

Shortlands Dental Practice Limited

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 26 February 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

Shortlands Dental Practice limited is located in the London Borough of Bromley and provides predominantly NHS dental services. The demographics of the practice were mixed, serving patients from a range of social, economic and ethnic backgrounds.

The practice staffing consists of three dentists, four dental nurses and one receptionist.

The practice is open from 9.00am to 8.00pm on Monday; 8.30am to 5.00pm on Tuesday; 9.00am to 7.30pm on Wednesday and 8.00am to 5.00pm on Thursday and Fridays. The practice is set out over three levels with one surgery on the ground floor and one on the first floor. There is no lift; however the surgery on the ground floor is wheelchair accessible. Other facilities include: two patient waiting rooms (one on each level); reception area; decontamination room and a staff office.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The inspection took place over one day and was carried out by a CQC inspector and a dentist specialist advisor.

Summary of findings

We received feedback from 30 patients. Patient feedback was very positive about the service. Patients feedback included comments relating to staff being friendly and professional and providing an excellent service. They were also complimentary about the reception staff stating they were polite and courteous and provided excellent customer services. Information was given to patients appropriately and staff were helpful.

Our key findings were:

- Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff.
- There were systems in place to reduce the risk and spread of infection. Dental instruments were decontaminated suitably.
- There were processes in place to protect patients from the risk of abuse.
- There was appropriate equipment for staff to undertake their duties, and equipment was maintained.
- The practice had access to an automated external defibrillator (AED) and the medical oxygen available on the premises was in date.
- The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- Patients' needs were assessed and care was planned in line with current guidance.
- Patients were involved in their care and treatment planning so they could make informed decisions.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society
- Review processes are in place for the regular maintenance and servicing of equipment including the X-ray equipment.

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 safe care in accordance with the relevant regulations.

Systems were in place for the provider to receive safety alerts from external organisations and they were shared appropriately with staff. Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency. Pre-employment checks were carried out appropriately.

Processes were in place for the servicing of some of the equipment, however there were gaps in the servicing one of the X-ray machines.. The practice carried out risk assessments.

Are services effective?

Are services effective?

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance. Patients were given relevant information to assist them in making informed decisions about their treatment, and consent was obtained appropriately. Staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005.

The practice maintained appropriate dental care records and patient details were updated regularly. Information was available to patients relating to health promotion and maintaining good oral health

Are services caring?

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

Feedback from patients was positive. We received feedback from 30 patients. Patients stated that they were involved with their treatment planning and able to make informed decisions and that staff acted in a professional manner.

Patients referred to staff as being caring, empathetic, and professional and treating them with dignity and respect. They felt involved in their treatment and gave examples of where staff had ensured they understood treatment.

Are services responsive to people's needs?

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

Patients had access to the service which included information available via the practice leaflet and website. Urgent on the day appointments were available during opening hours. In the event of a dental emergency outside of opening hours patients were directed to their dentist, the '111' out of hours' service. The ground floor of the building was wheelchair accessible. Information was available in accessible formats.

There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients.

Are services well-led?

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

Summary of findings

Governance arrangements were in place for effective management of the practice. Staff meetings were held regularly and information was shared and opportunities existed for staff to develop although they were limited. Audits were being conducted and demonstrated they were being used as a tool for continuous improvements. Staff told us they were confident in their work and felt well-supported.

Shortlands Dental Practice Limited

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 26 February 2016 and was undertaken by a CQC inspector and a dental specialist adviser. Prior to the inspection we reviewed information submitted by the provider and information available on the provider's website.

The methods used to carry out this inspection included speaking with one of the dentists', a dental nurse, reception staff and patients on the day of the inspection, reviewing documents, completed patient feedback forms and observations. We received feedback from 30 patients ..

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

Staff we spoke with were aware of reporting procedures including who and how to report an incident to. We spoke with the practice manager about the handling of incidents and the duty of candour. The explanation was in line with the duty of candour expectations. [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]. The principal dentist discussed a recent significant event that had taken place in the practice. We saw that full notes were made of the event and lessons learnt discussed with staff.

