

Maxwell-Deen Dentistry Ltd

St Mary's House Dental Care

Inspection Report

St Mary's House
St Mary's Road
Shoreham By Sea
West Sussex
BN43 5ZA

Tel: 01273 453109

Website: www.smhdental.co.uk

Date of inspection visit: 27 April 2016

Date of publication: 06/06/2016

Overall summary

We carried out an announced comprehensive inspection on 27 April 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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.

St Mary's House Dental Care is a general dental practice in Shoreham, East Sussex, offering private dental treatment to adults and children.

The practice is situated in the centre of Shoreham. The practice has two treatment rooms, a decontamination room for the cleaning, sterilising and packing of dental instruments and a waiting/ reception area. The main entrance to the practice is located on the ground floor of the building. The practice is contained on one floor. Due to steps at the front of the building, the practice is not accessible for wheelchair users. There is a patient toilet on the first floor.

The practice is open Monday to Thursday 8.00am to 5.30pm and Fridays 8.00am to 3.30pm.

St Mary's House Dental Care has two dentists (one of whom is also the registered manager), three dental nurses (two of whom also work on reception), two hygienists, a practice co-ordinator and a practice manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

Before the inspection we sent Care Quality Commission (CQC) comments cards to the practice for patients to complete to tell us about their experience of the practice. We collected 13 completed cards. All of the comments cards provided a positive view of the service the practice provides. Patients commented that staff were polite, kind and friendly. Two patients commented that the practice was clean and hygienic.

Our key findings were:

- There were systems in place to reduce the risk and spread of infection. The practice was visibly clean and well maintained.
- There were systems in place to check all equipment had been serviced regularly, including the steriliser, fire extinguishers, oxygen cylinder and the X-ray equipment.
- The practice had effective systems in place to gain the comments and views of people who used the service.
- Patients were satisfied with the treatment they received and were complimentary about staff at the practice.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- We observed that staff showed a caring and attentive approach towards patients. All patients were recognised and greeted warmly on arrival at reception.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children.
- Staff were proud of the practice and their team. Staff felt well supported and were committed to providing a quality service to their patients.

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

- Review the availability of an interpreter service for patients who do not speak English as their first language.
- Review the system of formal staff meetings including the recording of staff meeting minutes to ensure that any learning points are documented and monitored.
- Review the arrangements for all staff to receive formal fire training.
- Review the practice's whistleblowing policy, therefore ensuring that all staff are aware of their responsibilities.

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 in place to assess and manage risks to patients. There were processes in place for the management of infection prevention and control, health and safety, dental radiography and the management of medical emergencies. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were safe for the provision of care and treatment.

Are services effective?

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

Patients were given time to consider their options and make informed decisions about which treatment option they preferred. The dental care records we looked at included accurate details of treatment provided. We saw examples of effective collaborative team working. Staff received professional development appropriate to their role and learning needs.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We reviewed CQC comment cards that patients had completed prior to the inspection. Patients were positive about the care they received from the practice. Patients told us they were friendly, polite and kind. We observed that privacy and confidentiality was maintained for patients using the service on the day of our inspection. Staff spoke with enthusiasm about their work and were proud of what they did.

Are services responsive to people's needs?

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

We found the practice had an efficient appointments system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. We observed good rapport between staff and patients attending appointments on the day of the inspection.

Are services well-led?

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

The practice had effective clinical governance and risk management structures in place. There were effective methods to seek feedback from patients using the service. We observed good support from the practice manager which promoted openness and transparency amongst staff. Staff told us they enjoyed working at the practice and felt well supported in their role.

St Mary's House Dental Care

Detailed findings

Background to this inspection

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 inspection was carried out on 27 April 2016 by a lead CQC inspector and a dental specialist advisor.

During the inspection we spoke with one dentist, two dental nurses, the practice co-ordinator and the practice

manager. We looked around the premises and the treatment rooms. We reviewed a range of policies and procedures and other documents including dental care records. We reviewed 13 CQC comments cards.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had appropriate incident reporting systems in place and standard reporting forms for staff to complete when something went wrong. Staff demonstrated good awareness of how to act on incidents that may occur.

The provider understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and confirmed that no reports had been made.

We were told that in the case of a patient being affected by something that went wrong, the patient would be offered an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had policies in place for child protection and safeguarding vulnerable adults. The policies referred to current legislation and national guidance. This included contact details for the local authority safeguarding team.

Staff had attended recent safeguarding training. Staff demonstrated their knowledge of how to recognise the signs and symptoms of abuse and neglect and how to raise a concern.

Staff demonstrated knowledge of the whistleblowing process and were confident they would raise a concern if it was necessary. We noted that there was no whistleblowing policy in place at the practice. We were told that this would be actioned immediately.

