Dental Solution Ltd

Dental Solution

Inspection Report

1st Floor Woolwich House
43 George Street
Croydon, Surrey
CR01LB
Tel:020 8688 1311
Website: n/a

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Overall summary

We carried out an announced comprehensive inspection on 22 April 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

Dental Solution is located in the London Borough of Croydon and provides predominantly NHS dental services. The demographics of the practice were generally mixed, serving patients from a range of social and ethnic backgrounds including from the local Polish community.

The practice staffing consists of three dentists, three dental nurses and a receptionist.

The practice is open from 9.00am to 5.00pm on Monday to Fridays and 9.00 to 2.00pm on Saturdays. The practice is located on the first floor of the building and there is a lift for patients with mobility problems. The facilities include three consultation rooms, a reception area, patient waiting room, decontamination room, staff room/ kitchen. The premises were wheelchair accessible including a wheelchair accessible toilet for patients.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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 dentist specialist advisor.

We received 44 completed Care Quality Commission comment cards. Patient feedback was very positive about

Summary of findings

the service. Patients told us that staff were professional and caring and treated them with respect. They gave examples of where staff had shown empathy and were friendly. Patients also commented on the good availability of appointments and the practices' willingness to accommodate urgent appointments. They commented that the premises was always clean and tidy and they described the service as very good and providing an excellent standard of care.

Our key findings were:

- Appropriate systems were in place to safeguard patients from abuse
- The provider had emergency medicines and equipment such as oxygen and an automated external defibrillator (AED) in line with national guidance.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- All clinical staff were up to date with their continuing professional development.
- 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.
- Governance arrangements were in place for the smooth running of the practice. Leadership was clear and audits were completed for continuous improvements.

There were areas where the provider could make improvements and should:

- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's audit protocols of various aspects of the service, such as radiography and dental care records and infection control at regular intervals to help improve the quality of service. Practice should also check that where applicable audits have documented learning points and the resulting improvements can be demonstrated.

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 provider had systems in place to ensure patients were safeguarded from abuse. Staff had completed child protection training to the appropriate levels and also completed safeguarding training.

Systems were in place for the provider to receive safety alerts from external organisations. Processes were in place for staff to learn from incidents. Lessons learnt were shared with staff. The practice undertook risk assessment for health and safety, and equipment and materials were maintained well.

Dental instruments were decontaminated appropriately. Medicines, including oxygen were available in the event of a medical emergency.. The practice did not have an automated external defibrillator (AED) but we saw documentation that one had been ordered and was due to be delivered in the coming days. Processes were in place to recruit staff to the service in a safe way.

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 although some staff required refresher training to update their knowledge.

Patient details were updated regularly in the dental care records though improvements could be made to ensure clinical assessment details were suitably documented. Information was available to patients relating to health promotion including smoking cessation and maintaining good oral health. The practice was proactive in promoting good oral health.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Feedback from patients was positive. We received feedback from 45 patients via completed Care Quality Commission comment cards and speaking with patients on the day of the inspection. Patients stated that they were involved with their treatment planning and able to make informed decisions and that staff acted in a professional manner. 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.

Patients had access to the service which included information available via the practice leaflet and website. Urgent on the day appointments were available during opening hours. 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 appropriate facilities for patients with mobility problems. Information was available in accessible formats. A high number of patients had Polish as their first language and their needs were met suitably through staff being able to speak Polish.

Summary of findings

There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients.

Are services well-led?

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

Governance arrangements were in place for effective management of the practice. Staff meetings were held where information was shared and opportunities existed for staff to develop. Audits were being conducted. Staff received annual appraisals and told us they were confident in their work and felt well-supported.

Dental Solution

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 22 April 2016 and was led by a CQC inspector and a dental specialist adviser. 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 a dentist, dental nurses and the receptionist, reviewing documents, completed patient feedback forms and observations. We received feedback from 45 patients via completed Care Quality Commission comments cards and speaking with patients on the day of the inspection.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems in place to receive safety alerts by email and ensure they were shared with staff working in the practice. All safety alerts were received through the generic email and the principal dentist was responsible for reviewing them and ensuring staff had read them if applicable. This included alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England updates. Staff we spoke with confirmed they were made aware of relevant safety alerts.

