

Steypning Dental Care Limited

Steypning Dental Care Limited

Inspection report

Steypning Health Centre
Tanyard Lane
Steypning
BN44 3RJ
Tel: 01903815687

Date of inspection visit: 07 December 2020
Date of publication: 30/12/2020

Overall summary

We carried out this announced inspection on 7 December 2020 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.

Summary of findings

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

The practice is located in Steyning and provides NHS and some private treatment to patients of all ages. It is part of the South Cliff Dental Group which provide general dental services in West Sussex, East Sussex, Kent, Hampshire and Wiltshire. The practice shares its premises with Steyning Health Centre, where a number of different health care organisations are located. The staff team includes two associate dentists, one dental hygienist, two dental nurses, a receptionist and a practice manager. There are three treatment rooms.

The practice is owned by a company and is registered with the Care Quality Commission and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. A registered manager is legally responsible for the delivery of services for which the practice is registered. At the time of inspection there was no registered manager in post as required as a condition of registration.

The practice is open Monday to Friday from 8.30am to 5.30pm. It also opens about two Saturdays a month by appointment only.

On the day of inspection, we spoke with the chief executive officer, the practice manager, the clinical director, the operations manager, two dentists and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The provider had systems to help them manage risk to patients and staff.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had thorough staff recruitment procedures.
- Staff knew how to deal with emergencies and appropriate medicines and life-saving equipment were available.
- Patients' care and treatment was provided in line with current guidelines. Staff provided preventive care and supported patients to ensure better oral health.
- Staff treated patients with dignity and respect and protected their privacy and personal information.

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

Summary of findings

- Take action to ensure the regulated activities at the practice are managed by an individual who is registered as a manager.
- Take action to improve the security of NHS prescription pads in the practice and implement systems to track and monitor their use.
- Take action to implement an effective staff appraisal system.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

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? | No action ✓ |
| Are services effective? | No action ✓ |
| Are services caring? | No action ✓ |
| Are services responsive to people's needs? | No action ✓ |
| Are services well-led? | No action ✓ |

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

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 had received safeguarding training (some to level three) and knew about the signs and symptoms of abuse and neglect, and how to report concerns. Information about protection agencies was available around the practice, making it easily accessible to staff. All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults.

The practice had a whistleblowing policy, which was on display in the staff area. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. There was a central human resources team that supported the practice to employ suitable candidates. We looked at staff recruitment information for the most recently recruited employees, which showed the practice had followed their policy. The practice should consider keeping a record of the recruitment interview to show it had been conducted in line with good employment practices. All new staff received an induction specific to their role and this was confirmed to us by the recently recruited practice manager and trainee dental nurse.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. The maintenance of fire safety systems was carried out by the landlord of the health centre building where the practice was located, but practice manager had obtained a copy of the building's fire risk assessment to assure themselves of the risk control measures in place. Two fire marshals had been appointed for the practice, however we noted there were no records of any fire drills that had been conducted and one staff member told us they had never rehearsed evacuating the building.

The practice had a business continuity plan describing how staff would deal with events that could disrupt its normal running.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had the required information in their radiation protection file, although we noted the staff training log needed to be updated.

The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year, with the most recent undertaken on 1 December 2020. Clinical staff completed continuing professional development in respect of dental radiography.

Rectangular collimators were in place on X-ray units to reduce patient exposure.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff.

Are services safe?

A sharps risk assessment had been undertaken and staff followed relevant safety laws when using needles. Sharps' bins were wall mounted and labelled correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their equipment and medicines checks to make sure they were available, within their expiry date, and in working order. Staff knew how to respond to a medical emergency and had undertaken immediate life support training on 14 November 2020. Further on-line training had been booked for January 2021. Staff should consider undertaking regular emergency scenario training to keep their knowledge and skills up to date.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for the materials used within the practice. The provider's governance and compliance lead told us they had recently reviewed the COSHH file to ensure it was accurate and up to date.