The British Endodontic Society uses quality guidance from the European Society of Endodontology regarding the use of rubber dam for endodontic (root canal) treatment. The practice had rubber dam kits available for use in line with the current guidance. We were told that rubber dam kits were always used. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal treatment.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Appropriate emergency

equipment and an Automated External Defibrillator (AED) were available. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Oxygen and medicines for use in an emergency were available and were stored securely. We saw that the emergency kit contained appropriate emergency drugs.

Records showed that checks were made to ensure that the equipment and emergency medicines were safe to use. The expiry dates of medicines and equipment were monitored regularly.

Records showed that staff had completed annual training in AED use and basic life support. Staff we spoke with knew the location of the emergency equipment. Staff told us that medical emergency training scenarios were practised during annual training.

Staff recruitment

The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice told us that it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all staff and we saw evidence that this had been carried out.

The practice had an effective system in place for the recruitment of new staff which included seeking references, checking qualifications and professional registration. We found that recruitment records contained the required recruitment documentation such as proof of identification, CV, references and proof of professional registration.

Monitoring health & safety and responding to risks

The practice had arrangements to deal with foreseeable emergencies and had a health and safety policy in place. The practice had a log of risk assessments such as radiation, hazardous substances and fire. The assessments included the measures which had been put into place to manage the risks and any action required. The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants and dental clinical materials.

Are services safe?

We found there was an emergency continuity plan in place at the practice. The plan included the procedures to follow in the case of specific situations which might interfere with the day to day running of the practice and treatment of patients, such as loss of electrical supply and fire.

The practice had a fire alarm system in place which was tested weekly. We reviewed documents which showed that fire extinguishers were checked regularly. A full fire risk assessment had been undertaken in April 2016. Records showed that general fire checks were carried out regularly. We saw that the fire evacuation procedure was clearly posted in areas throughout the practice. Fire exit notices were clearly displayed. We were told that fire drills took place every six months. Records showed that the most recent fire drill had taken place in March 2016. We noted that staff had not attended formal fire training. The practice manager told us that they were in the process of arranging training for all staff in the near future.

Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05) published by the Department of health, sets out in detail the processes and practices which are essential to prevent the transmission of infections. During our inspection, we observed processes at the practice to check that the HTM 01-05 essential requirements for decontamination had been met. The practice had an infection control policy and a set of procedures which included hand hygiene, managing waste products and decontamination guidance.

We looked around the premises during the inspection and found all areas to be visibly clean. Treatment rooms were visibly tidy and free from clutter. We saw that cleaning schedules were documented accordingly. There were designated hand wash basins in each treatment room. Appropriate handwashing liquid was available. Instruments were stored in sterile pouches in treatment room drawers.

The practice had a dedicated decontamination room. The dental nurse showed us the procedures involved in cleaning, rinsing, inspecting and sterilising dirty instruments along with the storing of sterilised instruments. They wore appropriate personal and protective equipment (PPE) during the decontamination process. Dirty instruments were washed and rinsed prior to

being placed into an autoclave. An autoclave is a device for sterilising dental and medical instruments. We observed that there was an illuminated magnifier available to check for any debris or damage throughout the cleaning stages.

We saw a clear separation of dirty and clean areas. There were adequate supplies of PPE such as face visors, aprons and gloves. Posters about good hand hygiene and sharps injuries were displayed to support staff in following practice procedures. There were sufficient instruments available to ensure that services provided to patients were uninterrupted.

Staff showed us the paperwork which was used to record validation checks of the sterilisation cycles. We observed maintenance logs of the equipment used to sterilise instruments. The practice had systems in place for the daily quality testing of decontamination equipment. Records confirmed that these had taken place.

Records showed a risk assessment process for Legionella had been carried out which ensured the risks of Legionella bacteria developing in water systems within the premises had been identified, and preventive measures taken to minimise the risk of patients and staff of developing Legionnaires' disease. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

The practice regularly carried out an Infection Prevention Society (IPS) self-assessment decontamination audit to assess compliance with HTM01-05. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Records showed that action points had been identified and achieved as a result of the most recent audit.

The practice had a sharps injury protocol for reporting and handling sharps injuries which informed staff of the process to follow in case they incurred such an injury. This involved a referral to a local Occupational Health department. We were told that the dental nurses did not handle sharps. The practice had undertaken a sharps risk assessment in relation to the current Health and Safety (Sharps Instruments in Healthcare) Regulations (2013).

The practice had a record of staff immunisation status with regards to Hepatitis B in staff recruitment records. Hepatitis B is a serious illness that is transmitted by bodily fluids including blood.

Are services safe?

We observed that practice waste was stored and segregated into safe containers in line with the Department of Health guidance. Sharps containers were well maintained and correctly labelled. The practice used an appropriate contractor to remove dental waste from the practice including amalgam, extracted teeth and gypsum.

