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TLC Dental

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 18 July 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

TLC Dental located in Newham provides NHS and private dental treatment to patients of all ages.

Practice staffing consists of the principal dentist, four associate dentists, one oral surgeon, one dental therapist, two receptionists and the practice manager.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person. 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.

The practice is open Monday to Friday 9.00am to 5.00pm

The practice facilities include four treatment rooms, reception area, two waiting areas, two decontamination rooms, one office and a staff room/kitchen.

We reviewed 21 CQC comment cards, the practice patient satisfaction survey and the NHS Friends and Family test comment cards. Patients were positive about the service. They were complimentary about the friendly and caring attitude of the staff.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).

Summary of findings

- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- There were effective processes in place to reduce and minimise the risk and spread of infection.
- Staff had received safeguarding children and adults training and knew the processes to follow to raise any concerns. The practice had whistleblowing policies and procedure and staff were aware of these and their responsibilities to report any concerns.
- Equipment, such as the autoclaves, fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The practice had a procedure for handling and responding to complaints, which were displayed and available to patients.
- Governance systems were effective and there were a range of policies and procedures in place which underpinned the management of the practice.
- Patients had good access to appointments, including emergency appointments, which were available on the same day
- The practice sought feedback from staff and patients about the services they provided and acted on this to improve its services.
- The practice had not ensured that appropriate medicines, in line with British National Formulary and Resuscitation Council (UK) guidance, were available to respond to a medical emergency.

There were areas where the provider could make improvements and should:

- Review availability of medicines to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.

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 in place for identifying, investigating and learning from incidents relating to the safety of patients. The infection prevention and control practices at the surgery followed current national guidance. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

Patients were protected against the risks of abuse or harm through the practice policies and procedures. Staff were trained to recognise and report concerns about patients' safety and welfare and had access to contact details for the local safeguarding team.

There were procedures in place for recruiting new staff and these were followed consistently. All of the appropriate checks including employment references, proof of identification and security checks were carried out when new staff were employed. The staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

The practice had undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) regulations.

No action



Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) Department of Health (DH) and the General Dental Council (GDC). Health education for patients was provided by the dentists and therapists; information leaflets were available within the practice. They provided patients with advice to improve and maintain good oral health

The practice ensured that patients were given sufficient information about their proposed treatment to enable them to give informed consent.

The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

No action



Are services caring?

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

We reviewed 21 CQC comment cards, the practice patient satisfaction survey and the NHS Friends and Family Test comment cards. Patients were positive about the care they received from the practice. Patients commented they felt fully involved in making decisions about their treatment, they were listened to, were made comfortable and reassured.

No action



Summary of findings

Patients were complimentary about the practice and how the staff treated them. Patients commented positively on how caring and helpful staff were, describing them as friendly, compassionate and professional.

Staff had a good awareness of how to support patients who may lack capacity to make decisions about their dental care and treatment.

Are services responsive to people's needs?

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

There were systems in place for patients to make a complaint about the service if required. The practice reviewed patient's comments and acted on them where necessary. Patient's comments from the practice patient satisfaction survey were reviewed on a regular basis. Information about how to make a complaint was readily available to patients. Patients had access to information about the service.

The practice provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments, which were available on the same day. In the event of a dental emergency outside of normal opening hours patients were directed to '111' out of hours service and the contact details were available for patients' reference.

No action



Are services well-led?

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

There was a pro-active approach to identifying safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with.

Patients' views were regularly sought by way of a patient survey and these were acted upon as required. Staff commented that the principal dentist and practice manager were open to feedback regarding the quality of the care.

The practice had suitable clinical governance and risk management structures in place. Staff told us they enjoyed working at the practice and felt part of a team. Opportunities existed for staff for their professional development. Staff we spoke with were confident in their work and felt well-supported.

No action



TLC Dental

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 took place on the 18 July 2016 and was undertaken by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

The methods used to carry out this inspection included speaking with the principal dentist, practice manager, two dental nurses and one receptionist on the day of the inspection, reviewing documents, completed patient feedback forms and observations.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems in place to receive safety alerts, such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England by email and ensure they were shared with staff working in the practice. This included discussing in the morning meetings and forwarding them to staff that were not present at the meeting, also printing them and leaving them in a central location for staff reference.

