

Dr Hindocha Limited

# Total Dental Care - Saffron Lane

## Inspection Report

598 Saffron Lane  
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### Overall summary

We carried out this announced inspection on 23 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 CQC inspector who was supported by two specialist dental advisers.

We told the NHS England area team that we were inspecting the practice. They did not provide any information for us to take into account.

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**

Total Dental Care – Saffron Lane is located in Leicester and provides mostly NHS treatment to patients of all ages. There are a small number of private patients registered.

# Summary of findings

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available in the practice's car park at the rear of the building. There are also a small number of spaces at the front of the building for disabled patients who are blue badge holders.

The dental team includes four dentists, (including the principal dentist) three dental nurses, (one nurse is a decontamination lead and one is a treatment co-ordinator) and two trainee dental surgery assistants. The practice is supported by an administrative manager and a practice manager who work across three other Total Dental Care sites in the City of Leicester.

The practice has three treatment rooms; two of these are located on the ground floor.

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 Total Dental Care – Saffron Lane is the principal dentist.

On the day of inspection we collected 40 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, one dental nurse, a trainee dental surgery assistant and the administrative manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday 8.45am to 5.30pm and Friday 8.45am to 4.45pm.

## Our key findings were:

- The practice ethos included the delivery of a high standard of dental treatment in a caring and safe environment.

- Effective leadership from the provider and practice management was evident.
- Staff had been trained to deal with emergencies and appropriate medicines and most lifesaving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting and shared learning when untoward incidents occurred in the practice. We noted that the process required some strengthening.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice were aware of the needs of the local population and took these into account when delivering the service.
- Patients had access to routine treatment and urgent care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- The practice asked staff and patients for feedback about the services they provided.

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

- Review practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice.
- Ensure practice policy and the principle of Gillick competence is incorporated.

# 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. We found the system for the logging of incidents could be strengthened.

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 a number of essential recruitment checks, although we noted exceptions in relation to staff photographic identity and references.

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

The practice had mostly 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 very good, thorough and professional. 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 40 people. Patients were positive about all aspects of the service the practice provided. We received a large number of positive comments praising practice staff. We were told that staff were patient, caring and went out of their way to provide assistance when needed. They also said their dentist listened to them. Patients commented that staff 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 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 used the practice's computer system to alert staff if patients had any difficulties or required assistance.

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.

We noted robust arrangements regarding the practice monitoring of clinical and non-clinical areas of work to help staff improve and learn. This included asking for and listening to the views of patients and staff.

No action



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew to report incidents and told us they would speak with practice management.

The practice responded to and discussed all incidents to reduce risk and support future learning. We looked at complaints where staff learning points had been identified. Minutes of staff meetings showed that group discussions had taken place. We did not find that a formal reporting system was used for the recording of incidents, at the point they were identified. This presented a risk that some incidents may be inadvertently missed or insufficient detail recorded. The practice did have a reporting form but this had not been used and was limited in scope. We discussed this with the provider and practice management and were informed that they would review the system for recording incidents.

We noted one accident had been recorded in the previous twelve months.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The alerts were received directly to the principal dentist and the principal dentist told us they passed these to practice management for appropriate action. The practice had not maintained a log of relevant alerts received to show any action taken in response. We were however provided with assurance that they were acted upon. Following our inspection, the provider told us they had changed their system and the administrative manager was also signed up to receive these alerts. We were told that a log would be implemented and a standing item placed on the agenda at practice meetings to ensure that all staff were made aware of relevant alerts.

### 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 administrative manager was the lead for safeguarding matters.

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

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. The practice had adopted a process for the review of COSHH data annually to ensure their records were up to date. We did note however that the COSHH folder also contained some historical records which required removal.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed. We noted that the practice had not implemented the safer sharps system, a requirement from EU Directive. They had however, taken measures to manage the risks of sharps injuries by using a safeguard when handling needles. We noted compliance with sharp dental items being disposed of appropriately. Following our inspection, the provider contacted us and advised that the practice had made a decision to move to a safer sharps system and they had ordered the items for immediate use. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

We looked at the arrangements for clinical waste and saw that whilst waste was stored in a suitable container, it was not locked (on the day of our inspection) and not secured to a fixture at the rear of the building. The area was secured at the end of each day however as the car park gates were locked. Following our inspection, the principal dentist provided us with evidence that they had secured the waste bin.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. We noted that the plan did not contain contact details for utility companies/external organisations which may be required quickly in the event of an emergency.

# Are services safe?

## Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. The last training had taken place in June 2017.

Most emergency equipment and medicines were available as described in recognised guidance. We noted that oropharyngeal airways in all four sizes required obtaining as two sizes were held but had expired. We also noted that some syringes and needles required replacement as they had expired.

Staff kept monthly records of their checks to make sure these were available and in working order.

