Beckenham

Quality Report

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Date of inspection visit: 14 January 2015
Date of publication: 19/03/2015

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Contents

Overall summary

Oasis Dental Care (Central) Limited - Beckenham is a dental practice located in the London Borough of Bromley in south-east London and provides private and NHS dental services.

We carried out an announced comprehensive inspection on 14 January 2015. The inspection took place over one day and was undertaken by a Care Quality Commission (CQC) inspector. We reviewed policy documents and dental records and spoke with patients and staff including the management team.

The practice team included a principal dentist, one full time dental nurse, one part time dental nurse who also undertook administration activities and a part time dental hygienist. The registered manager had left the practice in the week prior to our inspection and the provider had arranged for a practice manager from a sister location to manage the practice until a replacement was in place. The services provided include general dentistry such as root canal treatments and fillings as well as other procedures including veneers, implants and invisible braces.

Summary of findings

We received five Care Quality Commission (CQC) comment cards completed by patients and spoke with two patients on the day of the visit. All the cards and both the patients rated the practice very highly and described the service as very caring.

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

· Ensure the temperature of the refrigerator used to store dental products is monitored and recorded daily.

· Ensure audits of X-rays and dental records are undertaken at regular intervals and used to improve clinical practice.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?
Safeguarding procedures were in place to protect children and vulnerable adults from harm. Staff were knowledgeable on safeguarding both children and vulnerable adults and knew who to report to with any concerns. There were systems and processes in place, and staff we spoke with understood their responsibilities to raise concerns and report incidents. There were suitable arrangements in place for infection control, staff recruitment, and dealing with medical emergencies. Medicines were stored suitably and securely, and checked regularly to ensure they were within their expiry dates.

Are services effective?
There were suitable systems in place for assessment of patient needs, and treatment was delivered so as to ensure patients' needs were met suitably. Audits of various aspects of the service such as on X-rays, clinical records and infection control were undertaken to help improve the service. Staff were supported in their work and professional development.

Are services caring?
Patients told us that staff were caring and treated them with dignity and respect and this was reflected in the CQC comment cards. Patients felt well informed and involved in decisions about their care. On the day of our inspection we observed staff treated patients with empathy and respect.

Are services responsive to people's needs?
Patients' needs were suitably assessed and met. There was good access to the service with urgent appointments available the same day. The practice had systems in place to obtain and learn from patients' experiences, concerns and complaints in order to improve the quality of care.

Are services well-led?
The provider had a clear vision and strategy and the practice was well-led. Staff we spoke with were aware of their responsibilities to deliver good care and service to patients. Suitable governance arrangements including having appropriate policies and procedures were in place. Meetings were undertaken regularly, and staff received suitable training and appraisals.

Summary of findings

Beckenham

Detailed findings

Background to Beckenham

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The surgery had re-located to the current address on 5th January 2015. Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Healthwatch and NHS England to share what they knew. The inspection visit took place over one day on 14 January 2015 and was undertaken by a CQC inspector. We looked at policy documents relating to the management of the service, patient dental care records, spoke with patients and staff including the principal dentist, practice manager, area manager, dental nurse and receptionists.

We received five completed patient comment cards and spoke with two patients using the service.

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?

This informed our view of the care provided and the management of the practice.

Are services safe?

Our findings

Learning and improvement from incidents

The principal dentist and the acting practice manager told us of the arrangements they had for receiving and sharing safety alerts from external organisations. The practice had suitable processes around reporting and discussion of incidents to ensure learning.

Reliable safety systems and processes including safeguarding

The practice had policies in place relating to the safeguarding of vulnerable adults and child protection. Clinical and administration staff we spoke with were aware of their duty to report signs of potential abuse or neglect and were aware of actions to take if they identified a case of potential abuse. A flowchart showing actions to take in the event of suspected abuse was displayed in the staff room for easy access for staff. Staff had undertaken training in safeguarding and the provider had undertaken the decision that all staff were required to have a DBS check.

We also reviewed four anonymised dental care records and noted that medical history was obtained at the time of the first visit and patients were asked for updates at each subsequent visit. The software used to log patient details enabled collection of relevant medical information and alerts, such as if the patient was allergic to certain medicines, were flagged up for staff's attention.

The practice followed national guidelines such as those relating to the use of rubber dam for root canal treatments. [A rubber dam is a rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field]. Risk assessments had been undertaken for issues that could pose a health and safety risk such as sharps, radiography and, around the safety of the premises. The provider had suitable systems in place to manage risks associated with substances hazardous to health and staff were aware of processes of how to report injuries and incidents and whom to contact within the organisation to obtain further information and guidance.

Infection control

The reception area and treatment rooms were clean and well maintained at the time of our inspection. The practice had suitable infection control systems and processes in place including an infection control policy, regular checks on equipment, infection control audits and staff training.