The practice had an incidents and accident reporting procedure. All incidents and accidents would be reported in the incident log and accident books. There had been one accident in the past 12 months; this was dealt with in line with practice protocol. All staff we spoke with were aware of reporting procedures including who and how to report an incident to.

The practice manager and staff demonstrated a good understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) and had the appropriate documents in place to record if they had an incident. There had been no RIDDOR incidents within the past 12 months.

Reliable safety systems and processes (including safeguarding)

One of the dentists was the safeguarding leads. The practice had policies and procedures in place for safeguarding adults and child protection. All staff including non-clinical staff had completed child protection and adult safeguarding training. Details of the local authority safeguarding teams were readily available, as were the relevant safeguarding escalation flowcharts and diagrams for recording incidents. This information was also displayed for staff reference. Staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

The system for managing medical histories was comprehensive and robust. All patients were requested to complete medical history forms including existing medical conditions, social history and medication they were taking.

Medical histories were updated at each subsequent visit. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

We noted that rubber dams were being routinely used in root canal treatment in line with current guidance. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

Medical emergencies

The practice had policies and procedures on how to deal with medical emergencies. All staff had completed recent basic life support training which was updated annually. All staff were aware of where medical equipment was kept and knew how to use the AED and medical oxygen.

A range of emergency medicines in line with the British National Formulary (BNF) were available to support staff in a medical emergency. However one of the recommended medicines – buccal midazolam was not available (Buccal (oromucosal) midazolam is a medicine used to stop seizures and is given into the buccal cavity (the side of the mouth between the cheek and the gum) However this was ordered immediately on the day of the inspection.

The emergency medicines and equipment were stored securely with easy access for staff working in any of the treatment rooms. Records showed monthly checks were carried out to ensure the emergency medicines were safe to use.

Staff also had access to emergency equipment on the premises including medical oxygen. The practice had an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. We saw records of the weekly checks that were carried out to ensure equipment was in working order.

Are services safe?

All staff had completed recent basic life support training which was updated annually. All staff were aware of where medical equipment was kept and knew how to use the AED and medical oxygen.

Staff recruitment

Practice staffing consists of the principal dentist, four associate dentists, one oral surgeon, three dental therapist, two receptionists and the practice manager.

The practice manager told us that the current staffing numbers was sufficient to meet the needs of their patients.

The provider had an appropriate policy in place for the selection and employment of staff. This included requiring applicants to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations. All prospective staff completed an application form and were interviewed as part of the recruitment and selection process. All staff had a Disclosure and Barring Services (DBS) check completed (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable) and where relevant had to provide proof of immunisation against Hepatitis B (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections). We reviewed staff recruitment records and found that all appropriate checks and documents were present. We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC).

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies and the practice had a fire safety policy in place. The practice had undertaken a fire risk assessment in June 2016. Fire safety signs were clearly displayed, and staff were aware of how to respond in the event of a fire. We saw records of a fire evacuation plan and fire drills were carried out every 6 months.

There was a business continuity plan that outlined the intended purpose to help the practice overcome unexpected incidents and the responsibilities and duties. The plan outlined potential problems such as loss of

computer system, loss of telephone and loss of electricity. Procedures were in place to enable them to respond to each situation. Where relevant contact telephone numbers of organisations to contact were listed in the policy.

The practice carried out risk assessments to ensure they were prepared to respond to safety issues. This included a practice risk assessment which had been completed in November 2015

Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections.

There were two separate decontamination areas located on different floors. The dental nurse gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). This included placing instruments into the ultra-sonic, rinsing, inspecting instruments under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); then placing in the autoclave; pouching and then date stamping, so expiry date was clear. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

We found daily, weekly and monthly tests were performed to check that the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood, body fluid and mercury spillage kits. Clinical waste bins were assembled and labelled correctly in each surgery and waste was stored appropriately until collection by an external company.

The treatment rooms were visibly clean and tidy. There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice. Paper hand towels and hand gel was available.

We were told the dental nurses were responsible for cleaning all surfaces and the dental chair in the surgery

Are services safe?

in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. External cleaning staff undertook domestic cleaning at the practice. Cleaning schedule were in place and cleaning records available.

