

Ben Pearson Ltd

Life Dental & Wellbeing

Inspection Report

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Date of inspection visit: 9 August 2017

Date of publication: 13/09/2017

Overall summary

We carried out this announced inspection on 9 August 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 and Healthwatch that we were inspecting the practice. NHS England provided us with information about the contract they hold with the practice. Healthwatch did not provide any information.

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

Life Dental & Wellbeing is in Exeter and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

Summary of findings

The dental team includes two dentists, three dental nurses, two dental nurses/receptionists, one receptionist, one trainee dental nurse, two dental hygienists, one practice manager and one clinical manager/dental nurse. The practice has four treatment rooms.

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 Life Dental & Wellbeing was the principal dentist.

On the day of inspection we collected five CQC comment cards and 59 on-line CQC feedback forms, filled in by patients. This information gave us a positive view of the practice.

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

The practice is open: Mon/Tue/Wed/Thu 8:30am – 6pm. Thurs 8:30am – 7pm. Sat 10am – 3pm. Sunday appointments are available by arrangement on request.

Our key findings were:

- The practice was clean.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Improvements could be made to staff recruitment procedures.
- 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.
- Improvements could be made to infection control procedures.
- The appointment system met patients' needs.
- Improvements could be made to ensure all aspects of the premises and equipment are well maintained.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We identified an area of notable practice.

- The practice had identified key areas of need within the local community and was providing outreach oral education services to primary schools and care homes. These projects had been running for three years. The aim was to tackle an identified problem of tooth decay in children and vulnerable adults locally. Dental nurses with oral health qualifications approached local primary schools and care homes to set up educational sessions to give oral health and hygiene advice. In the past 12 month these sessions reached out to 20 local primary schools and two care homes. Feedback about the educational events was sought through evaluation forms to help tailor future sessions to needs and to evaluate if staff working in schools and care homes felt more empowered to promote good oral health with children or care home residents. Feedback was positive. These initiatives showed a deep commitment to the promotion of oral health in the community.

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

- Review the suitability of the premises and ensure all parts are fit for the purpose for which they are being used. In particular with regard to the fire escape staircase to the rear of the property and to dental chairs.
- Review the practices' infection control audit cycle and procedures, taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular with regard to audit, assessment of Legionella risk and effective management of air flow in the decontamination room.
- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

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. Improvements could be made with staff recruitment processes.

Premises were clean. Improvement could be made to ensure the practice followed national guidance for cleaning, sterilising and storing dental instruments in relation to assessment of Legionella risk and the effective management of air flow in the decontamination room.

Improvement could be made in the maintenance of stairs in the rear of the building and to dental chairs.

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 personalised, attentive and highly recommended. 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 64 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring and friendly. 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 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



Summary of findings

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

The practice took patients views seriously. They valued feedback from patients and took concerns constructively.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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

No action



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 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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The dentists and practice manager audited attendance records of children with concerns that non-attendance may impact upon children's oral health. The practice followed up all child non-attendance with the family to encourage children to attend scheduled appointments.

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 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.

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 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. We found one set of defibrillator pads that were out of date. The practice manager told us that they had taken advice from their trainer and had been told that the pads were suitable for continued use. We discussed this with the practice manager, who took immediate steps to order replacement pads during the inspection.

Staff recruitment

The practice had a staff recruitment policy to help them employ suitable staff. This reflected the relevant legislation. We looked at two staff recruitment records. These showed that background checks had been received after staff commenced employment and no risk assessment had been completed during that interim time when checks were being followed up. We raised this with the practice manager. They wrote to us after the inspection to tell us that they were in the process of amending their recruitment procedures to ensure that a check list recorded that the recruitment policy was being followed.

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.

We noticed that a set of steps to the rear of the property intended as a fire escape route were in a poor state of repair. We raised this with the practice manager. They wrote to us following the inspection to tell us that they had arranged for a contractor to assess the damage and had agreed for the stairs to be repaired.

Are services safe?

We noted that there were signs of varying degrees of wear and tear to the four dental chairs. We brought this to the attention of the practice manager. They wrote to us following the inspection to tell us that arrangements had been made to re-upholster two chairs and replace two others.

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

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. Improvements could be made to ensure that the staff working in the practice followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

Records showed that staff completed infection prevention and control training every year.

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

However, the practice had not been carrying out an infection prevention and control audit twice a year. We spoke to the principal dentist who confirmed the audits had not taken place in the last two years and that an audit would be completed within one week. They wrote to us following the inspection to confirm this had taken place and was now scheduled on an on-going six monthly basis.