## Staff recruitment

The practice had a staff recruitment procedure to help them employ suitable staff. We looked at four staff recruitment files, three of these related to more recently employed staff. Whilst most relevant information was held on record, we noted that references or evidence of previous satisfactory conduct were missing in relation to three staff. We were informed that references had been applied for but had not been received. We also noted that two staff files did not contain photographic staff identity.

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 reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists 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:

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

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

The practice carried out infection prevention and control audits twice a year. The latest audit in August 2017 showed the practice was meeting the required standards. The audit score was 99%. In addition, the lead decontamination lead undertook spot check audits on trainee nurses to ensure infection control training was effective and embedded.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The risk assessment was undertaken in October 2015 and all recommendations had been actioned.

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

## Equipment and medicines

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

The practice had suitable systems for prescribing, 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 following current guidance and legislation.

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. Dental care records we looked at showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the soft tissues lining the mouth and condition of the gums using the basic periodontal examination scores.

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

### 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 all 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. Leaflets we looked at also included advice for children regarding their dental health. Free key rings were available at the reception desk for patients to take which included contact information for the practice.

The practice raised awareness to its patients about the use of antibiotics and their ineffectiveness in treating toothache. They had posted information in the reception area to advise their patients of these facts.

### Staffing

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

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals. In addition, the principal dentist had undertaken training observations with two of the dentists to provide feedback regarding their work.

### 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 NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

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

The practice had adopted a policy 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 practice's consent policy referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. We noted some disparity with the principle of Gillick competence as the practice had adopted a policy which stated that children under the age of 16 would not be treated without an adult in attendance.

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

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

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

Patients commented positively that staff were understanding, patient and helpful. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients could choose whether they saw a male or female dentist.

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

Staff password protected patients' electronic care records and backed these up to secure storage. Paper records had all been scanned, so they were not kept in the practice.

### **Involvement in decisions about care and treatment**

The practice mostly offered NHS dental treatments (90%)  
The costs for NHS and private dental treatment were contained in practice information literature.

The practice gave patients clear information to help them make informed choices. Patients confirmed in CQC comment cards 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. The dentist told us that when they treated children they involved them in discussions to ensure shared decision making.

We received a large number of extremely positive comments from patients who left feedback in CQC comment cards. They told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as dental implants.

Each of the surgery rooms was equipped with technology to help diagnose patients when treatments were required and to explain the treatment options available.

# 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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff told us about additional measures taken to help anxious and claustrophobic patients. One example included providing a fan in the treatment room which helped a patient remain calm when receiving treatment. Staff told us that the computer system allowed for flags to be placed on patient records so staff were aware of any special considerations.

The practice contacted patients by text message a day before their appointment was due and issued recall reminder letters to those who were not already booked in for an appointment.

### Promoting equality

The practice made reasonable adjustments for most patients with disabilities. They had undertaken an access audit. Adjustments made included step free access, a handrail and an accessible toilet on the ground floor. The practice did not have a hearing loop installed at reception.

The practice had access to interpreter/translation services, although we were informed that this service had not yet been used. We noted that some of the practice staff spoke other languages which included Asian languages and French.

### Access to the service

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

The practice was committed to seeing patients experiencing pain on the same day and offered patients an appointment when the dentists had available time during the day. The information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients were directed to the NHS 111 service. Patients confirmed they could make routine and emergency appointments easily and were not often kept waiting for their appointment. A member of staff told us that a flag appeared on the practice computer system which turned to amber or red if a patient was kept waiting for their appointment. This prompted staff to explain to the patient if their appointment had become delayed.

### Concerns & complaints

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

The administrative manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these if considered appropriate. Information was available 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 last 15 months. Complaints we reviewed showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. For example, as a result of a complaint, a new procedure was implemented regarding action to be taken by the practice when a dentist was absent.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist who was also the registered manager had overall responsibility for the management and clinical leadership of the practice. The administrative manager and practice manager who worked across the practices were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and 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 administrative 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 administrative manager was approachable, would listen to their concerns and act appropriately. The administrative manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

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

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. In addition, the principal dentist had supported some of the dentists by undertaking training observations and provided feedback to continuously

improve the quality of the service delivered. The decontamination lead had also undertaken spot checks on trainee staff to ensure they were compliant with infection control processes and that training was effective.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team 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. We were provided with examples about staff development which had taken place. This included the decontamination lead who had qualified as a dental nurse during her employment at the practice, the administrative manager who had undertaken a business administration course; and one of the dental nurses who had qualified at the practice and undertaken a fluoride application course.

The principal dentist told us that the practice were planning to implement group training exercises during future staff meetings. This would involve staff members reviewing directives/guidance and discussing the findings.

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

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

The practice used feedback to obtain staff and patients' views about the service. We saw examples of suggestions from staff the practice had acted on. A member of staff told us that they received more guidance about how long to book patients in for their appointments, depending on their treatment needs. This helped to ensure that appointments were not overbooked.

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. Results collated by the practice during May, June and July 2017 showed that a total of 27 patients submitted their views. Of these, 21 were likely or extremely likely to recommend the practice, four patients were unsure either way and two patients were unlikely to.