There were systems in place to receive safety alerts by email. Alerts were shared with staff working in the practice. This included forwarding them to relevant staff and also printing them and leaving them in a central location for all staff to refer to. This included alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England updates. We reviewed a sample including an alert from MHRA received in January 2016. We saw that the alert was shared appropriately with staff.

There was an accident book available to record any accidents. At the time of our inspection there had not been any accidents recorded over the past 12 months. We discussed accident and incident reporting with the principal dentist and their explanations of how they were handled were in line with the practice policy.

The principal dentist demonstrated a good understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) Regulations and had the appropriate documentation in place to record if they had an incident. There had not been any RIDDOR incidents, within the past 12 months.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and children protection. We reviewed staff training records and saw that not all clinical staff had

completed appropriate safeguarding training to the required level. We discussed this with the principal dentist and they advised us that the appropriate training had been booked and staff were due to attend in the coming weeks.

The relevant safeguarding escalation flowcharts and diagrams for recording incidents were available to staff as well as the local safeguarding teams contact details. Staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

The dentists in the practice were not following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [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]. The dentists however used other preventative measures when performing root canal treatment and their explanations were in line with acceptable alternative methods.

Although the practice described the use of alternative methods, they agreed to review their protocols in light of national guidelines.

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

Medical emergencies

There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. Medical emergency drugs were stored securely and those requiring refrigeration were stored appropriately. Staff checked the medicines on a weekly basis and monitored expiry of medication. Staff also had access to emergency equipment on the premises including medical oxygen and 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]. The practice carried out monthly medical emergency scenarios to ensure staff were prepared to deal with medical emergencies and use the equipment.

Are services safe?

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

Staff recruitment

There was a full complement of the staffing team. The team consisted of two dentists, four dental nurses and one receptionist. The principal dentist and one of the nurses also performed the duties of the practice manager.

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 (where applicable). We reviewed staff files and saw that suitable pre-employment checks had been carried out for staff. All staff had a Disclosure and Barring Services check on file. (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).

We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC).

Monitoring health & safety and responding to risks

The practice had a health and safety policy and appropriate business continuity plan in place to deal with foreseeable emergencies. The health and safety policy was last updated in October 2015 and covered identifying hazards, accident, electrical and fire safety. A health and safety risk assessment had been carried out in February 2016 and covered all of the above areas. There was a fire safety policy that covered maintenance of fire extinguishers, smoke alarms, electrical testing and fire drills. Smoke alarms and extinguishers were checked weekly and we saw a log of the weekly checks completed up to January 2016. The principal dentist acknowledged that there had been a lapse and assured us that they would resume them immediately.

There was a business continuity plan that outlined the intended purpose to help staff overcome unexpected incidents and their 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.

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. The principal dentist was the infection control lead.

There was a separate decontamination room. There were three sinks in the decontamination room; one for hand washing and two were used for cleaning and rinsing dental instruments. One of the dental nurses gave a demonstration of the decontamination process which was broadly 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 manually cleaning; placing in an ultrasonic cleaner; inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); 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 saw records of all the daily and weekly checks and tests that were carried out on the autoclave to ensure it was working effectively.

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

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. Wall mounted paper hand towels were available.

The surgeries were visibly clean and tidy. We were told the dental nurses were responsible for cleaning all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. External cleaning staff had been

Are services safe?

appointed for the domestic cleaning at the practice. Daily and weekly cleaning schedules were in place outlining what areas needed to be cleaned. We reviewed a sample of completed schedules and they were up to date.

Taps were flushed daily in line with national guidance. The practice however did not have a Legionella risk assessment. They had an appointment for the assessment to be carried out in the weeks following the inspection. The practice confirmed with us when the Legionella risk assessment had been completed. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings].

The practice carried out infection control audits every three months. We reviewed the last two conducted in August 2015 and November 2015. No additional activity was identified to be undertaken from the most recent audit.

Equipment and medicines

There were appropriate arrangements in place to ensure equipment was maintained. Service contracts were in place for the maintenance of equipment including the autoclave and compressor covering them up to October 2017. The autoclave was last serviced in November 2015 and the compressor on April 2015. The practice had portable appliances and carried out PAT (portable appliance testing). Appliances were last tested in February 2016.