An up to date Legionella risk assessment had been carried out in June and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Hot and cold water temperature monitoring was being undertaken and documented and dental unit water lines were being maintained in line with current guidance. Water temperature checks were completed every month on water lines in the surgeries, toilets and decontamination room. Purified water was used in dental lines. Taps were flushed daily in line with recommendations.

Equipment and medicines

There were appropriate arrangements in place to ensure equipment was suitably maintained. Service contracts were in place for the maintenance of the autoclaves. The autoclaves were serviced in July 2015. The practice had portable appliances and had carried out PAT (portable appliance testing). Appliances were last tested in June 2016.

The practice had an effective system in place regarding the management and stock control of the dental materials used in clinical practice.

Prescription pads were stored securely; however improvements could be made to ensure there were systems in place to monitor and track their use. This was addressed immediately by the practice manager.

The dentists used the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics, where used were recorded in patients' dental care records.

Radiography (X-rays)

The practice had a radiation protection file that was up to date and demonstrated appropriate maintenance of X-ray equipment. Local rules were in place and had been signed and dated by all members of staff. In-house training regarding local rules had been given to all staff. One of the dentists was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA). We also saw evidence of staff qualifications for radiation training. An inventory of all equipment being used was present and maintenance records were up to date.

The critical examination test, risk assessment and quality assurance documentation were present. X-ray audits were being conducted yearly.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we checked a sample of dental care records to confirm the findings. Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) and Faculty of General Dental Practice (FGDP) guidance.

The practice were using the Delivering Better Oral Health toolkit which is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. The dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals.

During the course of our inspection we checked dental care records to confirm our findings. We saw evidence of assessments to establish individual patient needs. The assessments included completing a medical history, outlining medical conditions and allergies and a social history. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums].

The dentists also recorded when oral health advice was given. Rubber dam was used for root canal treatment in line with guidelines issued by the British Endodontic Society (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

Health promotion & prevention

The dentists we spoke with said they provided patients with advice to improve and maintain good oral health, including advice and support relating to diet, alcohol and tobacco consumption and informed patients about the beneficial use of fluoride paste and the ill-effects of smoking on oral health.

The dental team provided advice to patients about the prevention of decay and gum disease including advice on tooth brushing technique and oral hygiene products. Information leaflets on oral health were available. There were a variety of different information leaflets available in the reception areas.

Staffing

All clinical staff had current registration with their professional body - the General Dental Council, and were all up to date with their continuing professional development requirements, and working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years]. We saw evidence of the range of training and development opportunities available to staff to ensure they remained effective in their roles. The practice manager monitored the training and development of staff to ensure they had the right opportunities and capacity to attend training.

Working with other services

The practice had processes in place for effective working with other services. All referrals were received and sent by fax/post using a standard proforma or letter. Information relating to the patient's personal details, reason for referral and medical history was contained in the referral. Copies of all referrals received and sent were kept in the patient's dental care records. We checked a sample of referrals received by practice and saw they were appropriately dealt with in the correct way. The practice had a logging system in place to monitor all referrals that are sent.

Consent to care and treatment

The practice had a consent policy for staff to refer to. The policy outlined how consent could be obtained and how it should be documented. The practice also had a folder with information relating to mental capacity, outlining how to assess if a person lacked capacity and what to do in such circumstances. Staff had received formal training and all clinical staff whom we spoke with demonstrated understanding of the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle and Gillick competence. Staff gave us examples of when the MCA could be used and how the role related to them in

Are services effective?

(for example, treatment is effective)

their role. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them].

Dental care records we checked demonstrated that consent was obtained and recorded appropriately. Patients who provided feedback confirmed that their consent was obtained for treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We saw records which showed that the practice sought patient's views through the practice patient satisfaction survey and the NHS Friends and Family test. We reviewed 21 CQC comment cards completed by patients in the two weeks prior to our inspection. Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. Patients commented that they were listened to and treated with dignity and respect.

During the inspection we observed staff in the reception area. They were polite, courteous, welcoming and friendly towards patients.

A data protection and confidentiality policy was in place of which staff were aware and had signed. This covered disclosure of and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Dental care records were held securely.