There had not been any accidents recorded over the past 12 months. We discussed accident and incident reporting with the principal dentist and their explanations of how they were handled were in line with the practice policy. We also discussed with the principal dentist about the handling of incidents and the duty of candour. The explanation was in line with the duty of candour expectations. The example given showed that the person affected was updated, received an apology and informed of the action taken and lessons learnt by the practice. [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 practice manager and principal dentist demonstrated a good understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) Regulations 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 principal dentist was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and children protection. We reviewed staff training records and saw that all staff had completed appropriate safeguarding training to the required level. Details of the local authority safeguarding teams were displayed at the staff reception desk. Staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

Some dentists in the practice were 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. We found that a rubber dam was not used in all root canal treatments. The dentists we spoke with told us that in some cases patients refused the use of the rubber dam. However, we did not find this clearly documented in the dental records we reviewed where root canal treatment had been undertaken.

The system for managing medical histories was comprehensive. All patients were requested to complete medical history forms including existing medical conditions, social history and medication they were taking. Medical histories were reviewed at each subsequent visit and updated if required. 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. Medical emergencies drugs were stored securely. Staff checked the medicines every three months and monitored expiry of medication. All medication was in date. Staff also had access to medical oxygen. The practice did not have an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. We discussed this with the principal dentist and we were shown documentation that one had been ordered and was due to be received in the next few days. The practice also had a longstanding arrangement with a nearby pharmacy to use their AED if necessary. [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]. Staff told us they carried out checks to ensure equipment was in working order in the event of needing to use them.

All clinical staff had completed recent basic life support training which was repeated annually in the practice for all staff. Staff were aware of where medical equipment was kept and knew how to use the medical oxygen.

Staff recruitment

There was a full complement of the staffing team. The team consisted of three dentists, three dental nurses and a receptionist. The principal dentist told us that the current staffing numbers were sufficient to meet the needs of their patients.

The majority of staff had been employed in the service for many years. We saw that the appropriate checks at the time of their employment were carried out.

In the event of the provider taking on any new staff, there was an appropriate selection and employment policy in place. This included requiring applicants to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations (where applicable). All staff had an up to date Disclosure and Barring Services (DBS) check. (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 health and safety policy and appropriate plans in place to deal with foreseeable emergencies. A Health and Safety Executive notice was displayed informing staff and patients about H&S and relevant contact numbers. The health and safety policy covered identifying hazards and matters relating to staff and people who accessed the practice.

The practice was prepared to respond to emergencies arising from unexpected incidents. For example the principal dentist gave us an example of how they responded to a recent event where they had a total loss of power. The practice was without electricity for a day and a half. The principal dentist explained that they always had printed copies of the next day's appointments so they were able to contact patients who had appointments to make them aware of the situation and make alternative arrangements for them.

The practice had completed a health and safety risk assessment in March 2015 and was due to repeat it again soon. The assessment covered various areas including assessing risks in the premises and equipment. They had also completed a general premises risk assessment in October 2015.

A fire risk assessment had been completed in January 2013. Fire drills were conducted every six months. The last fire drill was carried out in December 2015. Fire evacuation procedures were displayed appropriately throughout the practice including the reception area.

Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections. The head dental nurse was the infection control lead.

There was a separate decontamination room. There were three sinks in the decontamination room in line with current guidance; one for hand washing and two were used for cleaning and rinsing dental instruments. One of the dental nurses 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 placing in a washer disinfector (water temperatures were checked); manually scrubbing; rinsing; examining 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. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

There were two autoclaves. We saw records of all the daily and weekly checks and tests that were carried out on the autoclave to ensure it was working effectively. Autoclaves were drained at the end of each day in line with current guidance. There was an ultra-sonic cleaner. We saw appropriate records that confirmed the relevant tests were performed.

Are services safe?

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 were stored appropriately until collection by an eternal company, every week. Staff had appropriate knowledge of the inoculation protocols and knew how to report sharps injuries.

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. Wall mounted paper hand towels and hand gel was available.

The surgeries were visibly clean and tidy and free from clutter. We were told the dental nurses were 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. External cleaning staff had been appointed for the domestic cleaning at the practice.