We noted that all areas of the practice were visibly clean, including the waiting areas, corridors toilets and staff areas. Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. We did note a small chip on one treatment room counter top making it hard to clean.

Infection prevention and control procedures reflected nationally recognised guidance and additional measures had been implemented to the patient journey to reduce the spread of Covid 19. Staff carried out infection prevention audits and the latest audit showed it was meeting the required standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. We noted that staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning was the least effective recognised cleaning method as it was the hardest to validate and carried an increased risk of injury from a sharp instrument.

We saw staff had procedures to reduce the possibility of legionella or other bacteria developing in the water systems, in line with a risk assessment which had been undertaken by the premises' landlord.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines to patients, although did not undertake regular audits of their antibiotic prescribing.

We saw staff stored and kept records of NHS prescriptions as described in current guidance, although this needed to be improved to identify the loss or theft of individual prescriptions.

Although not currently in use, as conscious sedation was not being provided at the time of our inspection, the practice had installed CCTV to monitor the cabinet where controlled drugs were stored for additional security. There was appropriate signage in place warning of its use.

Information to deliver safe care and treatment

We looked at a sample of dental care records to confirm our findings and noted that records were written in a way that kept patients safe. Dental care records we saw were accurate, complete and legible. They were kept securely and complied with The Data Protection Act and information governance guidelines.

Lessons learned and improvements

Are services safe?

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints, and staff were aware of formal reporting procedures. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. All incidents were recorded on the provider's computer software portal and were monitored by staff at its headquarters.

A system was in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and implement any action if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken, and the advice given to them. Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. They reported that the provider's clinical director was easily accessible to answer any patient treatment queries they had.

The practice had systems to keep dental practitioners up to date with current evidence-based practice.

The practice had a contract to provide NHS funded conscious sedation to adult patients. This service had ceased temporarily, as the dentist who provided it had left the practice. However, the provider was looking to recruit another sedationist and evidence we reviewed indicated that conscious sedation would be provided in line with nationally recognised guidance.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate.

A part-time dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and dental floss.

The practice manager showed us some patient information leaflets about oral health advice that were usually on-display for easy access but had been removed to reduce the risk of covid 19 transmission.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions.

Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients.

The practice's consent policy included information about the Mental Capacity Act 2005. Staff understood their responsibilities under the Act when treating adults who might not be able to make informed decisions. Staff were aware of the need to consider this when treating young people under 16 years of age.

Effective staffing

Staffing levels had not been unduly affected by Covid 19, and there were enough suitably qualified staff to treat patients safely and effectively. The practice manager told us there was an additional nurse about two days a week, and a nurse always worked with the dental hygienist.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

Are services effective?

(for example, treatment is effective)

The provider had current employer's liability insurance in place.

Co-ordinating care and treatment

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear systems in place for 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.

Staff monitored non-urgent patient referrals through an electronic tracking system and staff told us it was each clinician's responsibility to check their progress through the system. Plans were in place to strengthen this system so that referrals were monitored more robustly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff described to us how they identified and communicated with patients who needed extra support and gave us specific examples where they had supported vulnerable patients who were self-isolating during the Covid pandemic by collecting and delivering their dentures and other dental products. Staff described to us some of the ways they supported nervous patients through their treatment.

We spent time in the reception area and observed staff as they dealt with patients both on the phone and face to face. We found that all interactions were professional, helpful and respectful.

Privacy and dignity

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy.

Staff were aware of the importance of privacy and confidentiality. The reception computer screens was not visible to patients and staff did not leave patients' personal information where other patients might see it. The main waiting area was separate to the reception area, allowing for some privacy.

Staff password protected patients' electronic care records and backed these up to secure storage. Archived patient records were stored in locked filing cabinets in the manager's office.

Involving people in decisions about care and treatment

The practice's website provided useful information to patients on a range of dental procedures and treatment, although we noted the site needed to be updated to reflect that names of the clinicians working at the practice.