We noted that there were air conditioning units in the treatment rooms and decontamination room. There was no evidence that these were included in the premises Legionella risk assessment. We raised this with the principal dentist. Following the inspection they wrote to us to tell us that they had changed contractors for their risk assessment and that a new risk assessment for Legionella had been booked for 7 September 2017.

On the day of the inspection we noted that the door to the decontamination room was propped open and that the

extractor fan was not switched on. We raised this with the practice manager, who said this was not the practice protocol and that the door should be closed and fan on, to effectively manage air flow in the room. They took steps to close the door and switch on the extractor fan. They said staff working in the decontamination room would be reminded of procedures. We queried how the air conditioning unit also in the decontamination room impacted upon the air flow in the room. The practice manager said arrangement would be made to seek advice and assess of the impact of the air conditioning unit.

Equipment and medicines

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

We looked at the systems for prescribing, dispensing and storing medicines. The systems were safe. However, we noted that medicines were dispensed from large containers containing medicines into medicine bottles for patients. We discussed this system with the principal dentist and practice manager. Following our visit they wrote to us to tell us they were changing their system to one of blister packs for medicines, in line with best practice guidance. .

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. On the day of the inspection documentation for one portable X-ray unit could not be located. However, the practice manager acted immediately in contacting the servicing and installation contractor and sent copies of the required documents to us the day after the inspection.

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.

Clinical staff completed continuous professional development in respect of dental radiography. We noted that one of the dentists was due an update. They confirmed to us during the inspection that they were arranging this.

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 assessment took a holistic approach to dental health and treatment and assessments were very detailed. Patients choosing to be part of the private payment schemes at the practice also received an annual blood sugar, body mass index and blood pressure check. Patients could also be referred, if relevant, to a nutritionist, who offered a separate private service on-site. We discussed with the principal dentist the processes for patients acting upon knowledge from their health assessments. They said patients were advised to share the results with their GP. We discussed with the principal dentist the appropriateness of a policy and protocol being written to allow the dentist to write to patients' GPs directly, with the patients' consent, if the health assessment results were abnormal, under their Duty of Care. They said the self-referral arrangements to GPs would be reviewed.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. We looked at a sample of records to confirm these findings.

Health promotion & prevention

The practice promoted preventative care and supported patients to ensure 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 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.

The practice had identified key areas of need within the local community and was providing outreach oral education services to primary schools and care homes.

These projects had been running for three years. The aim was to tackle an identified problem of tooth decay in children and vulnerable adults locally. Dental nurses with oral health qualifications approached local primary schools and care homes to set up educational sessions to give oral health and hygiene advice. In the past 12 months these sessions reached out to 20 local primary schools and two care homes. Feedback about the educational events was sought through evaluation forms to help tailor future sessions to needs and to evaluate if staff working in schools and care homes felt more empowered to promote good oral health with children or care home residents. Feedback was positive.

Staffing

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'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 were aware of the need to consider this when treating young

Are services effective?

(for example, treatment is effective)

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 patients' diversity and human rights.

Patients commented positively that staff were compassionate and listened to their concerns about dental treatment. 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. Patients could choose whether they saw a male or female dentist.

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. Staff told us that if a patient 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. They stored paper records securely.

Music was played in the treatment rooms and there were magazines and televisions in the waiting rooms. The practice provided drinking water, tea and coffee.

Information folders, patient survey results and thank you cards were available for patients to read.

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 dentists 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 and treatments for gum disease and more complex treatment such as dental implants.

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 no patients for whom they needed to make adjustments to enable them to receive treatment.

Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. For example, the practice's complaints policy was produced in a number of languages. The practice 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.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The website, information leaflet and answerphone provided telephone numbers 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.

The practice website had a chat facility, where patients could ask dental advice and receive a personalised response. The practice also gave telephone oral health advice on request, where patients requesting to speak with a dentist would be phoned back at a time that was mutually convenient.

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 practice manager was 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 practice 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 practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. The practice had received no complaints.

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 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 culture at the practice. They said the practice manager 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 practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held 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, hand hygiene, sterilising of dental instruments, sharps management and X-rays. 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. The dentist completed on-going personal development plans and the other team members 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 patient surveys, on-line comments 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 in offering tea and coffee facilities at the practice.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice had received a number of local community awards for leadership in the last few years, for example, with regard to staff training, for embracing technological developments in dentistry and in promoting oral hygiene. These awards served to boost staff morale and contributed to a positive work environment.