An up to date external Legionella risk assessment had been carried out in September 2015. The results of the assessment were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Purified water was used in dental lines and managed with a purifying solution. Taps were flushed daily in line with recommendations.

The practice carried out monthly infection control audits every month. We reviewed the last audit conducted in March and April 2016. The audits were not comprehensive. We discussed this with the principal dentist and they agreed that they would ensure future audits were completed to monitor standards and improve the service.

Equipment and medicines

There were appropriate arrangements in place to ensure equipment was maintained. Service contracts were in place for the maintenance of equipment including the autoclave. There were two autoclaves and they had all been serviced in September 2015. The ultra-sonic cleaner was serviced in May 2015. The pressure vessel certificate was dated June 2015.

Medication was stored and monitored appropriately.

Radiography (X-rays)

The practice had a radiation protection file that was up to date and demonstrated appropriate maintenance of X-ray equipment. This included completing critical examination for all X-ray units in January 2016. We saw documentation to confirm there was a three yearly maintenance contract in place. The principal dentist was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA).

All relevant staff had completed radiation training. Individual audits were completed for each X-ray unit however the practice were not carrying out annual radiography audits.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists used current guidelines such as those from the National Institute for Health and Care Excellence (NICE) to assess each patient's risks. We saw that they were following current guidance.

The dentists we spoke with told us that they carried out assessments which included completing a medical history, outlining medical conditions and allergies (which was reviewed at each visit), took a social history recording habits such as eating and activity and completed an extra- and intra-oral examination. We saw some evidence of assessments to establish individual patient needs. However, improvements were required to ensure the reason for visit and a full clinical assessment were suitably documented. Dentists told us they completed an assessment of the periodontal tissue.

Health promotion & prevention

We saw evidence that clinicians in the practice were proactive with giving patients health promotion and prevention advice. For example smoking and diet advice and oral health education advice given. Staff also gave patients teeth brushing techniques and advice on products to use.

There was a range of printed information available to patients in the waiting room and surgeries as well as posters on display in the patient waiting area.

Staffing

All clinical staff had current registration with their professional body, the General Dental Council and were all up to date with 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]. Training completed included infection control, safeguarding and radiography. We saw numerous examples of opportunities that existed for staff for further training and to undertake courses in addition to the core and mandatory requirements.

Working with other services

The practice had processes in place for effective working with other services. For example to endodontic, orthodontists and for oral surgery. All referrals were made using a standard proforma. Information relating to patients' relevant personal details, reason for referral and medical history was contained in the referral. Copies of all referrals made were kept on the patients' dental care records. 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

All the dentists demonstrated understanding of the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle. They gave us examples of when the MCA could be used and how it related to them in their role. [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]. Some staff had not completed Mental Capacity Act training and were not wholly confident in application of the Act.

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 45 patients. Feedback was very positive. Patients told us that staff provided a caring, professional and friendly service. Patients commented that they were treated with respect and dignity and staff went out of their way to make them comfortable. Patients also gave examples of where they were treated with dignity and respect.

Staff told us that they ensured they maintained patients' privacy during consultations by closing doors and asking if they were comfortable. During our inspection we observed staff being respectful by ensuring that when patients were receiving treatment the door to the treatment rooms was closed and conversations could not be overheard in the surgery. We saw that reception staff made efforts to speak with lowered voices so conversations could not be overheard.

Patients' information was held securely electronically. All computers were password protected with individual login requirements

Involvement in decisions about care and treatment

Comments received from patients confirmed that dentists' explanations were thorough and communicated well. For example comment cards stated that the dentist explained things well and made patients aware of the treatment they needed.

The dentists explained how they involved patients in decisions about their care and treatment. This included using visual aids and models to help them understand the diagnoses and proposed treatment. Discussions with patients and efforts to involve them were not always clearly documented in dental care records; however the dentists we spoke with gave us examples of consultation discussions.

The practice also displayed costs of the treatment procedures in the waiting area. Treatment options were discussed with the benefits and consequences pointed out.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an appropriate appointments system that responded to the needs of their patients. The practice is open from 9.00am to 5.00pm Monday to Fridays and 9.00am to 2.00pm on Saturdays. Staff told us these times, were reflective of patients' needs. Some patients we received feedback from commented that the opening times suited their needs.