Equipment and medicines

There were systems in place to check and record that all equipment was in working order. These included the testing of specific items of equipment such as X-ray machines and pressure vessel systems. Records showed that the practice had contracts in place with external companies to carry out servicing and routine maintenance work in a timely manner. This helped to ensure that there was no disruption in the safe delivery of care and treatment to patients.

Medicines stored in the practice were reviewed regularly to ensure they were not kept or used beyond their expiry date.

The practice provided conscious sedation for patients undergoing treatment where necessary. These are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation. The practice was meeting the standards set out in the guidelines published by the Standing Dental Advisory Committee: conscious sedation in the provision of

dental care, report of an expert group on sedation for dentistry, Department of Health 2003, in the delivery of patient care. However, the provider was not able to provide a copy of their sedation policy on the day of the inspection. The provider sent us evidence following the inspection which demonstrated that a sedation policy had been put into place.

Radiography (X-rays)

The practice was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The practice maintained suitable records in their radiation protection file demonstrating the maintenance of the X-ray equipment. An external Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed for the practice.

We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to the X-ray machine were displayed in the treatment rooms. The practice had carried out an annual X-ray audit for the dentists within the last year. We saw evidence that the dentists recorded the reasons for taking X-rays and that the images were checked for quality and accuracy. We were shown the current training certificates for the dentists which demonstrated that they were up to date with IR(ME)R training requirements.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found that the practice planned and delivered patients' treatment with attention to their individual dental needs. We found that patient's dental care records were clear and contained appropriate information about patients' dental treatment. The practice kept electronic records of the care given to patients. We asked one of the dentists to show us how they recorded information in patients' dental care records about their oral health assessments, treatment and advice given to patients. We found these included details of the condition of the teeth, soft tissues lining the mouth and gums. These were repeated at each examination in order to monitor any changes in the patient's oral health.

The practice kept up to date with current guidelines and research in order to develop and improve their system of clinical risk management. We saw evidence that the dentists were adhering to current National Institute for Health and Care Excellence (NICE) guidelines when deciding how often to recall patients for examination and review. We also saw evidence that the practice had protocols and procedures in place for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.

Health promotion & prevention

Patients completed a medical questionnaire which included questions about smoking and alcohol intake. The waiting room contained written literature regarding effective dental hygiene and how to reduce the risk of poor dental health.

Staff told us that patients were given advice appropriate to their individual needs, such as smoking cessation and dietary advice. The dental care records we reviewed demonstrated that preventative advice had been given to patients according to their needs.

Staffing

St Mary's House Dental Care had two dentists (one of whom is also the registered manager), three dental nurses (two of whom also worked on reception), two hygienists, a practice co-ordinator and a practice manager.

Staff had attended continued professional development and training which was required for their registration with the General Dental Council (GDC). This included infection control, child and adult safeguarding and basic life support. We looked at the individual training records of various members of staff at the practice which demonstrated that they had attended appropriate training and were up to date. Staff attended internal training, online courses and used team meetings to share learning and knowledge.

New members of staff received an appropriate induction programme when they joined the practice. There was an appraisal system in place at the practice which was used to identify training and development needs. Staff had received a formal appraisal within the last year.

Staff recruitment records contained details of current registration with the GDC and the practice manager monitored that staff remained registered.

Staff we spoke with told us they were clear about their roles and responsibilities, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed.

Working with other services

The practice was able to carry out the majority of treatments needed by their patients but referred more complex treatments such as difficult extractions to specialist services. The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to local hospitals and specialist dental services for further investigations. The practice completed detailed proformas or referral letters to ensure the specialist service had all of the relevant information required. Staff were able to describe the referral process in detail.

Consent to care and treatment

One of the dentists described the methods they used to ensure that patients had the information they needed to be able to make an informed decision about treatment. They explained to us how valid consent was obtained from patients at the practice. We reviewed a number of patient's dental care records which indicated that valid consent had been obtained for treatment at the practice. There was evidence that discussions regarding consent had taken place.

Are services effective?

(for example, treatment is effective)

In situations where people lack capacity to make decisions through illness or disability, health care providers must work in line with the Mental Capacity Act 2005 (MCA). This is to ensure that decisions about care and treatment are made in patient's best interests. We spoke with staff about

their knowledge of the MCA and how they would use the principles of this in their treatment of patients. They had a good understanding of the MCA and the importance of assessing each situation individually. Staff had attended recent MCA training.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent CQC comments cards to the practice for patients to tell us about their experience of the practice. Patients were positive about the care they received and several patients commented that staff were caring.

The practice had effective systems in place to gain the comments and views of people who used the service. The practice had carried out an annual patient satisfaction survey in April 2016 which highlighted that patients were satisfied overall with their care at the practice. The results of the survey reported that all patients felt they had received either excellent or good care. As a result of patient feedback, the practice manager had updated reading material for patients and improved the waiting area environment.

