

Arundel Dental Care Ltd

Arundel Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 21 June 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.

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

Arundel Dental Care is in Arundel, West Sussex and provides private treatment to adults and children.

The practice is situated in a listed building which is accessed via steps and an internal listed staircase. Car parking spaces for blue badge holders are available near the practice which is within a short walk of car parks.

The dental team includes the principal dentist, one dental hygienist, one dental nurse and one receptionist who performs a dual role as trainee dental nurse. The practice has two treatment rooms.

Summary of findings

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 Arundel Dental Care was the principal dentist.

On the day of inspection, we collected 44 CQC comment cards filled in by patients.

During the inspection we spoke with the principal dentist, the dental nurse and the receptionist/trainee dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Thursday from 8.30am to 5pm
- Friday morning by appointment

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 staff 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 practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and a culture of continuous improvement.
- 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 staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

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

- Review the practice's protocols to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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 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 dentist and hygienist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, professional and a pleasant experience. The dentist 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 44 people. Patients were positive about all aspects of the service the practice provided. They told us staff were always helpful, very caring and exceptional.

They said that they were well informed about all possible treatment options. Patients commented that they felt listened to and the whole practice team 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.

The practice understood the needs of the local population and services were designed to ensure these needs were met.

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 thorough and effective 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. Staff understood their roles and responsibilities and felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly 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



Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

The practice had clear systems to keep patients safe.

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, including notification to the CQC.

There was a system to highlight vulnerable patients on records e.g. adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

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

The dentist 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, and where other methods were used to protect the airway, this was suitably documented in the dental care records.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency staff. These reflected the relevant legislation. We looked at all staff recruitment records. These showed that the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

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 dentist justified, graded and reported on the radiographs they took. The practice was due to carry out a radiography audit to ensure that it followed current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice had current employer's liability insurance. The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Immediate Life Support (ILS) training for sedation was also completed.

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

Are services safe?

A dental nurse worked with the dentist when they treated patients, in line with GDC Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice occasionally used agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

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

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

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

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year although we noted that improvements were required to ensure that any learning points and corresponding action plans were documented.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written or typed and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for the appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored and kept records of private prescriptions as described in current guidance.

The dentist were aware of current guidance with regards to prescribing medicines.

Track record on safety

Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues; these were updated regularly.

There were adequate systems for monitoring safety incidents and reviewing when things went wrong. All incidents were investigated and documented. The practice discussed incidents with the rest of the dental practice team and took necessary actions to improve safety and prevent such occurrences happening again. This helped the practice to understand risks and gave a clear, accurate and current picture that led to safety improvements.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the visiting specialist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

The practice utilised technology such as an intra-oral camera, radiograph images and clinical photographs to enhance the delivery of care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist 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.

The dentist 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.

The dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist 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'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, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

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 emergency equipment requirements, medicines management, sedation equipment checks and staff competency and training.

Patients received clear information preparing them for dental treatment under sedation as well as post-operative instructions. Patient consent was completed in line with the guidelines.

The practice assessed patients appropriately before sedation. The dental care records showed that patients having sedation had a detailed medical history and an assessment of health. Whilst they had not been using the American Society of Anaesthesiologists classification system; they were only providing sedation to patients who met the appropriate classification for receiving sedation in

Are services effective?

(for example, treatment is effective)

a primary dental care setting. The provider told us that they would add this assessment into their records in accordance with current guidelines. The practice completed patient checks before and after treatment and monitoring during treatment; for example, blood pressure, pulse, breathing rates and oxygen saturation of the blood taken at appropriate intervals. Patients were formally assessed for suitability for discharge.

Effective staffing

Staff new to the practice had a period of induction based on a structured induction programme. Staff had the skills, knowledge and experience to carry out their roles. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at six monthly appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for 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 all referrals on a weekly basis to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights. Patients commented positively that staff were extremely helpful and considerate. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. They told us that staff were kind and helpful when they were in pain, distress or discomfort.

The practice displayed various information, for example, information on private fees and complaints. Magazines and information leaflets on oral health were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity. Patients commented that their privacy and dignity were respected at all times.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the patient waiting area provided limited 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 patients' 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.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act.

Staff communicated with patients in a way that they could understand. The practice also kept several pairs of reading glasses of various strengths for patients with visual difficulties.

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

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included, for example, models, clinical photographs, radiograph images and an intra-oral camera. The intra-oral camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice took account of patients' needs and preferences in organising and delivering services. Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had made reasonable adjustments for patients with disabilities. A disability access audit had been completed. The practice was unable to install a stair-lift due to building regulations.

Staff told us that the practice worked flexibly and made adjustments to enable patients to have their needs accommodated. For example, staff would provide assistance to patients up and down the stairs to accommodate patients' needs.

Staff were clear on the importance of emotional support needed by patients when delivering care. For example, staff at the practice recognised when nervous patients needed additional emotional support and would spend time talking to patients in the waiting area to provide distraction and reassurance.

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

Staff told us that patients were telephoned following complex or lengthy treatments to review their wellbeing.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

Staff told us that patients who requested an urgent appointment were usually 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.

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

Patients needing emergency dental treatment when the practice was not open were seen by the dentist. The practice answerphone provided telephone numbers for patients to contact. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The principal dentist was responsible for dealing with complaints. The practice had received no complaints over the previous 12 months but told us that they would take any complaints or concerns seriously and respond to them appropriately to improve the quality of care.

The principal dentist told us that they would aim to settle complaints in-house and invite patients to speak with them in person to discuss these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice displayed its complaints policy in the waiting room. This explained how patients could make a complaint and contained information about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had the experience, capacity and skills to lead on the delivery of high-quality, sustainable care and worked together with the whole staff team to deliver the practice strategy.

All staff worked closely to prioritise the quality of future services and address risks to it.

Vision and strategy

The practice vision was to provide patients with a dental experience that promoted preventative and high-quality care.

Staff shared a common set of values to ensure that dental services provided by the practice focused on providing a caring and personalised approach.

Culture

The culture of the practice focused on the needs of patients and all staff demonstrated behaviours that were consistent with the vision and values. Staff stated that they felt respected, supported and valued. They told us that they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. The practice was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Governance and management

The principal dentist had overall responsibility for the management, clinical leadership and day to day running of the service. All staff understood their roles and responsibilities and there were clear systems of accountability to support good governance and management.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

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

Systems and processes supported the confidentiality of people using the service.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public and staff and external partners to support high-quality sustainable services.

The practice used patient satisfaction surveys, comments cards and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. The practice purchased chairs to provide patients with more comfort and ease in use.

The practice gathered feedback from staff through meetings, informal discussions and staff satisfaction surveys. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, the set up for dental implants was changed to improve efficiency. Staff also suggested providing free Wi-Fi to patients and put in measures to enhance the working environment for staff.

Continuous improvement and innovation

There were systems and processes for learning and encouraging improvements within the practice. These included audits infection prevention and control. However, we noted that the radiograph audit was out of date and improvements were required to ensure that learning points and resulting action plans were documented.

The principal dentist showed a commitment to learning and improvement and strongly valued the contributions made to the team by individual members of staff.

The dental nurse, trainee dental nurse and dental hygienist had six monthly appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. The dentist and dental hygienist had personal development plans in place.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

Are services well-led?

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.