

Splendent Care Limited

Day & Senior Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 29 August 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 Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information.

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

Day & Senior Dental Practice is in the South East London borough of Bromley. It provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for patients with disabled badges, are available near the practice.

The clinical dental team includes four dentists, a head dental nurse, a dental nurse and a trainee dental nurse (both of whom also work as receptionists), a dental

Summary of findings

hygienist therapist. The non-clinical dental team includes a managing director, a general manager, a practice manager, two receptionists, and a domestic staff member. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 Day & Senior Dental Practice was the managing director.

On the day of inspection we collected feedback from 13 patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, a dental nurse, a trainee dental nurse, a receptionists, the practice manager, the general manager, and the managing director. We checked practice policies and procedures, and other records about how the service is managed.

The practice is open at the following times:

Monday and Thursday: 9am to 6pm

Tuesday: 9am to 7pm

Wednesday: 8am to 5pm

Friday: 9am to 4pm

Saturday: 9am to 3pm.

Our key findings were:

- The practice was clean and well maintained.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- 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 appointment system met patients' needs.
- The practice had effective leadership. 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 dealt with complaints positively and efficiently.
- The practice had systems to help them manage risk. Improvements could be made to ensure actions identified were implemented.
- Improvements could be made to establish an effective system for reporting, recording and discussing significant events and incidents.
- The practice had infection control procedures. Improvements could be made to ensure the infection prevention and control audit was carried out in accordance with current recommended intervals.

Shortly after the inspection the practice took steps to begin to address the issues we identified.

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

- Review current arrangements to ensure all actions from risk assessments are reviewed and responded to, and improvements are made as a result.
- Review the practice's system for recording, investigating and reviewing incidents or significant events, with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review practice procedures to ensure the infection prevention and control audit is carried out every six months in line with current guidance.

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 complaints to help them improve. Improvements could be made to establish an effective process for reporting, documenting and learning from significant events and incidents.

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. Improvements could be made to ensure the infection prevention and control audit was conducted in accordance with current recommended intervals.

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

Very shortly after the inspection the practice began to address issues we identified.

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 professional, caring and thorough. 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 was proactive at improving health outcomes for local people; they offered older local residents a free oral cancer health check.

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 13 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, caring and supportive. They said that they were given honest and thorough explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

No action



Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

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. This included providing facilities for disabled patients and families with children. The practice had access to 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.

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. There was a clearly defined management structure and staff felt supported and appreciated.

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, though improvements could be made to ensure actions from risk assessments were responded to.

The practice's leaders asked for and listening to the views of patients and staff.

Shortly after the inspection the practice began to address the issues we identified.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a log for recording incidents and significant events, though there was no process for managing these.

We were informed of incidents that had occurred, though the practice had not recorded them on the log or discussed them to reduce risk and support future learning. Very shortly after the inspection the practice manager created a significant event protocol; they told us they had shared this with all practice staff, and that they would begin to discuss significant events at the next staff meeting in September 2017.

The practice recorded accidents in their accident book; improvements could be made to ensure full details of actions taken in response to an accident were recorded in the book. Very shortly after the inspection the practice ensured the necessary information was recorded.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The practice manager shared relevant alerts with staff, and acted on and stored them 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. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance, except portable suction and a self-inflating mask and bag. Very shortly after the inspection the practice told us they had ordered this equipment. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at one staff recruitment file. This showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and covered general workplace and specific dental topics. One of them was not dated, and some had not been reviewed to help manage potential risk. Some medium to high risk actions had not been acted on. Very shortly after the inspection the practice provided us with assurance they had begun to review the risk assessments to ensure the necessary improvements were made.

The practice had employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and the dental therapist when they treated patients.

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:

Are services safe?

Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed regular infection prevention and control training.

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. The latest audits were carried out at a six month interval in line with the current guidance. The latest audit 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, with the exception of the ultrasonic bath. Shortly after the inspection the practice manager assured us they were seeking quotes for the bath to be serviced.

Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing 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.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation. Improvements could be made to ensure there was an improvement action wherever errors had been identified.

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

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

A dental nurse supported dentists treating patients under sedation. The dental nurses' name was recorded in patients' dental care records. The nurse told us they had received the appropriate additional training though we were not presented with evidence of this when requested. The practice manager sent us a sedation training certificate for a different dental nurse and told us they would ensure this nurse assisted the dentist in future for procedures carried out under sedation.

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.

The practice told us that after identifying a large older patient demographic, they created and distributed leaflets in the locality offering free oral cancer checks to older people. This offer was not restricted to registered patients.

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 during informal discussions and annual appraisals. We saw evidence of completed appraisals for clinical and non-clinical 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 with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Clinical Excellence (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

Are services effective?

(for example, treatment is effective)

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 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.

We received feedback about the practice from 13 patients. Patients commented positively that staff were friendly, caring and helpful. We saw that staff treated patients with courtesy and kindness; they 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. 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 in the waiting room. The practice provided refreshments. 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 and more complex treatment.

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 visual aids 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.

Staff told us that they did not have any patients for whom they needed to make adjustments to enable them to receive treatment.

Staff told us they placed alerts of patients' preferences, such as their favourite music, in order to create a welcoming and positive experience for them. They told us they invited nervous patients to attend the practice for a familiarisation visit.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

Access to the service

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

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

The practice was committed to seeing patients experiencing dental pain on the same day. They took part in an emergency on-call arrangement with two other local practices owned by the same provider. 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 manager was responsible for dealing with complaints. 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 any issues. There was a poster clearly displayed in the waiting area informing patients about how to make a complaint; this included details about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

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 registered manager 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, with the exception of the process for dealing with significant events in the practice.

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. Improvements could be made to ensure all risk assessments were reviewed and responded to. Shortly after the inspection the practice took steps to begin to address outstanding actions from risk assessments.

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 to offer an apology 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. Staff discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held regular documented 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, though improvements could be made to ensure there were resulting action plans and improvements.

The practice's leaders showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff 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 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.

Only one member of staff had received formal fire safety training. During the inspection staff present completed online fire safety training, and the practice told us they would arrange formal training shortly.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. The practice told us about a suggestion they had implemented from a patient to improve the décor of the waiting area.

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.