The practice had followed national guidance on the essential requirements for infection control as set out in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05; National guidance from the Department of Health for infection prevention control in dental practices) and a separate area was available for decontamination of used instruments. Instruments were transported between the treatment and the decontamination room in designated containers. Suitable personal protective equipment such as gloves, aprons and eye protection was available for staff use. A staff member showed us the steps they would undertake while cleaning and decontaminating instruments. A clear flow from dirty to clean area was maintained to minimise infection risks. A separate sink was available for rinsing instruments. An illuminated magnifier was used to inspect the instruments at each stage to check the effectiveness of the cleaning process and sterilised instruments were stored appropriately.The work surfaces in the treatment rooms and the decontamination area were clean and clutter free.

The staff showed us the various checks that were undertaken on equipment like the autoclave and the washer-disinfector. Staff followed recommended protocols to manage the dental unit water lines (DUWL).

The provider had audited their infection control practices using the Department of Health audit tool to ensure compliance with HTM 01-05 essential standards. A Legionella risk assessment had been completed and appropriate actions taken as per advice given as part of the risk assessment (Legionella is a germ found in the environment which can contaminate water systems in buildings).

There were suitable protocols for the safe management, segregation and disposal of clinical, non-clinical, and used sharp instrument waste.

Equipment and medicines

There were appropriate arrangements in place to ensure equipment was properly maintained. These included

Are services safe?

annual checks of equipment such as portable appliance testing (PAT). Pressure vessel regulations required annual testing of relevant equipment and this had been undertaken by the practice.

Medicines stored in the practice were checked regularly and all the medicines we checked were within their expiry date. Medicines requiring refrigeration were stored in a designated fridge; however the fridge thermometer on the day of inspection was noted to be showing a temperature recording of zero degrees Celsius. One dental product in the fridge had instructions for being stored between 2-8 degrees Celsius. Although a temperature recording sheet was available, we found recordings had not been logged. This meant we were unsure how long the product had been stored under incorrect conditions. This was brought to the attention of the assistant practice manager, who assured us that all products stored incorrectly would be suitably disposed of. They also told us that it would be recorded as a significant event and the information shared with staff as part of learning to avoid recurrence in the future.

Monitoring health & safety and responding to risks

There were effective risk assessment processes in place to identify and manage risks to staff and patients from the premises and equipment. This included risk assessments for fire and security. There were contracts with providers of services to maintain and service essential equipment like the IT system and alarms. The most recent tests had been undertaken just before the provider moved to these premises. Business continuity plans were in place and the management team could explain to us the steps they would take in the event of disruption to services resulting from IT failure, telephone lines not working and malfunctioning equipment such as the autoclave.

Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. All staff received training in basic life support. The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. The practice had an availability of emergency medicines such as adrenaline, glucagon and hydrocortisone and equipment such as oxygen, and masks and an automated external defibrillator (AED) [AED is a portable electronic device that analyzes the heart's rhythm and if necessary, delivers an electrical shock, known as defibrillation, which helps the heart re-establish an effective rhythm]. Staff we spoke with were aware of the location of the emergency equipment and were clear of their role in the event of a medical emergency.

Staff recruitment

The practice undertook appropriate checks prior to appointment of staff including obtaining proof of identity, references and undertaking criminal records (now the Disclosure and Barring Service (DBS) checks before employing staff. Currently there were three permanent staff; one nurse was in the process of completing her registration exams. The staff file we looked at showed evidence of appropriate checks having been undertaken as part of the recruitment process. These included proof of identity, DBS check, past employment history and two references. Procedures were in place to manage planned and unexpected absences.

Radiography

The practice maintained suitable records in their radiation protection file demonstrating the maintenance of the x-ray equipment. Individuals were named as radiation protection advisor (RPA) and radiation protection supervisor (RPS) for the practice. An inventory of X-ray equipment, critical examination packs and radiation maintenance log was available.

The dentist told us it had been difficult to undertake regular peer-reviewed X-ray audits as until recently, they were the sole dentist working at the practice. They did mention that they used online tools to audit and improve their practice of undertaking X-rays and now as a new dentist had been recruited, they were looking forward to putting in place a programme of regular audits.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

The dentist we spoke with was aware of their responsibilities to ensure patients' consent to care and treatment was obtained and recorded appropriately. The principal dentist told us that the staff had received in-house training on the requirements of the Mental Capacity Act 2005 delivered by the previous practice manager. We discussed issues of best interests decisions and consent and the dentist gave us an example of how they had obtained and recorded consent in a case of patient with memory disorders. They showed us how X-ray images were projected on a screen which helped them explain to the patients better the issue and the care and treatment planned. They also used models and pictures to help give patients better information about the planned treatment. Patients we spoke with said they were given time to make an informed decision.

Monitoring and improving outcomes for people using best practice

Patient's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. We reviewed four dental care records with the principal dentist. We asked them how information on associated medical conditions and relevant aspects of medical and social history such as smoking status, and obesity and eating habits were noted and discussed with patients. Patients we spoke with confirmed they had been asked questions about their medical history prior to commencement of their dental treatment.

The four dental records we looked at demonstrated a structured approach was taken in examination, assessment and recording of each patient's oral health. Examinations assessed the patients' dentition and gum conditions, and an oral cancer screening was also undertaken. Records showed assessment of the periodontal tissues was undertaken and recorded using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).