Emergency and non-routine appointments were available every day during opening times. If a patient had an emergency they were asked to attend the surgery, and would be seen as soon as possible.

Tackling inequity and promoting equality

Staff told us that the local population was diverse with a mix of patients from various cultures and background including the local Polish community. The staff team was diverse and staff spoke Polish as well as other languages which included Arabic, Russian and Italian. Staff also had access to NHS translation services if patients spoke another language that staff did not speak.

The practice was located on the first floor and the building was fully wheelchair accessible. There was a lift to enable people with mobility problems to access the practice. The practice manager gave us examples of when they had made reasonable adjustments to enable patients to receive treatment. This included booking longer appointments for vulnerable patients and providing information in accessible formats such as other languages.

Access to the service

The practice opening times were advertised on the practice door, the practice leaflet and on the website. The practice was open from 9.00am to 5.00pm Monday to Friday and from 9.00am to 2.00pm on Saturdays

Appointments were booked by calling the practice or in person by attending the practice. Staff told us that there were not usually any problems with the availability of appointments.

If a patient needed to see a dentist outside of normal opening times they were directed to contact the "111" hours services. They were informed of the service via the recorded message on the practice answer machine and a poster in the patient waiting area and on their website.

Staff told us that in the event of a patients having an emergency or needing an urgent appointment they were fitted in to the appointment schedule.

Concerns & complaints

At the time of our visit there had been one complaint in the past 12 months. We saw the complaint had been handled in line with their policy. Staff we spoke with demonstrated knowledge of their complaints procedure, including knowing timescales for responding, and what to do in the event of a patient needing to make a complaint. There was a complaint form that reception staff had access to in the event of someone wanting to make a complaint.

Information relating to complaints was readily available to patients. A copy of the complaints policy was displayed on the noticeboard in the reception area.

Are services well-led?

Our findings

Governance arrangements

The practice had a range of policies and procedures and an employee handbook for the smooth running of the service which were available electronically or in paper format. Practice organisations charts were also available so lines of responsibility and delegation of power was clear.

Some of the dental care records we checked were complete, legible and stored securely. However we noted improvements were required to ensure all records were legible and consultations were fully documented. We noted in some cases there was on record of options discussed or advice given. We discussed this with the dentists and they acknowledged the need to ensure that their notes were comprehensive and reflective of consultations.

The practice completed audits which included infection control and disability access. We saw that whilst audits were completed they were not comprehensive. For example the infection control audits did not cover all areas expected and the form to record was limited, only allowing for brief action points. We discussed this with the principal dentist and they agreed that improvements could be made to make the audits more meaningful.

Leadership, openness and transparency

Staff were clear about the lines of responsibilities and were confident in approaching the principal dentist to discuss issues if they needed to. Leadership was clear with the principal dentists having a clear presence.

We discussed the Duty of Candour requirement in place on providers with the principal dentist 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.

Learning and improvement

There was a focus on learning and we saw evidence that staff were supported to develop.

The practice had processes in place to ensure staff were supported to develop and continuously improve. There was mandatory training that all staff completed on an annual basis, this included basic life support and infection control. Staff told us that all staff had appraisals which were reviewed every six months. We reviewed a sample of appraisals which had been completed recently. We saw they were completed appropriately with training and development outlined and clear developmental goals. Staff confirmed that appraisals were used to identify their learning and development needs and assist in their improvement.

Staff meetings were held every month with all staff and separate meetings were also held frequently with the dentists. Staff confirmed that they found the meetings useful and they received appropriate updates and were notified about events where lessons could be learnt. We reviewed the team meeting minutes and saw that topics such as infection control training, changes to the appointments system and complaints were discussed.

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

The practice participated in the NHS Friends and Family Test (FFT). They received approximately 10 completed forms every month. Results from the FFT were analysed to pick up any patient feedback. The practice also had a system in place to gain patient feedback through suggestions. We saw examples of the practice acting on patient feedback, for example patients had suggested that more reading material should be available for children. In response to this the practice had made children's books available for patients in the waiting area.