

Shoreham Oral Care Ltd

Shoreham Oral Care - Shoreham-by-Sea

Inspection Report

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Overall summary

We carried out this announced inspection on 23 May 2019 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

Shoreham Oral Care is in Shoreham by Sea, West Sussex and provides NHS and private treatment to patients of all ages.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. Parking spaces for blue badge holders are available outside of the practice which is close to local on-street parking.

The dental team includes the principal dentist, six associate dentists, one orthodontist, one endodontist, three dental hygienists, one head nurse, three dental nurses, two trainee dental nurses, two receptionists and a business operations manager. The practice has six treatment rooms.

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 Shoreham Oral Care is the business operations manager.

On the day of inspection, we collected 48 CQC comment cards filled in by patients.

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

The practice is open:

- Monday and Wednesday 8.30am to 7pm
- Tuesday and Thursday 8.30am to 5pm
- Friday 8.30am to 4pm
- Saturday 9am to 2pm (by appointment only)

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures 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 provider 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The practice had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported; and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

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.

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 excellent, professional and fantastic. 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 supported staff to complete training relevant to their roles and had systems to help them monitor this.

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 48 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, supportive and made them feel looked after. Patients frequently commented on their confidence and trust in the practice team.

They said that treatments were always explained and alternative options offered; that appointments did not feel time limited and staff were reassuring. Patients commented that they felt listened to and the whole practice team made 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.

No action



Summary of findings

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 took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered the needs of their patient population. This included providing a ramp and a treatment room on one level.

The practice took patients' views seriously and were proactive in seeking patients' feedback. 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.

The practice had thorough and effective 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. Staff understood their roles and responsibilities and felt supported and appreciated. Team working was effective and positive.

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

The provider 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.

No action



Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment & premises and radiography (X-rays)

The practice had clear systems to keep patients safe.

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, including notification to the CQC. Staff told us of examples of safeguarding which were dealt with sensitively and appropriately.

The practice had a system to highlight vulnerable patients on records e.g. adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

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

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at seven staff recruitment records. These were well organised and showed that the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

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.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients, in line with GDC Standards for the Dental Team. A risk assessment was in place for when the dental hygienists worked without chairside support. There were suitable

Are services safe?

number of dental instruments available for the hygienist and measures were in place to ensure that dental instruments used by the hygienist were cleaned and sterilised in line with current recognised standards.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

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 were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected and patients frequently commented on the high standards of cleanliness in the practice.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

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

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentists how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were clearly typed and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance. These were monitored on a weekly basis.

Safe and appropriate use of medicines

The practice had reliable systems for the appropriate and safe handling of medicines.

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

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety and lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues; these were updated regularly. There were effective systems for monitoring the risk of safety incidents and reviewing when things went wrong.

The practice thoroughly recorded and discussed all near misses and safety incidents and viewed every incident as an opportunity to learn and improve.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by an associate dentist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

The practice had access to an intra-oral camera to enhance the delivery of care.

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.

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 and adults based on an assessment of the risk of tooth decay.

The dentists told us that where applicable 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.

The dentists described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

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 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.

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, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

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 saw the practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information.

Effective staffing

Staff new to the practice had a period of induction based on a structured and comprehensive induction programme. Staff had the skills, knowledge and experience to carry out their roles. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals, one to one meetings and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections. The whole staff team had completed training in sepsis awareness and appropriate documentation was available for staff to refer to.

The practice also had systems and processes 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.

The practice monitored all referrals on a weekly basis to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

All staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights. Patients commented positively that staff were very caring, reassuring and welcoming. Patients said staff were compassionate and understanding. We saw that staff treated patients respectfully and were kind towards patients at the reception desk and over the telephone.

The practice displayed various information, for example, information on fees, complaints and Standards for the Dental Team. Magazines and children's books were available for patients to read. A water-cooler and television were available.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity. Patients commented that their privacy and dignity were respected at all times.

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

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

Staff communicated with patients in a way that they could understand and told us that they would review the format of information in order to meet patient's specific needs. Practice information was available in large print. Several languages were spoken at the practice, for example, Greek, Hindi, Punjabi, Arabic and Romanian. The practice had plans in place to implement information leaflets in various languages.