Involvement in decisions about care and treatment

The dentists explained how they involved patients in decisions about their care and treatment. Discussions with patients and efforts to involve them were clearly documented in dental care records. The dentist told us they used a number of different methods including tooth models, display charts, pictures, X-rays and leaflets to demonstrate what different treatment options involved so that patients fully understood. The principal dentist showed us leaflets such as veneers, fillings, bridges and root canal treatment.

Staff told us the dentists took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. Patients told us that treatment was discussed with them in a way that they could understand and were given time to think about their options including being given a copy of their treatment plan.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an appropriate appointments system that responded to the needs of their patients. Emergency and non-routine appointments were available every day and fitted in as add-ons to scheduled appointments. If a patient had a dental emergency they were asked to come in and would be seen as soon as possible.

We found the practice had an efficient appointment system in place to respond to patients' needs. The practice manager told us the majority of patients who requested an urgent appointment would be seen on the day.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. Staff members told us that longer appointment times were available for patients who required extra time or support, such as patients who were particularly nervous or anxious. Staff we spoke with explained to us how they supported patients with additional needs such as young children. They ensured patients were supported by a parent and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient and parent understood.

The practice manager told us that the local population was diverse with a mix of patients from various cultures and background. Staff at the practice spoke a range of different

languages including; Portuguese, Bengali, Bulgarian, Lithuanian, French, Spanish, Romanian, Hindi, Urdu, Creole and Mandarin. A hearing loop was also available for patients who had hearing difficulties.

Access to the service

Appointments were booked by calling the practice. In the event of a patient needing an appointment outside of the opening times, patients were directed to an out of hour's service (via recorded message on the practice answer machine).

Patients who provided feedback were aware of how to access appointments both during opening hours and outside of opening hours. They were satisfied with the way information was made available to them.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Patients were provided with information, which explained how they could make complaints and how these would be dealt with and responded to. Patients were also advised how they could escalate their concerns should they remain dissatisfied with the outcome of their complaint or if they felt their concerns were not dealt with fairly. This information was displayed in the practice waiting room.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice had received two complaints within the last 12 months. These were dealt with in line with practice protocol.

Are services well-led?

Our findings

Governance arrangements

The practice had a range of policies and procedures for the smooth running of the service. There was a system in place for policies to be reviewed periodically. Staff we spoke with confirmed that they knew how to access policies and found them useful to enable them to work effectively. Staff were fully supported to meet their continuing professional development needs.

Various audits that had been completed over the past 12 months including audits on record keeping and infection control. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. Findings were summarised with actions identified.

The practice had a very well-defined management structure throughout the practice which all the staff were aware of and understood. All staff members had defined roles and were all involved in areas of clinical governance.

Leadership, openness and transparency

Leadership was very clear in the practice and we saw clear examples of how the principal dentist and practice manager led by example and promoted an atmosphere of openness amongst staff. For example, we saw that meetings were used to discuss issues related to staffing issues, incident and errors. Staff we spoke with told us that leaders were open and transparent and they felt confident going to them regardless of what the situation was (i.e. if they had to make them aware of a mistake they had made or discuss an issue).

We discussed the Duty of Candour requirement in place on providers and the practice manager demonstrated understanding of the requirement. They gave us explanations of how they ensured they were open and

transparent with patients. The explanations were in line with the expectations under the duty of candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Learning and improvement

The practice had processes in place to ensure staff were supported to develop and continuously improve. Appraisals were carried out every year for all staff. This process included setting objectives and highlighting areas for development. We reviewed staff appraisals that had been completed and saw they supported learning outcomes. Training such as safeguarding, infection control and life support was arranged centrally for all staff. Other training opportunities were available for staff and this was identified through the appraisal process and staff discussion, staff could also request if they desired any additional training.

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

The practice had a procedure for monitoring the quality of the service provided to patients. We saw records that showed that the practice collected patient's response to the practice patient satisfaction survey and NHS Friends and Family test. The results of the NHS Friends and Family test were displayed in the reception area.

Staff we spoke with confirmed their views were sought about practice developments through the staff meetings. They also said that the principal dentist and practice manager were approachable and they could go to them if they had suggestions for improvement to the service.