During our inspection we observed that staff showed a friendly and attentive approach towards patients. All

patients were recognised and greeted at reception on arrival. We observed that privacy and confidentiality were maintained for patients on the day of the inspection. Patients' dental care records were stored in password protected computers. Staff we spoke with were aware of the importance of providing patients with privacy and spoke about patients in a respectful and caring way.

Involvement in decisions about care and treatment

Patients were given a copy of their treatment plan and the associated costs. Before treatment commenced patients signed their treatment plan to confirm they understood and agreed to the treatment. Staff told us they involved relatives and carers to support patients in decision making where this was relevant.

Patients were informed of the range of treatments available on the practice website and in the patient information leaflet. We saw that prices of treatments were displayed in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered on their website and in the patient information leaflet. The patient information leaflet contained information regarding staff working at the practice, opening times and an emergency contact number. We saw that there was information for patients regarding how to make a complaint in the waiting area.

We found the practice had an efficient appointment system in place to respond to patients' needs. Appointments were made available to patients on the same day for the dentists to accommodate urgent or emergency appointments.

Staff told us the appointment system gave them sufficient time to meet patient's needs. The practice had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment.

Tackling inequity and promoting equality

The practice was contained on the ground floor of the premises. The practice was not accessible to wheelchair users due to steps at the front of the practice. Patients with mobility difficulties were informed of this and could be referred to an alternative local practice. There was parking near to the practice. The patient toilet was located on the first floor.

We asked staff to explain how they communicated with people who had different communication needs, such as

those who spoke a language other than English. Staff told us they had tried to source a local interpreter service, but had not yet managed to put any interpreter services into place. We were told that this would be actioned immediately.

Access to the service

The practice is open Monday to Thursday 8.00am to 5.30pm and Fridays 8.00am to 3.30pm.

Information regarding the opening hours was available on the practice website and in the practice leaflet. The practice answer phone message and the patient information leaflet provided information on how to access out of hours treatment. Appointments were available on the same day so that the practice could respond to patients in pain.

Concerns & complaints

The practice had a complaints policy and procedure in place for handling complaints which provided staff with relevant guidance. The practice had received no complaints within the last year. Staff had a good understanding of the complaints process. Staff described the process which would be followed and were confident that all complaints would be dealt with in a timely and respectful manner.

Information for patients about how to raise a concern or complaint was available in the waiting area and in the patient leaflet. The practice had a whistleblowing policy which staff were aware of. Staff we spoke with had a good understanding of the whistleblowing process.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service. They led on the individual aspects of governance such as complaints, risk management and audits within the practice. The practice manager ensured there were systems to monitor the quality of the service such as audits. The practice had carried out recent audits relating to infection control and radiographs. Action plans had been identified as a result of the audits and the results were shared and discussed with other members of the team. However, a record keeping audit for the dentists had not been carried out. The provider sent us evidence following the inspection which demonstrated that a full record keeping audit had been carried out for each dentist, including a summary and any actions needed to be taken.

The practice had a range of policies and procedures to support the management of the service. We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service. We saw detailed risk assessments and the control measures that had been put into place to manage those risks.

The practice undertook quarterly meetings involving all of the staff at the practice. However, full records of these meetings had not been retained. This was brought to the attention of the practice manager who told us that this would be actioned immediately. Staff told us that during staff meetings, patient-centred actions were discussed and shared learning regularly took place.

Leadership, openness and transparency

Staff told us they were kept informed of any changes and updates. They told us that the practice manager adopted an open and transparent approach at the practice.

The practice had a statement of purpose which outlined their aims and objectives in the care and treatment of patients. Staff we spoke with described the practice culture as friendly and open. Staff demonstrated an awareness of the practice's purpose and were proud of their work. Staff

said they felt valued and supported and were committed to the practice's progress and development. The team appeared to work effectively together and there was a supportive and relaxed atmosphere. The practice manager was highly visible within the practice and had a positive approach towards any improvements required at the practice.

Management lead through learning and improvement

The practice manager had a clear understanding of the need to ensure that staff had access to learning and improvement opportunities. All of the staff who were working at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records were kept to ensure staff were up to date with their professional registration.

Staff told us they had good access to training and the management monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

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

The practice had an effective system in place to seek feedback from patients using the service. The results were analysed and compared with previous results. There was evidence that changes and improvements had been put into place as a result of patients' feedback, such as improving the practice environment for patients. Staff told us that issues were discussed with patients and suggestions would always be implemented if possible.

The practice manager told us that they welcomed feedback and suggestions in order that the practice may learn and improve. Staff members told us that they could discuss ideas and share experiences with the practice manager and the rest of the team and that these were always listened to and acted upon.