

Basson Medical Ltd

Basson Medical Limited

Inspection Report

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Date of inspection visit: 20 June 2016

Date of publication: 26/07/2016

Overall summary

We carried out an announced comprehensive inspection on 20 June 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

Basson Medical Limited is a dental surgery located in Croydon and provides private dental services. The demographics of the local area were mixed and the practice served patients from a range of social, economic and ethnic backgrounds.

The practice staffing consists of one dentist, one dental nurse, one receptionist, a cleaner and a practice manager.

The practice is open from 8.30am to 5.00pm on Monday, 10.00am to 8.00pm on Tuesday, 9.00am to 2.00pm on Wednesday, 11.00am to 7.30pm on Thursday and 9.00am to 1.00pm on Fridays.

The practice is set out over two floors. Facilities include one surgery, manager's office, staff kitchen/ staff room, patient waiting room, store room. Decontamination of instruments is currently carried out in the surgery. The practice manager showed us plans for the development of a separate decontamination room. There is step free access to the building and the surgery was accessible to patients with mobility problems through a stair lift.

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

Summary of findings

We received feedback from 15 patients which included completed Care Quality Commission comment cards and speaking with patients during our inspection. Patient feedback was very positive about the service. They were also complimentary about the staff stating they were polite caring and courteous. They told us that the premises were always clean and tidy when they attended. People referred to being treated with dignity and respect and receiving a high level of care and treatment.

Our key findings were:

- 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.
- There were systems in place to reduce the risk and spread of infection. Dental instruments were decontaminated suitably.
- 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 was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Staff had access to mandatory medical emergency medicines and medical oxygen. However many items from the recommended list were not present and they did not have an automated external defibrillator (AED) available on the premises.
- There were processes in place to safeguard patients from abuse.
- All clinical staff were up to date with their continuing professional development.
- The practice was carrying out risk assessments regularly.
- Governance arrangements were in place, including audits being completed which evidenced continuous learning.

You can see full details of the regulations not being met at the end of this report.

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 suitability of the premises and ensure all parts were fit for the purpose for which they are being used.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance, in relation to the flooring in the dental surgery.

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.

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 informally and in staff meetings. Pre-employment checks were carried out appropriately.

Dental instruments were decontaminated suitably. Medicines were available in the event of an emergency however some of the recommended items from the resuscitation council guidance were missing. Regular checks were undertaken to monitor expiry of medicines. There was medical oxygen. The practice did not have an automated external defibrillator (AED).

Processes were in place to ensure all equipment was serviced regularly. The practice was carrying out regular risk assessments.

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. Referrals were made appropriately. Staff were up to date with their CPD requirements and had access to relevant training.

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.

We received feedback from 15 patients through CQC completed comment cards and speaking with patients on the day of the inspection. Feedback from patients was positive. Patients stated that they were involved with their treatment planning and were able to make informed decisions. They were given relevant information relating to the cost of treatment and options for payment. 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.

The practice responded to patients needs and made adaptations to accommodate them. Patients had access to the service which included information available via a newly developed practice leaflet. Time was reserved every day during opening hours to accommodate patients in need of an urgent appointment. In the event of a dental emergency outside of opening hours patients were directed to the '111' out of hours' service. The building was wheelchair accessible and had facilities for patients with mobility issues including a stair lift to enable them to access the first floor.

Summary of findings

There were systems in place for patients to make a complaint about the service if required. A notice was displayed in the reception area and information also on their website.

Are services well-led?

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

Staff meetings were held monthly and informal meetings took place in-between the monthly meetings. Information was shared amongst the staff and opportunities existed for staff to develop. 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.

Governance arrangements were in place for effective management of the practice. Comprehensive risk assessments and servicing of equipment was being carried out appropriately.

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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 20 June 2016 and was undertaken by a CQC inspector and a dental specialist advisor. 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 the dentist, dental nurse, receptionist, practice manager and patients on the day of the

inspection, reviewing documents, reviewing completed patient feedback forms and observations. We received feedback from 15 patients (completed CQC comment cards and speaking with 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

There were systems in place to receive safety alerts by email. All relevant alerts were received by the receptionist and the practice manager and shared with staff working in the practice.

Staff we spoke with were aware of reporting procedures including who and how to report an incident to. There had not been any incidents or accidents in the practice in the last 12 months. We reviewed the accident book of past accidents and saw that they were recorded and responded to appropriately. 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 registered manager had an understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) 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 dentist was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and children protection. The local authority safeguarding escalation flowcharts and contact details were displayed on the wall in the manager's office, which was accessible to all staff.

We reviewed staff training records and saw that all staff had received safeguarding adults and child protection training to the correct level. All staff we spoke with demonstrated sufficient knowledge of safeguarding issues.

The dentist in the practice was 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. 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 histories were always taken for new patients and reviewed at each subsequent visit. If a patient did not attend for over 6 months a new medical history was completed. 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 and these were stored securely. Some of the recommended items from the national guidance such as spacer device, single use sterile syringe needles and portable suction were missing. We discussed the missing items with the provider and they assured us they would review the availability of these items. The emergency medicines were checked weekly and we saw the records to confirm this.