The dentist took into consideration national guidelines such as those issued by National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (UK) while planning care and treatment for patients.

The dentist told us as they had until recently been a single-handed practice, they had struggled with undertaking regular meaningful audits. However they did assess the practice's record keeping and they would select random records completed by themselves and the hygienist and audit the completion of the records.

The practice under the new provider had moved to a system of electronic records and the principal dentist mentioned that a new dentist would be starting soon, both of which would now enable more meaningful audits of records to be undertaken.

Working with other services

The principal dentist explained that where needed they would involve other professionals and refer patients to other services if they needed specialist treatment. The practice website offered an online facility for referring dentists to submit information about a patient they wanted to refer to the practice. This ensured the practice received the necessary information about the patient to enable effective assessment and treatment planning.

Health promotion & prevention

There was a range of information available for patients on the provider's website. This included information on and importance of routine check-ups, and maintaining good oral health. The principal dentist explained they undertook oral cancer screening as part of the initial examination and also recorded smoking status and provided smoking cessation advice. Patients were given advice on healthy eating habits and were also encouraged to maintain healthy life styles.

Staffing

We saw an induction checklist that ensured all new staff were aware of relevant procedures and policies. The practice had identified key training including infection control, safeguarding of vulnerable adults and children and basic life support to be completed by staff. Staff we spoke with confirmed they had received the required training and were aware of their responsibilities.

Are services effective?

(for example, treatment is effective)

There were processes for undertaking regular performance reviews and annual appraisals. Staff we spoke with told us they were clear about their roles, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We spoke with two patients on the day of our visit. They told us the dentist and all staff were caring, and that they were treated with dignity and respect. Patients had been asked to complete CQC comment cards prior to our visit to provide us with feedback on the practice. We received five completed cards which all had positive comments about the staff and the care patients had received. Patients told us they were very happy with the care and treatment at the practice.

Staff we spoke with were aware of the need to be respectful of patients' right to privacy and dignity. The practice phone was located and managed at the reception desk. The practice staff told us that they could take calls in another area and speak discreetly to ensure privacy. They said if patients wanted to discuss something in private they could take them to another room.

All consultations and treatments were carried out in the privacy of the treatment rooms and patients' privacy and dignity was maintained during examinations. We noted that treatment room doors were closed during procedures and that conversations taking place in these rooms could not be overheard.

Involvement in decisions about care and treatment

Patients who attended the practice were provided with appropriate information and support regarding their care and treatment. Both patients we spoke with were happy and satisfied with the information they had been provided with in regard to their dental care and treatment choices. They told us the dentist had explained the findings, they felt involved in their treatment and they had been given time to make an informed choice. They had been kept informed about the change in ownership and the relocation of the practice and had decided to continue to stay with the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice's website provided information ranging from the various treatments available, clinic times and links to articles on topics such as oral hygiene, dental implants and teeth whitening. Staff told us if required they could access translation services for patients who did not have English as a first language.

Tackling inequity and promoting equality

The practice was located on the ground floor with the reception area and the treatment rooms on the same floor. The doors were wide enough to accommodate wheel-chairs, though there was a small single step at the entrance. The toilet was wheel-chair accessible and the reception counter had a low-level desk at one corner to accommodate the needs of people in a wheel-chair.

Access to the service

Patients who needed emergency treatment could be accommodated on the same day. The practice website and answer phone message provided information on how to access out of hours emergency treatment. There was an adequate stock of equipment and effective systems in place to ensure materials and dental products required for various treatments were available in time for patients' appointments.

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had a complaints handling procedure and the practice manager was the designated staff member who managed the complaints. Information on how to provide feedback and raise concerns and complaints was available in the practice as well as on the provider's website. Contact details of external organisations were also provided if patients were not satisfied with the provider's response.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Leadership, openness and transparency

The practice had a statement of purpose which outlined their aims and objectives and gave details of patients' responsibilities as well as their rights. All the staff we spoke with described the practice culture as supportive, open and transparent. Staff demonstrated an awareness of the practice's purpose and were proud of their work and team. Staff felt valued and were signed up to the practice's progress and development.

Governance arrangements

The practice had an effective management structure and governance arrangements. Appropriate policies and procedures were in place, and there were effective systems for monitoring various aspects of care delivery. The practice had undertaken regular meetings involving dentists, managers and receptionists. The principal dentist told us of the morning "daily huddles" to discuss with staff the plan for the day. This, they mentioned, helped all staff be aware of any issues which then could be managed appropriately. The practice had arrangements for identifying, recording and managing risks.

Practice seeks and acts on feedback from its patients, the public and staff

We found the practice to be involved with their patients and staff. All staff members we spoke with were clear about their roles and responsibilities and the practice staff were open to learning. They told us they felt valued, well supported and knew who to contact if they had any concerns. Staff had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed.

Management lead through learning & improvement

The provider had systems and processes to ensure all staff and the practice as a whole learnt from incidents, errors, patient feedback and complaints to ensure improvement.