

Simdent Dental Care Limited Leigh Dental Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 12 October 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.

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

Leigh Dental Centre is in Leigh On Sea, and provides NHS (20%) and private (80%) treatment to patients of all ages.

There is concrete ramp access for people who use wheelchairs and pushchairs. Car parking spaces for patients with disabled badges are available at the front of the practice.

The dental team includes six dentists, five dental nurses, three dental hygienists, two receptionists and one practice manager. The practice has four treatment rooms which are all situated on the ground floor.

Summary of findings

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 Leigh Dental Centre was the principal dentist.

On the day of inspection we collected 48 CQC comment cards filled in by patients and spoke with five other patients. This information gave us a wholly positive view of the practice. Two cards also commented on difficulties, one regarding getting an appointment outside of working hours and another card was unhappy with a delayed diagnosis. We discussed these concerns with the practice manager.

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

The practice is open: Monday, Tuesday and Wednesday 8am to 5:30pm. Thursday: 8am to 7:30pm, Friday: 8am to 2:00pm and Saturday: 9am to 2:00pm

Our key findings were:

- Strong and effective leadership was provided by the principal dentist and an empowered practice manager.
- The practice was visibly clean and well maintained.
- The practice had well organised systems to assess and manage infection prevention and control which reflected published guidance.
- Staff 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 an established process for reporting and recording significant events and accidents to ensure they investigated these and took remedial action.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice asked staff and patients for feedback about the services they provided. Patients were very happy with the quality of their treatment and the staff who delivered it.
- The practice dealt with complaints positively and efficiently. This included a monthly review of all verbal complaints and comments.
- The appointment system met patients' needs. Patients could access treatment and urgent and emergency care when required.
- Staff had received training appropriate to their roles and were supported in their continued professional development by the principal dentist and practice manager.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.

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 practice took safety seriously and had organised systems to help them manage this. These included policies and procedures for infection prevention and control, clinical waste management, dealing with medical emergencies, maintenance and testing of equipment and dental radiography (X-rays).

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

Staff were qualified for their roles and the practice completed essential recruitment checks.

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

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as exceptional and empathetic. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. The practice routinely referred patients to their dental hygiene therapist through a clear care pathway.

Clinical staff were registered with the General Dental Council and completed continuing professional development to meet the requirements of their professional registration. The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who may lack capacity to make decisions.

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 53 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, caring and patient and went above and beyond expectation. They said that they were given helpful, honest

No action



Summary of findings

explanations about dental treatment, and said their dentist listened to them. Patients commented that the practice was welcoming and clean, that recent building developments had improved the practice and that staff helped them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect. During the inspection we saw examples of a caring and a respectful attitude towards patients from staff.

Are services responsive to people's needs?

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

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

Staff considered patients' different needs and had completed an accessibility audit. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

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

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 clearly defined and empowered management structure and staff felt supported and appreciated. All the staff we met said that they were happy in their work and the practice was a good place to work.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff. The practice reviewed verbal comments and complaints monthly. An electronic tablet was available on reception for patients to add their comments and views following their treatment. A report of the results was collated monthly for practice discussion and review. Staff completed an annual staff survey and regular appraisals. The results from the practice satisfaction survey, the comments tablet and patient feedback comments book were extremely positive.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. Not all the dentists used rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment. We discussed this with the dentist and the practice manager who confirmed rubber dam were available in the treatment rooms and they would continue to risk assess this.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice. The practice had a reciprocal arrangement with its sister practice in the event of staffing or building events.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. The practice also carried out medical emergency scenarios to ensure staff felt comfortable dealing with different types of medical emergencies.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. A whistle was used as an alarm in case of a medical or other emergency. Whistles were available in each treatment room.

Staff recruitment

The practice had a recruitment policy and procedure in place which was used alongside an induction training plan for new starters. We looked at the recruitment records for five staff members which evidenced the practice had completed appropriate checks for these staff. For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. The systems and processes we saw were in line with the information required by Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence of Disclosure and Barring Service (DBS) checks for all relevant staff. The DBS carries out checks to 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.

The practice manager had a clear process for checking clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

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.

Are services safe?

A dental nurse worked with the dentists when they treated patients. The practice had undertaken a risk assessment of the hygienists working alone, we were told a nurse was always available should a patient or the hygienist require a chaperone.

