

Lisalina Smile Clinic Ltd

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Inspection Report

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Overall summary

We carried out this announced inspection on 26 September 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. A CQC inspector, who was supported by a specialist dental adviser, led the inspection.

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

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

These questions 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

Lisalina Smile Clinic provides mostly NHS dentistry to patients of all ages. The dental team consists of two dentists and three dental nurses. The practice has two treatment rooms and is open Mondays to Thursdays from 9am to 5pm, and on Fridays from 9am to 1pm.

There is ramped access for wheelchair and pushchair users at the front of the building.

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 the practice is the principal dentist.

Summary of findings

During the inspection we spoke with the principal dentist and three dental nurses. We looked at the practice's policies and procedures, and other records about how the service was managed. We collected 21 comment cards filled in by patients prior to our inspection and spoke with another two patients on the day.

Our key findings were:

- We received many very positive comments from patients about the dental care they received and the staff who delivered it.
- The practice was clean and well maintained, and had infection control procedures that reflected published guidance.
- Staff knew how to deal with emergencies and life-saving equipment was available.
- The practice had systems to help them manage risk.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.

- Members of the dental team were up-to-date with their continuing professional development and were supported to meet the requirements of their professional registration.
- There was a clear leadership structure and staff felt supported and valued by the principal dentist. The practice proactively sought feedback from staff and patients, which it acted on.

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

- Review the practice's system for the 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 the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

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.

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults. The practice had suitable arrangements for dealing with medical and other emergencies.

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

No action



Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs.

Clinical audits were completed to ensure patients received effective and safe care.

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 patients. They were positive about all aspects of the service the practice provided. Patients spoke highly of the dental treatment they received and of the caring and supportive nature of the practice's staff.

Staff gave us specific examples of when they had gone above the call of duty to assist patients.

No action



Are services responsive to people's needs?

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

The practice had good facilities and was well equipped to treat patients and meet their needs. Routine dental appointments were readily available, as were urgent on the day appointment slots. Patients told us it was easy to get an appointment with the practice.

Good information was available for patients on the web site. The practice had made reasonable adjustments to accommodate patients with a disability.

A clear complaints' system in place was in place.

No action



Are services well-led?

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

No action



Summary of findings

Staff felt supported and appreciated by the principal dentist. We found staff had an open approach to their work and shared a commitment to improving the service they provided. The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were systems in place to monitor and improve quality, and identify risk.

It was clear that the principal dentist listened to the views of staff and patients and implemented their suggestions where appropriate.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had an incident policy in place, but this was narrow in scope and only covered serious events. There was no other guidance for staff on how to manage other kinds of incidents. We found staff had a limited understanding of what might constitute an untoward event, and any learning that might arise as a result.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Alerts were emailed to the practice and monitored by the principal dentist who actioned them if necessary.

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. Information about where to report concerns was on display around the practice. We noted that the practice's safeguarding policy had been discussed with staff at a meeting on 15 September 2017, to ensure all were aware of it.

Both dentists had received accredited training in safeguarding and this was in the process of being organised for the remaining staff. All but one member of staff had received a disclosure and barring service check to ensure they were suitable to work with vulnerable adults and children.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments that staff reviewed. The practice followed relevant safety laws when using needles and were considering the use of disposable matrix bands. Staff we spoke with were aware of whistle blowing procedures and knew what to do if they witnessed poor practice by a colleague.

The practice had a business continuity plan describing how the practice would deal events that could disrupt the normal running of the practice, although this needed to be updated to include contact details of staff and utility companies.

There was CCTV in communal areas of the practice for additional security. Posters were on display to inform patients that they were being filmed.

Medical emergencies

Staff knew what to do in a medical emergency and had completed in-house training in emergency resuscitation and basic life support, although they did not regularly rehearse emergency medical simulations so that they had a chance to practise their skills. Arrangements were in hand to provide all staff with training by an external provider

Staff kept records of their checks to make sure equipment and medicines were available, within their expiry date, and in working order, although we found some out of date needles and syringes.

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 staff recruitment files that showed that most pre-employment checks had been undertaken, although no references had been obtained for one member of staff and the practice did not keep a record of employment interviews to demonstrate they had been conducted fairly. The principal dentist was in the process of undertaking a DBS check for a member of staff who had been employed by the previous dentist, who had failed to undertake this important check.

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 completed a fire risk assessment and its recommendations to unlock the back door and make fire extinguishers more visible had been implemented. Both dentists had undertaken fire marshal training. Firefighting equipment such as alarms and extinguishers were regularly tested, although staff did not regularly rehearse fire evacuations.

Are services safe?

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for products used within the practice.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice had comprehensive infection control policies in place to provide guidance for staff on essential areas such as hand hygiene, the use of personal protective equipment and decontamination procedures.

There were cleaning schedules in place, and we noted that all areas of the practice were visibly clean and hygienic including the waiting area, toilet and stairway. We checked two treatment rooms and surfaces including walls, floors and cupboard doors were free from visible dirt. The rooms had sealed work surfaces so they could be cleaned easily. Treatment room drawers were clean and uncluttered and loose items were covered to prevent aerosol contamination. Cleaning equipment was colour coded and stored correctly.

We noted that staff uniforms were clean, their hair tied back and their arms were bare below the elbows to reduce the risk of cross contamination. Staff changed out of their uniforms on leaving the premises and at lunchtime to reduce the risk of contamination. Records showed that clinical staff had been immunised against Hepatitis B.

