were being managed safely.

We saw the service had in place an infection prevention and control policy, infection prevention procedures, a needles/sharps injury procedure, a flow chart for the disposal of clinical waste

Equipment and medicines

The provider stored and kept records of NHS prescriptions as described in current guidance.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The provider kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

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

Health promotion & prevention

The provider was providing preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist 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 based on an assessment of the risk of tooth decay for each vulnerable adult.

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The provider had a selection of promotion leaflets to help patients with their oral health.

Staffing

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

Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the provider did not provide. This 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 provider monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The provider team understood the importance of obtaining and recording patients' consent to treatment. The dentists 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 provider'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. 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 relatives and carers commented positively that staff were respectful, caring and kind. 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.

Involvement in decisions about care and treatment

The provider gave patients clear information to help them make informed choices. Patients relatives and carers confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The provider had an efficient appointment system to respond to patients' needs. 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.

Access to the service

The provider was committed to seeing patients experiencing pain. The information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the provider was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The provider had a complaints policy providing guidance to staff on how to handle a complaint. The provider information leaflet explained how to make a complaint. The manager was responsible for dealing with these. Staff told us they would tell the manager about any formal or informal comments or concerns straight away so patients received a quick response.

The manager 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 provider dealt with their concerns.

We looked at comments, compliments and complaints the provider received. These showed the provider 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 manager had overall responsibility for the management and day to day running of the service and clinical leadership...

The provider had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

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.

Learning and improvement

The provider had quality assurance processes to encourage learning and continuous improvement. These included record keeping audits. They had clear records of the results of these audits and the resulting action plans and improvements.

The manager showed a commitment to learning and improvement and valued the contributions made by the dentist.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development.

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

The provider used patient surveys to obtain patients' views about the service.