Medication was stored and monitored appropriately.

Radiography (X-rays)

The practice had a radiation protection file. The principal dentist was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA). Critical examination and acceptance certificate had been completed in October 2012.

We saw records confirming that the RPA had carried out a survey with a full equipment performance testing of the X-ray equipment in August 2014. Recommendations had been made including the need for servicing of the X-ray equipment. The practice had not actioned any of the recommendations. The provider told us that they would make it a priority to take the appropriate action. The provider contacted us shortly after the inspection to confirm that the equipment had been serviced.

On the day of the inspection staff were unable to provide evidence of radiation training. Following the inspection the principal dentist sent us confirmation of both dentists completion of radiation (IRMER) training. The practice were not carrying out regular annual auditing of X-rays. The principal dentist confirmed that this would be addressed in the future.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists used current guidelines such as those from the National Institute for Health and Care Excellence (NICE) to assess each patient's risks. We saw that they were following guidance; for example their recall rates were in line with recommendations.

We spoke with the principal dentist and saw evidence of comprehensive assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies (which was reviewed at each visit), a social history recording habits such as eating and activity and an extra- and intra-oral examination. The reason for visit was documented and a full clinical assessment was completed. 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.

Health promotion & prevention

that dentists were proactive with giving patients health promotion and prevention advice. Dentists told us and we saw evidence that they gave health promotion and prevention advice to patients during consultations. Staff gave us thorough explanations of the advice they gave to patients. This ranged from teeth brushing techniques and dietary advice. Smoking cessation advice was given verbally and where relevant patients were referred to a GP. Staff had details of external organisations patients could contact for further advice. Health promotion leaflets were available to patients.

Staffing

All clinical staff had current registration with their professional body, the General Dental Council. We saw example of staff working towards their continuing professional development requirements, 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 examples of opportunities that existed for staff for further training and courses that were outside the core and mandatory requirements.

Working with other services

The practice had processes in place for effective working with other services. Referrals were made for procedures such as complex periodontal, orthodontic and endodontic treatment. Information relating to patients' relevant personal details, reason for referral and medical history was contained in the referral. Copies of all referrals made were kept on the patients' dental care records. Fast track referrals were seen within two weeks and details were faxed and followed up with a telephone call to ensure it was received.

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. Consent was usually obtained verbally and recorded in patients' dental care records. Full assessments were given and treatment plans were drawn up for all patients, including outlining costs and requiring them to sign to confirm they consent to their treatment.

All clinical staff whom we spoke with demonstrated understanding of Gillick competency and the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle. Clinical and non-clinical staff gave us examples of when the MCA could be used and how it related to them in 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]. All staff had completed Mental Capacity Act training in December 2015.

Dental care records we checked demonstrated that consent was obtained and recorded appropriately.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 30 patients. Feedback was very positive. Patients spoke positively about instances where staff had shown compassion and displayed empathy and given practical assistance if they had experienced painful or complex treatment that may have caused distress. Patients also gave examples of where they were treated with dignity and respect. This included staff ensuring they maintained privacy during consultations by keeping the door closed, keeping this personal information confidential and speaking to them respectfully.

During our inspection we observed staff being respectful by ensuring that when patients were receiving treatment the door to the treatment rooms was closed and conversations could not be overheard in the surgery. We saw that reception staff made efforts to speak with lowered voices so conversations could not be overheard.

Patients' information was held securely electronically. All computers were password protected with individual login requirements

Involvement in decisions about care and treatment

The patient feedback we received confirmed that patients felt involved in their treatment planning and received enough information about their treatment. Patients commented that things were explained well often with the use of models and aids, and they were provided with treatment options. The practice had an educational tool on their computer that they could use to show detailed pictures of treatment options.

Information relating to costs was always given and explained including details about the different NHS band charges. The practice also displayed costs in the waiting area.