The practice gave patients clear information to help them make informed choices. The dentists described to us the methods they used to help patients understand treatment options discussed. These included, for example, videos, pictures, models and radiograph images. Additionally, an intra-oral camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Patients confirmed that staff listened to them and discussed options for treatment with them in a clear and accessible way.

The practice's website and information leaflet 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 people's needs

The practice took account of patients' needs and preferences in organising and delivering services. Patients described high levels of satisfaction with the responsive service provided by the practice.

A disability access audit had been completed. The practice had made reasonable adjustments for patients with disabilities. This included a wheelchair ramp. Patients were able to access a ground floor treatment room if unable to use the stairs. Patients would be assisted in and out of the practice if required, for example, to assist with mobility aids.

Staff told us that the practice worked flexibly and made adjustments to enable patients to have their needs accommodated. For example, staff at the practice recognised when nervous patients needed additional support, emotional and environmental.

Staff told us that some patients were telephoned prior to their appointments to make sure they could get to the practice and following lengthy treatments. Additionally, staff made courtesy calls if patients had been generally unwell or they had reason to review their well-being.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

Staff told us that patients who requested an urgent appointment were always 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 displayed its opening hours in the premises and included it on their website and in their information leaflet.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients were referred to the local emergency dental service. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The principal dentist and was responsible for dealing with complaints. They told us that they would aim to settle complaints in-house and invite patients to speak with them in person to discuss these. Staff told us they would tell the principal dentist or business operations manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice displayed its complaints policy in the patient waiting area. This explained how patients could make a complaint and contained information 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 within 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

Leadership capacity and capability

The principal dentist had the experience, capacity and skills to lead on the delivery of high-quality, sustainable care and together with the business operations manager worked with the whole staff team to deliver the practice strategy.

All staff worked closely to prioritise the quality of future services and address risks to it.

Vision and strategy

The practice vision was to provide patients with a highly personalised service which aims to exceed people's expectations in terms of patient care.

Culture

The culture of the practice focused on the needs of patients. Staff shared and demonstrated a common set of values to ensure that dental services provided by the practice focused on providing a caring, family orientated and personalised approach.

Staff stated that they felt respected, supported and valued. They were proud to work in the practice. They told us that they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. The practice was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The business operations manager was responsible for the day to day running of the service. All staff understood their roles and responsibilities and there were clear systems of accountability to support good governance and management.

The practice had a system of clinical governance in place which included policies, protocols and procedures. These were accessible to all members of staff and reviewed appropriately.

There were clear and effective processes for managing risks, issues and performance. The practice was proactive in assessing and mitigating any risks and it was evident that any issues raised were dealt with promptly.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Systems and processes supported the confidentiality of people using the service.

Engagement with patients, the public, staff and external partners

The practice involved patients and staff to support high-quality sustainable services.

The practice used verbal comments and satisfaction surveys to obtain patients' views about the service. Patients were also sent a link to the practice website to review the services received. We saw examples of suggestions from patients the practice had acted on. The practice made changes to improve cleanliness when using tablets to complete medical histories. Pens for writing on tablets were made available to patients and hand sanitiser was provided.

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.

The practice had effective systems to support open and transparent communication within the practice. For example, the practice had implemented a system of communication whereby each treatment room contained a communication book. Staff documented any issue that impacted upon them doing their job. These were collected on a weekly basis, reviewed and actions taken to remove the issue. Daily memos were used for more urgent communication. Staff felt involved in the running of the practice.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, changes were made to the organisation of staff rotas which staff felt positively about.

Continuous improvement and innovation

There were systems and processes for learning and encouraging improvements within the practice. These included audits of infection prevention and control,

Are services well-led?

radiographs, clinical records, hand hygiene, complaints, referrals and disability access. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist and business operations manager showed a strong commitment to learning and improvement and strongly valued the contributions made to the team by individual members of staff. Staff were encouraged to develop their skills and explore areas of interest. Staff told us they felt motivated to achieve within their roles.

The dental nurses had annual appraisal. Dentists and dental hygienists had personal development plans in place. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in staff folders.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. Additionally, the practice scheduled monthly CPD training whereby staff would complete an online training programme and then discuss this in a staff meeting. This process increased motivation to learn and facilitated effective transfer of knowledge.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.