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.

Suitable arrangements were in place 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's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally at the rear of the property but needed to be secured more robustly.

Equipment and medicines

Staff told us they had the equipment needed for their job and that repairs were actioned swiftly. Most of the practice's equipment was new and we viewed appropriate servicing documentation for it. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines, although staff did not keep a log of any local anaesthetics prescribed for monitoring purposes.

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. Clinical staff completed continuous professional development in respect of dental radiography.

Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured. The practice carried out X-ray audits every year following current guidance and legislation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We received 21 comments cards that had been completed by patients prior to our inspection and spoke with another two patients during it. All the comments received reflected that patients were very satisfied with the quality of their dental treatment and the staff who provided it.

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our discussion with the dentists and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. Record keeping generally was of a good standard.

The practice regularly audited dental care records to check that the necessary information was recorded.

Health promotion & prevention

Dental care records we reviewed demonstrated that dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. One patient told us the dentist had spent a lot of time showing their son how to brush his teeth correctly: this had helped him to do it much more effectively.

Dental nurses confirmed that the dentists discussed smoking, alcohol consumption and diet with patients during appointments. We noted leaflets on the reception desk with information for patients on support services for smoking cessation. The lead nurse told us she had just ordered a range of leaflets to help patients with improving their oral health. There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss.

Staffing

Staff told us there were enough of them to ensure the smooth running of the practice, and that they did not feel rushed in their work. The principal dentist told us he was considering employing another nurse and receptionist to increase the pool of staff available.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. There was appropriate employer's liability in place.

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. Referrals were not routinely monitored by the practice to ensure they had been received and patients were not routinely given a copy of their referral.

Consent to care and treatment

The practice had policies in relation to the Mental Capacity Act 2005 and patient consent and staff had undertaken training in these. Staff had a good understanding of the Mental Capacity Act and how it affected their management of patients who could not make decisions for themselves. One dental nurse described the dentists as 'hot on consent' and gave us specific examples where they had declined to treat a child patient brought in by their sibling or their grandparent.

Dental records we reviewed demonstrated that treatment options had been explained to patients. Patients confirmed the dentists listened to them and gave them clear information about their treatment.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We received positive comments from patients about the quality of their treatment and the caring nature of the practice's staff. One patient commented that the dentist really understood the difficulty they had with their gag reflex, and another told us staff were very kind to their son who hated going to the dentist. Staff gave us specific examples of where they had supported patients such as helping visually impaired patients to access transport and taking time to explain treatments to very nervous patients.

All consultations were carried out in the privacy of treatment rooms and we noted that the door was closed during procedures to protect patients' privacy. The reception area was not particularly private but computer screens were not overlooked and were password protected. Patient notes and information was stored securely in locked filing cabinets.

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. Plans outlining proposed treatment and associated costs were given to patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a website that provided helpful information for patients about the services on offer and the staff team. In addition to general dentistry, the practice had plans in place to extend its services and offer specialist treatments such as implants, tooth whitening and cosmetic dentistry.

Patients told us they were satisfied with the appointments system and the ease of getting through on the phone. There were two emergency appointment slots each day and staff told us that any patient in pain would be seen the same day. Patients could also sign up for telephone or email appointment reminders and information about out of hour's services was available on the answer phone. The practice should consider putting out of hour's information on display outside the premises in case patients visit when the practice was closed.

Promoting equality

The practice made reasonable adjustments for patients with disabilities, and there was an accessible toilet. There was ramped access for wheelchair users and a downstairs treatment room. A portable hearing loop had been obtained as a result of the practice's own disability access audit. Translation services were well advertised to patients in the reception area and the principal dentist spoke Arabic.

Concerns & complaints

Information about the practice's complaints procedure for both NHS and private patients was available in the waiting area, although was not particularly visible to patients. This included the timescales by which complaints would be responded to and other organisations that patients could contact to raise their concerns.

We were not able to assess how the practice dealt with complaints as none had been received since the new provider had taken over.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice, supported by a lead nurse. The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Staff received hard copies of these policies and signed them to show they had read and understood them.

Communication across the practice was structured around regular practice meetings that all staff attended. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them. Staff received an annual appraisal which one member of staff described as useful as it had shown them how they could improve their performance.

The practice used a range of comprehensive daily checklists for key reception and surgery tasks to ensure they were completed by staff.

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

Leadership, openness and transparency

The principal dentist took overall responsibility for the day-to-day running of the service and took dedicated time away from clinical work in order to undertake this. Staff described him as approachable and responsive to their needs. They told us they felt supported and valued in their work and reported there was an open culture within the practice.

The practice had a specific duty of candour policy, which had been put on display in the waiting area to ensure patients were aware of it.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits on the quality of dental care records, oral cancer risk, radiographs, and infection prevention and control. We viewed records of the results of these audits and the resulting action plans and improvements.

Staff told us they completed mandatory training, including medical emergencies and basic life support. 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 surveys and verbal comments to obtain patients' views about the service. Patients could also 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. In direct response to patients' feedback, the principal dentist told us that he had ordered different chairs for the waiting room to assist those with limited mobility.

Staff told us that the principal dentist listened to them and was supportive of their ideas. For example, their suggestions to implement a visitor book and a hand hygiene sign in the waiting room had been actioned.