SJM Dentistry Limited

Earl Shilton Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 16 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.

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

The Practice is located in Earl Shilton, a town in Leicestershire. They provide private treatment to patients of all ages and NHS services to children only.

There is level access for people who use wheelchairs and pushchairs with use of a portable ramp. The practice does not have on site parking but there are a number of free parking spaces available nearby in local car parks and on the street. Blue badge holders are permitted to park directly outside the practice.

Summary of findings

The dental team includes three dentists (one of these is a visiting implantologist), three dental hygienists, five dental nurses and a receptionist. Practice management duties were shared amongst the team.

The practice has three treatment rooms, one of these are on the ground floor. The practice also rents a room to a podiatrist.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Earl Shilton Dental Practice is one of the principal dentists.

On the day of inspection we collected 36 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, three dental nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday and Thursday 8.30am to 6pm, Tuesday and Wednesday 8.30am to 5pm and Friday 8.30am to 4pm.

Our key findings were:

- Effective leadership from the provider was evident.
- Staff had been trained to deal with emergencies and appropriate medicines and lifesaving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting of untoward incidents and shared learning when they occurred in the practice.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice was aware of the needs of the local population and took these into account when delivering the service.
- Patients had access to routine treatment, urgent and emergency care when required.
- Staff received training appropriate to their roles and were supported in their continuing professional development (CPD) by the practice.
- The practice had not received any complaints within the past twelve months but had systems in place to address complaints positively and efficiently.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- Governance arrangements were embedded within the practice.

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 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.

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 cleaning, 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 dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, exemplary 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.

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 36 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, helpful and 'went the extra mile' to provide care and treatment. They said that they were given helpful, informative and detailed 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 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.

No action ✓

Summary of findings

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 disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments and comments from patients. They had not received any complaints but had processes in place to respond if any were received.

Are services well-led?

No action 

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, clearly written or 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.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice 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 practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice had recorded two significant events within the past twelve months. We noted learning outcomes had been shared with staff where these had been identified. For example, one incident involved a patient medical emergency and whilst staff responded appropriately, the practice noted that oxygen could have been brought in at the same time as the emergency medicines kit.

The practice had not signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We discussed this with the provider and they told us they were unaware about the alert notifications. They told us they would sign up to receive the alerts and would review those issued within the past twelve months to check whether the practice was affected. After our inspection, the provider contacted us to inform us they were now receiving alerts.

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 staff received safeguarding training. One of the dentists was the lead for safeguarding concerns and we noted they had undertaken appropriate training for this role. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We were provided with an example of a welfare concern reported to external organisations in respect of a vulnerable adult.

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

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. The practice had nominated one of the dental nurses as a lead for COSHH. They had adopted a process for the review of COSHH data annually to ensure their records were up to date.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We noted the practice had the necessary equipment to be able to use rubber dams.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. They had arrangements with another practice to use their premises in the event of an emergency which affected the use of the building. The plan had last been reviewed in October 2017.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. We noted that training had last taken place in June 2017.

Emergency equipment and medicines were available as described in recognised guidance. We noted that they did not have the sizes of clear face masks available and paediatric pads for the defibrillator however. We discussed this with the provider and these items were ordered on the day of our inspection.

Staff checked emergency medicines and equipment regularly to make sure they were available, within their expiry date and in working order.

Staff recruitment

The practice had a staff recruitment procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at one staff recruitment file as we were informed that the practice had not employed any other staff for approximately twelve years. The file reviewed showed the practice followed their recruitment procedure.

Are services safe?

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 were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

The practice had undertaken a fire risk assessment. They had carried out regular fire drills; the last one was completed in March 2017. An external specialist company was contracted to service and maintain fire equipment. We saw annual servicing records which were dated within the last year.

The practice were unable to provide us with evidence of five yearly building electrical testing. Following our inspection, the provider told us that this had been booked.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

A dental nurse worked with the dentists and dental hygienists when they treated patients.

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. Staff completed infection prevention and control training every year. One of the principal dentists was the nominated lead for infection prevention and control.

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. We did however note that there were some loose items in drawers such as burs and local anaesthetic cartridges which were not held in their original packaging. The provider told us after our inspection that action had been taken in relation to the appropriate storage of these items.

The practice carried out an infection prevention and control audit twice a year. The latest audit in June 2017 showed the practice was meeting the required standards. Our review of practice meeting minutes showed that staff regularly discussed infection prevention and control arrangements. Staff had undertaken a walk round in the decontamination room to check compliance with standards in September 2017. The practice included information on their website about infection control processes.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The latest risk assessment had been undertaken in November 2017 and all action points had been being addressed.

The practice utilised an external cleaner. We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed in CQC comment cards that this was usual.

Equipment and medicines

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

The practice had most suitable systems for prescribing, dispensing and storing medicines. During our inspection, we found a small number of materials used in dental procedures had expired. The provider told us they would immediately remove the items and review their audit process. Following our inspection, we were advised that action had been taken and a dental nurse was now appointed as the lead for checking stock on a weekly basis.