The practice had carried out annual fire risk assessments, the latest in October 2017. Fire procedures were displayed throughout the building and we observed weekly emergency lighting, fire door and smoke detector checks were carried out routinely by the practice team. In addition we saw the practice carried out weekly health and safety checks throughout the building. The practice carried out annual fire drills which were discussed at practice meetings, the last fire drill was completed in May 2017. External specialist companies were contracted to service and maintain the smoke detectors, intruder alarm and fire extinguishers. We saw annual servicing records for these which were all within the last year.

Staff undertook monthly role play medical scenarios at team meetings to ensure they were confident and prepared to deal with any medical emergency. At the last staff meeting the practice reviewed a diabetic emergency, learning outcomes included ensuring batteries in equipment were fully charged. The practice had a whistle system to alert patients and staff to an emergency. Whistles were located in all treatment rooms.

Infection control

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

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit completed on 27 July 2017 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.

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

Equipment and medicines

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

The practice had suitable systems for prescribing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

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

The practice had records showing they audited the technical quality grading of the X-rays each dentist took and this was last completed in October 2017. Dental records showed X-rays were justified, graded and reported upon to help inform decisions about treatment. These findings showed the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

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 dentists assessed patients' treatment needs in line with recognised guidance.

We looked at five comprehensive treatment plans for patients which reflected their dental needs. These were well documented, concise and easy to follow. We saw the dental care records contained the required details of the dentist's assessment of patients tooth and gum health, medical history and consent to treatment. Patients were asked to complete a medical history form at each visit. We saw evidence that demonstrated the dentists asked patients whether there had been any changes to their medical history.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. This was last completed in October 2017. The dentists also peer reviewed each other's records and results to ensure consistency across the practice team.

The practice did not provide sedation services; patients who required sedation were referred elsewhere, which gave them a choice with regard to where they received their treatment. Referrals for NHS orthodontic treatment were made to local orthodontic practices.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and personal development plans for staff.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients for sedation services and with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were exceptional and second to none. We saw that staff treated patients respectfully, kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Music was played in the treatment rooms and there were magazines and televisions in the waiting and reception area. The practice provided drinking water on request.

Information leaflets were available for patients to read.

Involvement in decisions about care and treatment

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

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry, treatments for gum disease and more complex treatment such as endodontic treatment and simple to moderate orthodontics dental implants.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options. Staff also used videos on the reception and waiting room screens to explain treatment options to patients needing more complex treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice provided continuity of care to their patients by enabling them to see the same dentist each time they attended. When this was not possible they were able to see another dentist within the practice.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Text messages were sent to patients on request and staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails and a call bell. The practice had been renovated with wheelchair and pushchair access in mind and as such all of the corridors and doors were wide enough for these patients with disabled car parking spaces available at the front of the building.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter services and described how they support patients with impaired hearing and/or vision. Several members of the practice team were multi lingual.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet, social media pages and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept one appointment per dentist free for same day appointments. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. The practice manager audited verbal comments and complaints each month and monthly reports were also provided from the electronic tablet feedback. These were then reviewed and discussed with staff at meetings to identify trends.

We looked at comments, compliments and complaints the practice received in the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning 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. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The principal dentist and practice manager were forward thinking and had redeveloped the structure and lay out of the practice. This included the improvements to treatment rooms, simplifying and redeveloping the layout of the practice and improved mobility access.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and apologetic to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

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

The principal dentist and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The staff team and nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff undertook role playing medical scenarios and other training sessions at monthly meetings. For example the October meeting included CPR training and a session where staff reviewed private dental insurance.

The practice manager undertook a number of regular risk assessments throughout the practice. An external organisation attended the practice and reviewed these with the practice manager each year to ensure these were consistent and to provide advice and support to the manager.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys, patient verbal comments, and feedback from the electronic tablet surveys and comments from the practice social media pages to obtain patients' views about the service. Staff completed annual staff surveys prior to their appraisals. We saw examples of suggestions from patients the practice had acted on. For example improving the surfacing of the front drive and providing information for patients in the practice to explain why they were asked to fill in health information when they visited the practice.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We saw that of the 28 patients who responded to the friends and family test survey in September 2017, 26 were extremely likely or likely to recommend the practice to a friend or family member and two were neither likely nor unlikely to recommend the practice. In August 2017 100% of patients who responded were likely or extremely likely to recommend the practice.

Are services well-led?

The result from the practice satisfaction survey in June 2017 was very positive. Comments written in the patient electronic tablet were also very positive with comments such as: excellent dentist, and friendly and helpful staff.