Staff did not have access to an automated external defibrillator (AED) in line with current guidance and had not undertaken and documented a risk assessment as regards its absence. [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 discussed this with the practice manager and they advised that they had considered the purchase of one and would look into it..

Medical oxygen cylinder was available.

All clinical staff and the receptionist had completed recent basic life support training. All staff were aware of where medical equipment was stored.

Staff recruitment

There was a full complement of the staffing team. The team consists of a dentist, a dental nurse, receptionist, practice manager and a cleaner.

Are services safe?

The provider had an appropriate policy in place for the selection and employment of staff. Applicants were required to provide proof of address, proof of identification, two references, and proof of professional qualifications and registrations (where applicable). We reviewed all staff files and saw that appropriate checks had been carried out at their time of employment this included references, CVs with confirmation of past history, two references and proof of professional registration. 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 set of health and safety policy and appropriate business continuity plan in place to deal with foreseeable emergencies.

The practice carried out an annual general premises risk assessment. The risk assessment was last completed in April 2016. The practice manager told us that other risk assessments were completed as and when identified. For example an ad-hoc premises risk assessment had been completed in February 2016 looking at risks associated with the entrance to the building. There was an up to date COSHH (Control of Substances Hazardous to Health) risk assessment along with a completed COSHH file.

There was a fire safety policy and service contract in place that covered maintenance of fire extinguishers, smoke alarms, electrical testing and fire drills. The servicing of fire equipment had taken place on 17 June 2016 and a fire risk assessment completed on 10 October 2015. We saw that actions from the fire risk assessment had been completed. For example, the storage of and documentation relating to listing flammable liquids was highlighted as an area for improvement. We saw that the practice had actioned this by producing a list of flammable liquids and outlining where they were on the premises. The smoke alarm was tested weekly and fire drills conducted every six months. An evacuation plan was in place.

Infection control

The practice had infection control policies which included hand hygiene, clinical waste and decontamination of instruments. The dental nurse was the infection control lead. Decontamination of dental instruments was carried out in the surgery. The practice had plans in place to develop a separate decontamination area and at the time of the inspection they were considering a quote for the work.

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 manually cleaning; 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. The nurse wore the correct personal protective equipment, such as apron and gloves during the process.

There was one autoclave. The logs from the autoclave provided evidence of the daily, weekly and monthly checks and tests that were carried out 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 the external clinical waste bin was stored appropriately until collection by an external company, every month.

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.

The surgery was visibly clean and tidy. We were told the dental nurse was 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. The practice employed a cleaner to carry out all the domestic cleaning.

The practice had an external Legionella risk assessment carried out on the 15 April 2016. The risk assessment had identified actions to be taken. For example, the action plan suggested that staff undertook legionella training. We saw

Are services safe?

that the practice had completed this action. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Taps were flushed daily in line with recommendations and water temperatures were monitored.

The practice carried out infection control audits. We reviewed the last audit completed in June 2016. No additional activity was required to be undertaken from the most recent audit.

Equipment and medicines

There were appropriate arrangements in place to ensure the maintenance of some equipment. Service contracts were in place for the maintenance of equipment. The autoclave was serviced in March 201. The pressure vessel certificate was in date.

The practice had portable appliances and carried out PAT (portable appliance testing) annually. Appliances had been tested and the certificate was valid until 18 August 2016.

Radiography (X-rays)

The practice had a radiation protection file. The dentist was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA).

The radiation protection file was well maintained. All relevant staff were up to date with radiography training. There was an inventory of X-ray equipment. Equipment had been serviced on 19 April 2016 and local rules were in place.

The practice was carrying out annual auditing of X-rays. The last set of audits had been completed in June 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist used current guidelines such as those from the National Institute for Health and Care Excellence (NICE) to assess each patient's risks. For example, the dentist gave an example of guidance from NICE relating to wisdom tooth treatment/ removal.

We 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. Where X-rays were taken justification and grading was recorded. Soft tissue checks were completed and consent was documented.

Health promotion & prevention

We saw evidence that clinical staff in the practice were proactive with giving patients health promotion and prevention advice. The practice had a range of tools to promote good oral health. This included leaflets and giving patients sample tooth pastes.

The dentists told us that they gave health promotion and prevention advice to patients during consultations. Staff gave us explanations of the advice they gave to patients. This ranged from teeth brushing techniques and dietary advice.

Staffing

The dentist and the nurse had current registration with their professional body, the General Dental Council. They

were both 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 some examples of opportunities that existed for staff for further training and courses that were outside the core and mandatory requirements. Non-clinical staff confirmed that training and development opportunities existed for them also.