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

Radiography (X-rays)

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

Are services safe?

We saw evidence that the 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. We noted that audit had not included orthopantomogram (OPG) X-rays however. We discussed this with the provider who told us this was an oversight. They informed us after our inspection that this would be undertaken in January 2018.

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. Dental care records we looked at showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the soft tissues lining the mouth and condition of the gums using the basic periodontal examination scores.

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

The practice did not provide conscious sedation. We were informed that patients who required this service were referred to a practice approximately ten miles away.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. To facilitate this aim the practice appointed dental hygienists to work alongside of the dentists in delivering preventative dental care.

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 based on an assessment of the risk of tooth decay for each child.

We were informed that two of the dental nurses had previously undertaken visits to local schools and nurseries to provide oral health advice to children.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. We looked at a small sample of patient records which supported that these discussions were held.

The practice had a selection of dental products for sale in the waiting room.

Staffing

We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

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

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice 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 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 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 practice had implemented a policy 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 practice's consent policy referred to Gillick competence and the dentists 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 polite, helpful and 'went the extra mile' to provide care to meet patients' needs. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients also commented that when they had first attended the practice they were nervous or anxious patients, but now had complete confidence in their dentist and treatment was provided. Dental nurses we spoke with told us that many of their nervous patients responded well to familiarity and that they would sit with them in the waiting room when this helped.

We also received comments that children were made to feel at ease and enjoyed their visits to the practice.

Patients could choose whether they registered with a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting area provided limited privacy when reception staff were dealing with patients as it was in an open plan area. Staff told us that they would write personal information down for patients or if they asked for more privacy, they would take them into another room. 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. The practice held all paper records securely and these were no longer used.

The practice provided a selection of magazines, a daily newspaper and a toy for children to play with.

A suggestion box and patient questionnaire was made available for patients to provide feedback. The noticeboard contained information regarding patient feedback.

Involvement in decisions about care and treatment

The practice offered private dental treatments to patients of all ages and NHS services to children only. The costs for dental treatment were available in the practice.

The practice gave patients clear information to help them make informed choices. The practice website included information about encouraging patients to ask questions to feel involved in their treatment. Patients confirmed in CQC comment cards that staff listened to them, did not rush them and discussed options for treatment with them. A 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.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry, treatments for gum disease, cosmetic procedures and more complex treatment such as dental implants.

Dentists told us that they used dental models to explain treatment options to patients.

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 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. We were provided with examples of care provided to these patients. These included assisting patients with mobility problems and those with anxiety about visiting the dentist. Staff told us they would provide any help as required if they identified a patient requiring support.

The practice contacted patients 48 hours in advance of their appointment to remind them to attend. Older patients could request a telephone call a day before their appointment.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access with use of a portable ramp, a hearing loop, a magnifying glass and ground floor toilet. The toilet did not have a handrail or call bell. The provider told us they were planning to install a handrail. We were advised that as the toilet was situated close to the reception desk, staff would be alerted if a patient called requesting assistance. The practice had undertaken a patient access audit to assess if they were meeting the needs of patients with particular needs.

Staff said they could provide information in different formats to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum. We noted the next routine appointment was available the following working day.

The practice was committed to seeing patients experiencing pain on the same day and kept 30 minutes free on a daily basis for each of the dentists to see these patients. The provider had an arrangement with another practice to provide out of working hours cover for emergency calls. NHS patients were advised to contact NHS 111.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. 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 to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The receptionist was responsible for dealing with these and would liaise with the principal dentists if complaints were received. Staff told us they would tell the receptionist about any formal or informal comments or concerns straight away so patients received a quick response.

One of the dentists told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these, if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. The practice had not received any complaints within the previous 12 months of our inspection. Patient comments received included a request to inform them if clinical staff were running late. The practice told us that patients were informed if their appointment was more than fifteen minutes late and they were offered a drink and an alternative appointment if this was more suitable.

Are services well-led?

Our findings

Governance arrangements

The registered manager and second principal dentist had overall responsibility for the management and clinical leadership of the practice. Practice management responsibilities were shared amongst staff to ensure the smooth day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice 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 practice 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 at the practice. They said the principal dentists 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 dentists were approachable, would listen to their concerns and act appropriately. The principal dentists discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally. Dental nurses we spoke with told us that there was always a team approach to deliver the service.

The practice held two monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, infection prevention and control and X-rays. We noted that X-ray audits could also include orthopantomogram (OPG) X-rays taken. The principal dentist told us after our inspection that these would be included in the next audit in January 2018. The practice had clear records of the results of these audits and the resulting action plans and improvements.

The registered manager and second principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

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. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, a daily newspaper was made available for patients in the waiting room. Staff told us they could provide suggestions. For example, one of the dental nurses suggested the use of a continuity book to use for messaging during staff handovers. This was implemented.

We looked at feedback submitted on the NHS Choices website. We noted that all reviews were positive.