

Family Dental Centre Ltd

Family Dental Centre Limited

Inspection Report

Family Dental Centre
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Overall summary

We carried out this announced inspection on 7 June 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 and Healthwatch that we were inspecting the practice. They did not provide any information of concern.

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

Family Dental Centre Limited is located in Crawley and provides NHS and private treatment to patients of all ages.

There is access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes two principal dentists and four associate dentists, five dental nurses, one trainee dental nurse, one dental hygienist, six receptionists including a reception manager and a practice manager.

Summary of findings

The practice has five treatment rooms over two floors, two decontamination rooms, two X-ray rooms, a reception area and two patient waiting areas; one on each floor. A wheelchair accessible toilet is available.

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 Family Dental Centre Limited was the practice manager.

On the day of inspection we collected 46 CQC comment cards filled in by patients and spoke with six other patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses, three receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 8am to 5pm and Saturdays from 9am to 2pm.

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 practice made every effort to accommodate patients with complex needs in respect of accessing the services offered.
- 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.

We identified areas of notable practice:

- In order to help reduce health inequalities, where it was felt a risk that cost would prohibit their use, oral health care products such as toothpaste, toothbrushes and timers were provided free of charge to parents on low incomes to help them assist with improving their child's oral health.
- Patients with significant physical limitations who were confined to beds and who would otherwise have to be seen in a hospital setting were able to access the practice and receive treatment in a setting that provided more respect to their privacy and dignity. This was due to the commitment of staff to continue treating these patients despite the challenges. Significant efforts were made by the staff in the planning and delivery of these appointments to coordinate with ambulance transportation teams and by utilising enhanced manual handling techniques.

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 dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, attentive and excellent. 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 52 people. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, friendly, considerate and do all they can to help. They said that staff give clear information on their oral health and treatment, and said their dentist listened to them and made them feel valued. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



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 and made every effort to accommodate patients with complex needs. This included providing facilities for disabled patients, patients who would otherwise have to be seen in a hospital setting due to the complexity of their needs and families with children. Staff at the practice spoke seven languages amongst them and the practice had access to face to face interpreter services if required.

The practice utilised a communication service for hearing impaired patients and had arrangements to help patients with sight loss.

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



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 had one example of a serious incident at the practice within the last year which was dealt with appropriately.

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. 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's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. 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.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice. A reciprocal arrangement with another local practice was also in place.

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 records of their checks to make sure these were available, within their expiry date, and in working order.

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

A dental nurse worked with the dentists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

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

Are services safe?

The practice carried out infection prevention and control audits twice a year. 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 this was usual.

Equipment and medicines

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

The practice had suitable systems for storing the emergency medicines.

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

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Staff told us that the practice worked tirelessly to carefully consider how best to serve the local community in the services it provided. This included all aspects of treatment and preventative care; in order to improve patient outcomes. This was demonstrated in both patient feedback and in discussions with staff members.

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.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. Each dentist also carried out an annual audit of patients' medical histories to ensure that these were being updated appropriately. In all audits the standards exceeded those required but the practice identified learning points to further improve their standards.

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 all children to reduce the risk of tooth decay in line with the toolkit.

For children with complex needs the practice had implemented a system whereby they were reviewed on a three monthly basis. This system provided a means of educating children and parents on the importance of oral health, thus facilitating their oral hygiene; and meant that the practice could retain these patients and prevent them from requiring the community services on an on-going basis.

In order to help reduce health inequalities, where it was felt a risk that cost would prohibit their use, oral health care products such as toothpaste, toothbrushes and timers were provided free of charge to parents on low incomes to help them assist with improving their child's oral health.

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

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. Staff were supported to develop their knowledge and skills and complete higher education which would benefit both the staff member and the wider practice patient population.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed 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 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 told us that the practice ethos was to demonstrate the highest regard for patient care and the willingness to go the 'extra mile' to accommodate patients. Evidence we saw on the day in our interactions with staff and feedback we received from patients corroborated this.

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

Patients commented positively that staff were patient, caring and honest. We saw that staff treated patients respectfully, kindly and with attentiveness and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding; and discussed treatment plans in detail so that patients knew what to expect.

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. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Information leaflets, patient survey results and magazines were available for patients to read.

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, helpful and reassuring when they were in pain, distress or discomfort.

The practice's website 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 fillings and extractions.

Dentists utilised different methods to explain treatment options to patients, for example X-ray images and models.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice carefully considered how best to serve the local community and was committed to accommodating its diverse patient population. 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 several patients for whom they needed to make adjustments to enable them to receive treatment. These adjustments demonstrated that the practice strived to accommodate all patients irrespective of need.

The practice increased its opening hours for patients whose cultural beliefs prohibited them from accessing dental services during certain religious periods to ensure that they could be seen in a timely manner before and after this period.

Patients with significant physical limitations who would otherwise have to be seen in a hospital setting were able to access the practice. This was due to the commitment of staff to continue treating these patients despite challenges, and the efforts made in planning these appointments to coordinate with ambulance transportation and utilising enhanced manual handling techniques.

Patients dependent on wheelchairs were able to be seen in the treatment rooms located downstairs in the practice.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a magnifying glass and accessible toilet with hand rails and a call bell. The practice also utilised a service whereby any patients with hearing impairments would automatically be

accompanied at their dental appointments by a person trained to use British Sign Language unless this was declined by the patient. The practice also had access to braille for the sight impaired patient.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services. Staff at the practice also spoke several languages and could provide assistance in translating when required.

Access to the service

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

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

The practice was committed to seeing patients experiencing dental pain on the same day and each dentist had allocated time for seeing them. Several staff also worked at the Emergency Dental Service at the local hospital. A poster, information leaflet and answerphone provided the telephone numbers for this service 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. The practice information leaflet explained how to make a complaint. 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 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 received within the last 12 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 dentists 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.

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 practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings. It was clear that the rapport between clinical and administrative staff allowed for a cohesive team which 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.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays, infection prevention and control, record keeping and medical histories. They had clear records of the results of these audits and the resulting action plans and improvements.

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

Where staff expressed an interest in increasing their knowledge and skills they were supported with this and given time off from work to allow the completion of courses. 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 completed annual patient satisfaction surveys and recorded verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the practice had changed its phone number so that calling the practice was no free of charge.

Patients were encouraged to complete the NHS Friends and Family Test (FFT) - a national programme to allow patients to provide feedback on NHS services they have used. Results of the feedback were displayed in the patient waiting areas. Most patients who had responded to the survey had said they were "extremely likely" to recommend the practice to their friends and family. This is.

Staff were encouraged to provide feedback both informally and formally at staff meetings. Increased flexibility had been given to staff following their feedback to accommodate changes in working hours to improve patient access whilst ensuring staff retained break times.