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. The practice is open from 9.00am to 8.00pm on Monday; 8.30am to 5.00pm on Tuesday; 9.00am to 7.30pm on Wednesday and 8.00am to 5.00pm on Thursday and Fridays. Patients feedback indicated that they were happy with the opening times.

Staff spoke about how they met patients needs in various ways. This included having the medical history form available on an electronic tablet to make it generally more accessible for patients to complete. Reception staff, where required would assist patients to complete it. They also accommodated emergency and non-routine appointments every day during opening times by reserving specific slots. If a patient had a dental emergency they were asked to attend the surgery, and would be seen as soon as possible.

Information was available in other formats such as large print for patients who required it.

Tackling inequity and promoting equality

The local population was diverse with a mix of patients from various cultures and background. The staff team was diverse as well and staff spoke different languages which included Swedish, Polish and Persian. Staff also had access to NHS translation services if patients spoke another language that staff could not speak.

The practice was set out over two levels. There was a consulting room upstairs and on the ground floor. Patients with restricted mobility were always seen in the ground floor surgery.

Access to the service

The practice opening times were advertised in the practice leaflet.

Appointments were booked by calling the practice or in person by attending the practice. Patients we spoke with told us that they did not encounter any problems with booking an appointment and could usually get an appointment within a few days.

If a patient needed to see a dentist outside of normal opening times they were directed to contact the "111" out of hours services. They were informed of the service via the recorded message on the practice answer machine and a poster on the practice door.

Concerns & complaints

At the time of our visit there had not been any complaints made in the past 12 months. Whilst no complaints had been made staff we spoke with demonstrated knowledge of the practice's complaints procedure, including knowing timescales for responding, and what to do in the event of a patient needing to make a complaint.

Information relating to complaints was readily available to patients. A copy of the complaints procedure was displayed in the reception area and copies of the complaints leaflet were also available at the reception desk.

The complaints policy was clear that all complaints should be investigated; the patient involved and contacted about the outcome and an apology is applicable.

Are services well-led?

Our findings

Governance arrangements

The practice had a range of policies and procedures for the smooth running of the service which were available electronically or in paper format. Staff were required to sign and date when they had read a policy of an updated version.

Staff told us that audits completed over the past 12 months included audits on infection control, quality monitoring, emergency drugs and dental care records. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. For example the aim of the clinical records audit was to assess the procedure for clinical record keeping and to check it was being followed. The practice had reviewed a sample of patient record cards and found that 95% of patients cards audited had at least one item missing. Plans were put into place to improve on this and re-audit with a second cycle.

Leadership, openness and transparency

Staff in the practice were clear about the lines of responsibilities and were confident in approaching the principal dentist to discuss issues if they needed to. Leadership was also clear with the principal dentists having a clear presence. The practice had a staff handbook for staff to refer to.

We discussed the duty of candour requirement in place on providers with one of the principal dentists and they demonstrated understanding of the requirement. They gave us explanations of how they ensured they were open and transparent with patients and staff. The explanations were in line with the expectations under the duty of candour.

Learning and improvement

Training was planned on an individual basis with staff. The principal dentist told us that staff could indicate training they required and it would be arranged for them. We saw that there were gaps in training such as infection control and some staff had not completed safeguarding training however this was booked for coming months. Staff we spoke with told us that they felt they had access to training and learning that they needed to do their role. They were happy with the opportunities available to them.

The practice held structured practice meetings every two weeks and informal meetings in-between. We reviewed the minutes of the meetings and saw that topics included audits, staffing and policy updates. Where action points were set they always had an assigned person to action them and a due by date. Staff confirmed that they found the team meetings useful and they received appropriate updates and were notified about events where lessons could be learnt.

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

The practice participated in the NHS Friends and Family Test (FFT). Results from the FFT were collected monthly and analysed to pick up any patient feedback. We reviewed the results of the FFT carried out from November 2015 to January 2016 and they were positive. The overall scores from patients ranged from 93-95% which was very positive. The practice also received feedback about the service from patients through their own patient cards and compliments forms. One example of the practice acting on feedback was making the medical history form more accessible and the practice began providing it on an electronic tablet.

Staff we spoke with confirmed their views about practice developments were sought through the staff meetings.