

Steyning Dental Care Limited

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Inspection Report

Steyning Health Centre

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Overall summary

We carried out this announced inspection on 11 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told NHS England 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

Steyning Dental Care is located in Steyning. It provides NHS and private treatment to patients of all ages.

The practice occupies premises on the second floor of Steyning Health Centre. There are three treatment rooms,

Summary of findings

a decontamination room and a reception area and a separate patient waiting room. The practice holds contracts to provide NHS treatment, minor oral surgery and conscious sedation.

The dental team includes one associate dentist, two locum dentists, one dental hygienist, two dental nurses, one trainee dental nurse, two part time receptionists and a practice manager who performs a dual role as a receptionist.

The practice is owned by a company and is registered with the Care Quality Commission as part of Southern Dental organisation. As a condition of registration they 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 Steyning Dental Care was the practice manager.

During the inspection we spoke with two dentists, one nurse, two receptionists, the practice manager and the regional clinical lead and compliance manager for the company. We looked at practice policies and procedures and other records about how the service is managed.

On the day of inspection we spoke with four patients and collected 19 comments cards that were completed prior to the inspection.

The practice is open: Monday to Thursday from 8.30am to 5.30pm and Friday from 9am to 5pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The 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 asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints in an appropriate manner.

We found areas where the provider could make improvements and should:

- Review the practice's system for documentation of actions taken, and learning shared, in response to incidents with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's audit protocols to ensure audits of various aspects of the service, such as radiography are undertaken at regular intervals to help improve the quality of service. The practice should also ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.
- Review the ways in which governance arrangements were overseen and monitored by the company.

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. Improvements were required to enhance staff knowledge and understanding of significant events to reduce risk and support future learning.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

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

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

No action



Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as very good and professional. The dentists had discussions regarding treatment with patients so they could gain valid 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 23 people. Patients were mostly positive about the overall service the practice provided. They told us that the staff were always helpful, polite and attentive. They said they were given information about their oral health and treatment requirements; and said their dentists listened to them and put them at ease.

Some patients commented on the recent turnover of staff and resulting changes made to appointments.

Staff told us that the practice had experienced difficulties in recruitment and was working hard to prevent recurrence.

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 and had made reasonable adjustments where able.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints in an appropriate manner.

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.

Improvements were required to review the structures in place to support the practice.

Patient dental care records were well maintained and stored securely.

The practice monitored some clinical and non-clinical areas of their work to help them improve and learn. Improvements were underway to ensure that this included all necessary areas as per current national guidance. The views of patients and staff were asked for and listened to.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate and respond to accidents and incidents. Some staff were aware of the procedures though improvements were required to enhance staff knowledge and understanding of significant events to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored 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 all staff received safeguarding training.

Staff we spoke with 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. In instances where the rubber dam was not used, such as for example refusal by the patient this was suitably documented in the dental care record and a risk assessment was completed.

The practice had a business continuity plan describing how the practice would deal 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.

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

Staff recruitment

The practice had a staff recruitment procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at six staff recruitment records. These showed that 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 reviewed yearly to help manage potential risk. These covered general workplace and specific dental topics. We saw clear action plans to reduce the identified risks and documentation that these had been completed. 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.

Are services safe?

The practice carried out infection prevention and control audits every six months in line with 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 that 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 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 radiographs they took. Improvements were required to ensure that yearly radiograph audits were carried out in line with 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 dentists assessed patients' treatment needs in line with recognised guidance. The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories.

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. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The current national guidelines recommend that all staff involved in delivery of dental care under conscious sedation should receive training in immediate life support in addition to basic life support. Staff at the practice had only received the latter; however, the company confirmed that all staff involved in the delivery of sedation would receive immediate life support training.

The practice assessed patients appropriately for sedation. The dental care records 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. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood. The practice was in the process of reviewing how frequently these checks would be documented in the dental care records.

The dental nurse with appropriate additional training supported the dentist treating patients under sedation. The dental nurses' names were recorded in patients' dental care records.

Health promotion & prevention

The practice was providing 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 that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale.

Staffing

Most 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 that they discussed training needs at yearly appraisals as well as on an informal basis. We saw evidence of completed appraisals.

Working with other services

The dentists confirmed that 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 patients' consent to treatment. The dentists told us that they had discussions and gave patients information about

Are services effective?

(for example, treatment is effective)

treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed that their dentists 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 staff 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.

Patients commented positively that staff were friendly, informative and accommodating. We saw that staff treated patients in a considerate and kind manner and were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of privacy and confidentiality. The layout of the reception and waiting area provided 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 visible to patients but 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 were stored securely.

Music was played in the waiting and reception areas to enhance privacy and confidentiality. Magazines and information on some of the treatments offered by the practice were available for patients to read in the waiting area.

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. Dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and reassuring when they were in pain, distress or discomfort and put them at ease.

The practice's website and information leaflet 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 root canal treatments and minor oral surgery.

Staff used various methods to discuss and explain treatment options such as photographs, radiograph images and models of the teeth and mouth.

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 usually seen the same day. Patients commented that staff made them feel comfortable and relaxed. The practice had undergone a period of staff change within the last six months. Patients had commented that due to staff shortages there were occasions where appointments had been cancelled or there were longer than usual waiting times for appointments. Staff had acknowledged these difficulties and were working hard to ensure that staff shortages were filled.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment and to encourage confidence in visiting the dentists. Nervous patients were given more time for appointments and consideration was given to the ways in which information was communicated in order to provide reassurance.

Promoting equality

The practice had made reasonable adjustments for patients with disabilities. The practice had lift access and an accessible toilet with hand rails and a call bell. An access audit had been completed in line with the Equality Act (2010).

Staff said they could provide information in different formats and languages to meet individual patients' needs. Patients requiring sedation and interpreter/translation services which included British Sign Language had this organised by the referring dental practice.

Access to the service

The practice displayed its opening hours in the premises.

The practice had experienced problems with cancellations due to staff shortages but recent recruitment of staff had resulted in keeping these to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept one to two appointments free per dentist for same day appointments. The practice 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.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. This was displayed in the patient waiting area. The practice manager was responsible for dealing with these. 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 that they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. 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 received within the previous 12 months. These showed the practice responded to concerns appropriately although improvements were required to ensure that these were discussed with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The practice manager had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. There were further management arrangements in place for the purpose of monitoring regulatory compliance and providing clinical support. 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. We noted that some policies and risk assessments whilst reviewed prior to the inspection had not been reviewed yearly as recommended. Improvements were required to ensure that all necessary arrangements to monitor the quality of the service and make improvements were completed and to review the ways in which governance arrangements were overseen and monitored by the provider.

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 within the practice. They said the practice manager encouraged them to raise any issues and they felt confident they could do this. They told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings.

The practice held 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 some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, infection prevention and control, waste management and prescribing. Lapses were seen in the completion of radiograph audits; action had been taken to ensure that these were carried out as required by current legislation.

The practice manager valued the contributions made to the team by individual members of staff. Practice staff were valued and spoke highly about the leadership provided by the practice manager. The dental nurses and receptionists 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. The dentists were due to have personal development plans completed in line with the requirements of their registration.

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 patient surveys to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the practice had purchased new chairs to enable patients with differing levels of mobility to sit and get up more easily.

Staff were encouraged to give feedback via an open door policy as well as at staff meetings and yearly appraisals.