

Pasadena Dental Practice Limited

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Inspection Report

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Overall summary

We carried out this announced inspection on 19 April 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 a specialist dental adviser.

We told the NHS England area team 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

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

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

Premises and equipment were clean and properly maintained. The practice did follow national guidance for cleaning, sterilising and storing dental instruments in most cases.

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 caring, informative 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 83 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, efficient and friendly. They said that they were given informative, clear and respectful 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.

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



Are services responsive to people's needs?

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

No action



Summary of findings

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 through the number of languages staff were able to provide themselves for their patients. Should additional translation services be required then they would be arranged as needed.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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. This included asking for and listening to the views of patients and staff.

No action



Pasadena Dental Practice Limited

Detailed findings

Background to this inspection

Background

Pasadena Dental practice is in Poole and provides NHS and private treatment to patients of all ages.

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

The dental team includes two dentists, one orthodontist, two dental nurses, one trainee dental nurse/practice manager, one administration clerk and one receptionist. The practice has three treatment rooms, one of which is on the ground floor.

The practice is owned by a principal dentist 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 Pasadena Dental Practice was the principal dentist. On the day of inspection we collected 78 CQC comment cards filled in by patients and spoke with five other patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, one dental nurse, one trainee dental nurse/practice manager, one administration clerk, and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Wednesday 08:30am to 5:30pm, Thursday 08:30am to Thursday 7pm and Friday 08:30 to 1pm.

Our key findings were:

- The practice was 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 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.

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

- Review stocks of equipment and the system for identifying, disposing and replenishing of out-of-date stock.

Detailed findings

- Review the practice's infection control procedures and protocols taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review the processes and systems in place for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.

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 about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents 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 staff received safeguarding training.

The principal dentist and the practice manager told us that they would be attending level 3 safeguarding training course to enhance their roles as safeguarding leads. 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 arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. However we were told by a dentist that the practice did not hold sufficient equipment to complete treatment on all occasions, for example there were not always enough burs and or rubber dam kits. We were further informed that if there was insufficient equipment

treatment plans would be completed at a later date. We spoke with the principal dentist who agreed that they would review provision of equipment to ensure that sufficient equipment was always available for clinicians.

Improvements could be made to have in place 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 every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept some records of their checks to make sure these were available, within their expiry date, and in working order. However the checks carried out by the practice were infrequent. We spoke with the principal dentist who agreed that weekly recorded checks would be commenced and that the logging of checks would be reviewed to ensure compliance with the British National Formulary (BNF) guidance for medical emergencies in the dental practice.

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 all staff recruitment files. These 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 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, orthodontists and dental hygienists when they treated patients.

Infection control

Are services safe?

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 did have suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05.

The records seen showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

We looked at the decontamination procedures and saw that there were two sinks to clean instruments. We saw that staff washed their hands in a toilet adjacent to the decontamination room.

We saw that no records were being made of the decontamination process in line with HTM01-05. After cleaning dental instruments were rinsed under running water. Improvements could be made to ensure that staff were fully aware of record keeping during the decontamination process and the requirements of HTM01-05 and the decontamination process.

We saw in one of the treatment rooms four out of date materials and a dirty bur stand. These items were immediately removed and disposed of suitably by the practice staff. Improvements could be made to have in place protocols and records of start up and close down checks in the treatment rooms in line with HTM01-05.

We spoke with the principal dentist who told us that they would review procedures for decontamination and commence records for treatment rooms and the decontamination the room in line with HTM01-05. The principal dentist told us that would carry out a review of the decontamination processes and ensure compliance with HTM 01-05.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards at the time of checking. The audits we were shown did not highlight the

lack of a handwashing sink in the decontamination room or record keeping issues. The practice principal told us that they would ensure that the staff carrying out the audits were correctly trained.

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. Staff carried out checks in line with the manufacturers' recommendations. The practice used a dedicated medicines fridge. However improvements could be made to have in place formal records of temperature monitoring to ensure the medical products were stored within recommend temperature guidelines. We spoke with the principal dentist who told us that they would arrange for the monitoring and recording of the medicines fridge temperatures immediately.

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 that the X ray equipment had last been serviced on the 7 March 2014.

We saw that the X ray equipment had been examined by their radiation protection advisor on 7 April 2017 and was considered satisfactory. However a number of issues had been identified, one of which was that an X ray machine was not set correctly for use on children and was above limits.

Are services safe?

We spoke with the principal dentist who told us that X-ray equipment was not used on children at the practice. We were assured that immediate action would be taken to comply with the action plans set out by the radiation protection advisor and equipment servicing requirements.

We saw evidence that the dentists justified, graded and reported upon the X-rays they took.

The practice carried out X-ray audits every year following current guidance and legislation. We looked at some dental

care records and saw that X-rays were not being graded as per national guidance. They told us they would review X ray audits with the radiation protection advisor to ensure that a person with sufficient knowledge of the audit process undertook radiation audits.

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.

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 that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

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.

Working with other services

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. 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 their dentist listened to them and gave them clear information about their treatment.

The practice 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 and dental nurses 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 caring, efficient and friendly. We saw that staff treated patients respectfully, appropriately and kindly and 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. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. 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.

There were magazines in the waiting room.

Information leaflets and posters were available for patients to read. There were a number of information posters placed on wall for patients to read.

We saw that the display arrangements for patient information posters was haphazard and lacked information in some areas. Improvements could be made to review the content of information posters and their locations. We spoke with the principal dentist who agreed that they would review the publicly displayed information and arrange it in a more coherent manner and ensure that the content met any necessary legislation.

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 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 orthodontics.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff could also use videos 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 currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example ensuring that patients with mobility issues were treated in the ground floor surgery.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access.

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

Access to the service

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

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

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. The practice used the emergency dental helpline number 111 for patients requiring treatment out of hours. The choices 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 complaint policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager/trainee dental nurse 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 and the principal dentist told us 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 the practice had received two complaints over the preceding twelve 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 principal dentist 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. We were told by the practice manager, whilst they were supported by the principal dentist, there was a need to review the balance of their surgery and management time. We spoke with the principal dentist who agreed that they would review the current arrangements.

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 principal dentist 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 principal dentist was approachable, would listen to their concerns and act appropriately. The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

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. Improvements could be made by adopting a structured approach. We spoke with the practice principal who told us that they would review staff meeting minutes and their structure.

Learning and improvement

The practice did quality assurance processes to encourage learning and continuous improvement. These included audits on X-rays and infection prevention and control. Improvements could be made to ensure that the persons carrying out the audits understood the requirements of audits. We spoke with the principal dentist who told us they would review the training needs of staff carrying out audits.

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.

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 did not use patient surveys to obtain staff and patients' views about the service. We spoke with the principal dentist who agreed that it would be useful to implement patient and staff surveys to encourage development of the practice.

Patients were encouraged to complete the NHS Friends and Family Test (FFT) and the NHS choices website to leave feedback. These are part of national programmes to allow patients to provide feedback on NHS services they have used.