

Fraser Montague Limited Darfoor Dental

Inspection Report

Darfoor Dental
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Overall summary

We carried out this announced inspection on 30 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.

This followed the inspection on 12 November 2015 that had been carried out as part of our regulatory functions where breaches of legal requirements were found. The inspection on the 30 August 2017 was a comprehensive inspection and covered all key questions because the practice had been closed for a period of time following the last inspection.

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

Darfoor Dental Practice is in Westminster and provides private dental implants to adults.

The dental team includes a dentist. The dentist did not employ a full-time permanent dental nurse but instead used the services of agency nurses when they had patients. On the day of the inspection they had no dental nurse booked in as there were no patients booked for treatment. The premises consists of one treatment room

Summary of findings

which that also houses the administrative area, and a dedicated decontamination area. . The practice has access to a shared waiting area that is also used by other tenants of the building it is located in.

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 Darfoor Dental Practice was the principal dentist.

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

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

The practice is open: 9.00 -5.30pm Monday to Friday.

Our key findings were:

- The practice was clean.
- The practice had infection control procedures which generally reflected published guidance.
- The dentist knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures but had not recruited any staff at the time of the inspection
- The dentist generally provided patients' care and treatment in line with current guidelines, although some improvements were required. .
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review availability of medicines and equipment to manage medical emergencies taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's protocols for medicines management and ensure all medicines are stored safely and securely and there is a system for identifying and disposing of out-of-date stock.
- Review the practice's infection control procedures and protocols to take 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'

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.

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

The dentist was qualified for their role.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments, although improvements were required.

The practice had suitable arrangements for dealing with medical and other emergencies. Although improvements could be made to the equipment that was available.

No action



Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Although there was room for improvement in the knowledge of some guidance. Patients described the treatment they received as good and meeting their needs. The dentist 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.

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 three people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and attentive. They said that the dentist listened to them.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

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

No action



Summary of findings

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

The dentist considered patients' different needs. This included making arrangements for disabled patients. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

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

Are services well-led?

At our previous inspection on the 12 November 2015 we found that this practice was not providing well-led care in accordance with the relevant regulations. This was because there were inadequate governance arrangements.

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

The practice had some 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.

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.

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. The dentist knew about these and understood their role in the process.

The practice had a system for recording and responding to incidents to reduce risk and support future learning but had not had any recorded at the time of the inspection.

The practice did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The dentist told us they kept up to date with information about medicines via dental magazines. They told us they would sign up to receive the alerts.

Reliable safety systems and processes (including safeguarding)

The dentist knew their responsibilities if they had concerns about the safety of 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 they had received safeguarding training. They knew about the signs and symptoms of abuse and neglect and how to report concerns.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which were reviewed every year. The practice was aware of relevant safety laws when using needles and other sharp dental items. However improvements could be made to the process. The dentist told us they would consider using a safe sharps system. The practice had a rubber dam that was past its use by date. We spoke with the dentist about this and they told us they did not do root canal treatment and would dispose of the rubber dam.

Medical emergencies

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

Most of the emergency equipment and medicines were available as described in recognised guidance, however there were some gaps. For example there was no buccal

midazolam. The provider told us they would order the recommended items they did not have and following the inspection set us confirmation that these items had been ordered.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. At the time of the inspection the practice had not recruited any permanent staff. The dentist used a dental nurse.

The dentist was 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.

A dental nurse worked with the dentist.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They generally followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff had completed infection prevention and control training.

The practice had some suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. However some improvements could be made. For example the clean and dirty zones could be better demarcated; the practice was placing instruments into a pouch before placing in a non-vacuum autoclave which was not in line with guidance. We spoke to the provider about this and following the inspection they sent us an action plan of improvements that they had made, and were making to the process.

The records showed equipment used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

Are services safe?

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

The practice was clean when we inspected.

Equipment and medicines

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

The practice had a system for prescribing, dispensing and storing medicines though improvements could be made to ensure there was a stock log of medicines stored at the practice. We spoke to the provider about this and they told us they would make improvements to the system.

Radiography (X-rays)

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

The practice carried out radiography audits every year following current guidance and legislation. However we saw no evidence that the dentist had recently justified, graded and reported on the X-rays they took. The dentist told us this was because the surgery had been closed for a period of time. They told us they would record justifications when taken.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance. However improvements could be made in relation to FGDP Guidance, for example in regards to the selection criteria for dental x-rays. The dentist was not fully aware of this guidance. The provider told us they would familiarise themselves with this guidance.

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

Health promotion & prevention

The dentist told us they did not do a lot of general dentistry so did not often prescribe high concentration fluoride toothpaste. They told us they would prescribe this if a patient's risk of tooth decay indicated this would help them.

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments.

Staffing

The dentist told us staff new to the practice went through a period of induction based on a structured induction

programme. We saw the practice recruitment and induction policies. Apart from the dentist the practice did not have any staff employed at the practice at time of the inspection.

Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. For example for periodontics and orthodontics. 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 dentist 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.

However the practice's consent policy did not include information about the Mental Capacity Act 2005. The dentist understood some of their responsibilities under the Act when treating adults who may not be able to make informed decisions, but improvements were required. The dentist told us they would arrange to undertake additional training in the requirements of the Mental Capacity Act.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The dentist was aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that dentist was caring and attentive.

The dentist was aware of the importance of privacy and confidentiality. The layout of the practice meant there was privacy when staff were having discussions with patients. patients.

Records were kept securely in a lockable storage file.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that the dentist listened to them, did not rush them and discussed options for treatment with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs.

The practice had an efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed.

Promoting equality

The dentist told us they had access to interpreter/translation services if required but most patients brought people with them who could interpret for them if their first language is not English.

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 had sufficient time in the day to do this. The practice answerphone provided a telephone number for patients to call in an emergency.

Concerns & complaints

The practice had a complaints policy providing guidance on how to handle a complaint. The principal dentist was responsible for dealing with 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 twelve months. These showed the practice responded to concerns appropriately and tried to use complaints to learn and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice and the day to day running of the service.

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 the dentist was aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

The dentist aware of the Duty of Candour requirements to be open, honest and offer an apology to patients if anything went wrong.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

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

The practice systems in place to obtain patients' views about the service. At the time of the inspection that provider did not have any recent feedback to show us as the practice had only recently re-opened after a period of closure.