Dental records we reviewed showed that treatment options had been discussed with patients. Dentists used leaflets, models and X-ray images to help patients better understand their treatment options.

Are services responsive to people's needs?

Our findings

Responding to and meeting people's needs

The practice had made adjustments for patients with disabilities. Although it was located on a second floor, there was access via a passenger lift. Doors and corridors were wide for wheelchair users and there was a fully enabled toilet with grab rails and a call bell. The practice had its own wheelchair that patients with limited mobility could use. We noted the practice did not have a portable hearing induction loop to assist patients who wore hearing aids.

There was access to translation services for any patient who did not speak or understand English.

Timely access to services

The practice was open Monday to Friday, from 8.30am to 5.30pm. Additional appointments were available on some Saturdays. Appointments could be made by telephone or in person and the practice operated a text appointment reminder service for patients. There were two emergency slots available each day for patients experiencing dental pain.

At the time of our inspection, clinicians were busy catching up on outstanding courses of treatment that had accrued as a result of the first national Covid lockdown. They had mostly achieved this, but as a result there was a long wait for routine appointments, and the practice was not able to take on any new patients. The practice had not met its contracted target for patient sedation, but the clinical director was reviewing this and in the process of trying to recruit a sedation clinician.

Listening and learning from concerns and complaints

Information about how to raise concerns was available in the patient waiting area.

Reception staff talked knowledgeably about how they would handle a patient complaint and showed us the information leaflet they gave to patients which explained the practice's complaint procedures.

Patient complaints were monitored centrally by the compliance and governance lead to ensure each one was tracked and responded to appropriately. We reviewed two recent complaints received by the practice and saw that they had been dealt with in a timely and professional way.

Are services well-led?

Our findings

Leadership capacity and capability

At the time of inspection there was no registered manager as required as a condition of registration.

Leadership within the practice had been unstable, with four managers having been in post in the previous year. There had also been a high turnover of staff and all but one staff member was relatively new at the time of our inspection. However, a new experienced manager had just been appointed and staff told us things were improving as a result. The practice manager told us they were working hard to create a stable staff group and embed good practice.

There were regular visits from the provider's operations manager and clinical director to assist in the running of the practice. The practice manager also attended monthly meetings with managers from the provider's other practices.

Culture

Although most staff were new at the practice, they told us they felt valued, supported and respected. Staff told us they could contact senior staff within the company for advice and guidance if needed.

Staff were aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Governance and management

The practice had comprehensive 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 operations manager told us they visited all the practices within the company to ensure they were operating consistently. Staff also had access to the provider's clinical director and a head of governance.

Communication across the practice was structured around a regular meeting staff meeting. However, we read a sample of practice meeting minutes from the previous year. These were of poor quality: important topics discussed were not recorded in any depth, many were undated and did not give a record of the attendees. The new manager was aware of this shortfall and told us they planned to record more detailed minutes to ensure better communication between staff.

Appropriate and accurate information

We noted that the practice's registration certificate contained incorrect details, and this had not been noted or rectified by the provider. Prior to our inspection, we had requested information in relation to the practice's complaints management, referral systems and sedation practices. This was not submitted in a timely way, taking over a month to be sent to us, despite several requests.

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate. However, it was not always clear if documentation related to the practice itself as it sometimes referred to previous providers. This needed to be rectified and made consistent.

Engagement with patients, the public, staff and external partners

Systems to obtain patient feedback were limited at the time of our inspection, due to the covid precautions the practice had implemented, and staff no longer gave out friends and family test forms to be completed. However, there was a large poster on display in the waiting area encouraging patients to leave online reviews of the practice. At the time of our inspection the practice had scored 4.5 of 5 stars based on 8 reviews.

Continuous improvement and innovation

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, and infection prevention and control. The new manager has also undertaken additional audits to help them identify areas of improvement needed at the practice.

We were told that an appraisal system was in place for all staff, however we were not provided with evidence of written appraisals for any of the practice's previous staff.