Working with other services

The practice had processes in place for effective working with other services. There were template referral forms available for referral to the orthodontist, endodontics and periodontal services. There was also a standard template for oral surgery referrals. We discussed the process for referrals with the dentist and saw that referrals were followed up appropriately and patients were given information relating to their referral for their information.

Information relating to patients' relevant personal details, reason for referral and medical history was contained in the referral. 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

Consent forms were used for some treatments including complex treatment. Treatment plans contained information relating to prices and explanation of the treatment being given. Treatment plans were completed with patients consent documented.

Staff demonstrated knowledge and an understanding of Gillick competency and the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle. [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.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 15 patients via Care Quality Commission comment cards and speaking with patients on the day of the inspection. Patient feedback was positive with patients stating that staff showed them respect and empathy. They gave examples of when staff had been empathetic during treatment.

During our inspection we observed staff being respectful by ensuring that when patients were receiving treatment the door to the treatment rooms was closed. We saw that the receptionist was polite and courteous and treated patients with dignity.

Involvement in decisions about care and treatment

Patient feedback indicated that they felt involved in their treatment planning and were given enough information to make informed decisions. The patients we spoke with also gave us examples of when the dentist had taken time to explain treatments with models and visual aids to inform them and involve them in the planning of their treatment.

Patients we spoke with told us that information relating to costs and payment options was always given and explained including details about the charges. The practice also displayed costs in the patient waiting room and at the reception desk.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice reserved 30 minutes every day to accommodate emergency and non-routine appointments during opening times. If a patient had a dental emergency they were asked to attend the surgery, and would be seen as soon as possible.

The practice manager told us that they recognised the needs of patients with mobility problems and as a result had recently refurbished the premises to provide parking for disabled patients and those with mobility problems so they were able to park close to the surgery if they had an appointment.

In order to gather patients' views the practice carried out on-going patient feedback surveys so that they were made aware of patients' needs and could plan and deliver better services.

The service operated varied opening hours including some early mornings and late evenings to accommodate patients' needs.

Tackling inequity and promoting equality

The practice manager told us that the local population was diverse with a mix of patients from various cultures and backgrounds. Staff had access to translation services through a telephone interpreting service, although they had to use this service very rarely.

The practice was set out over two levels and the entrance to the building was step free with wheel chair access on the ground floor. There were two surgeries and they were both upstairs. There was a stair lift for patients with limited mobility. Staff told us they tried to ensure patients' needs were accommodated and if patients raised any concerns they always did their best to manage those issues.

Access to the service

The practice opening times were advertised on the practice website, the practice door and the newly developed practice leaflet. Patients had access to the practice on Mondays from 8.30am to 5.00pm; Tuesday 10.00am to 8.00pm; Wednesday 9.00am to 2.00pm; Thursday 11.00am to 7.30pm; Friday 9.00am to 4.00pm and alternative Saturdays from 9.00am to 1.00pm.

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 details on their website.

Concerns & complaints

There had been one complaint made in the past 12 months. The registered manager went through the complaint with us. The complaint had been responded to and the outcomes of the investigation were shared with the complainant. The provider had also sent a letter to all staff in the practice outlining the lessons learnt from the complaint and the changes to their procedure as a result of the complaint.

Are services well-led?

Our findings

Governance arrangements

The practice had a range of policies and procedures which were reviewed annually and updated as and when necessary. The policies included health and safety, recruitment and staff development.

The registered manager told us that audits completed over the past 12 months included audits on infection control, sharps handling and disposal and X-rays.. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes.

Leadership, openness and transparency

The staff team were small and all staff had areas they were responsible for. All staff were clear about the lines of responsibilities. The owner was also the practice manager and staff were clear about leadership and felt the practice was run in an open and transparent way. We spoke with the owner and were given many examples that demonstrated they were open with the staff team in relation to the leading of the practice and planned developments. The provider was very enthusiastic about staff accessing learning and development opportunities and gave examples of how they encouraged them to take on developments. Staff we spoke with confirmed this.

We discussed the duty of candour requirement in place on providers with staff 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

Learning from incidents was evident. There had not been any incidents in the past 12 months however the practice manager gave us examples of previous incidents that had occurred that they had used to learn and improve from.

Comprehensive systems were in place to monitor staff training. All staff had a personal learning and development file which had a matrix of all training completed and outstanding. Training such as medical emergencies and safeguarding was updated annually.

Staff meetings were held every month and informal meetings as and when necessary (sometimes daily). Topics discussed included practice developments, staffing and policy and procedure changes. We saw that meetings were also used to discuss learning. For example, the outcome of a complaint was discussed at a team meeting and staff were updated on the changes implemented as a result of the complaint.

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

The practice had processes in place to seek and obtain feedback from patients and staff. A patient survey was completed on an on-going basis and analysed every three months. We reviewed the results of the last set of surveys. Results were very positive with patients stating that they felt involved in decisions about their care and decisions. The practice also conducted a staff survey every six months. We reviewed the results of the last two surveys completed in January and June 2016. Staff were very positive about being involved in decisions relating to the practice and feeling listened to.