

## Dental Surgery

# The Dental Surgery Denmark Hill

## Inspection Report

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### Overall summary

We carried out this announced inspection on 16 August 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team we were inspecting the practice. They provided information which we took into account.

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**

The Dental Surgery Denmark Hill is in Denmark Hill 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.

# Summary of findings

The dental team includes a dentist and a dental nurse.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 48 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with a dentist and a 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 8.45am to 5.00pm.

## Our key findings were:

- The practice was generally clean and well maintained.
- The practice had infection control procedures which reflected published guidance, but some improvements were required.
- Staff knew how to deal with emergencies and appropriate medicines and life-saving equipment were available, although there were some improvements required to the range of equipment that was 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 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.

The provider was made aware of our findings, especially as regards the lack of suitable risk assessment to undertake dental procedures safely under conscious sedation.

The provider responded appropriately within the required time frame to inform us of the urgent actions

they had undertaken to mitigate the risks. These included voluntary cessation of the provision of dental care services under conscious sedation with immediate effect.

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

- Review the practice's safeguarding policy ensuring it covers both children and adults and all staff are trained to an appropriate level for their role and aware of their responsibilities.
- Review stocks of medicines, materials and equipment and the system for identifying and deposing of out-of-date stock.
- Review the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray ensuring compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.
- Review the practice's protocols for conscious sedation, giving due regard to 2015 guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.
- Review the protocols and procedures for use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.
- Review the use of amalgamator mixer machine and consider safer alternatives.

# 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. However improvements could be made in regards to developing a policy for the safeguarding of vulnerable adults.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were generally clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. However some improvements could be made to the systems in place for this.

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 excellent, professional and very good. 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 48 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, kind and professional. They said the staff were thoughtful about their needs and they were given honest explanations about dental treatment, and their dentist listened to them. Patients commented that they 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



# Summary of findings

## Are services responsive to people's needs?

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

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. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints.

No action



## Are services well-led?

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

The practice had governance arrangements to ensure the smooth running of the service. These included appropriate policies and procedures. However improvements were required in regards to have in place an appropriate system to learn from and improve the service based on information from audits undertaken.

The practice team ensured patient dental care records which were written or typed were stored securely.

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 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 electronically 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 child 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.

Improvements could be made to ensure the policy on safeguarding included safeguarding protocols related to vulnerable adults. The principal dentist told us that one would be produced following the inspection.

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.

Improvements could be made to ensure rubber dams, in line with guidance from the British Endodontic Society were used when providing root canal treatment. The dentist told us they used cotton wool. There was no risk assessment in place in relation to rubber dams not being used.

### Medical emergencies

Staff had completed training in emergency resuscitation and basic life support every year. Most of the recommended emergency equipment and medicines as described in recognised guidance were available. However there were gaps, for example there was no self-inflating bag.

### 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 two 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 dentist.

### 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. However improvements could be made. For example the staff told us that they carried out checks to waterlines but these were not recorded. The practice also could make improvements in regards to the recording of daily and weekly checks of sterilisation equipment. For example the provider had two autoclaves. They retained

# Are services safe?

the test strips for one machine. They told us they manually checked and recorded tests for the other machine but they did not retain the test strips in line with guidance. Some of the drawers in the clinical area were not clean and tidy and were dusty. We spoke with the provider about these issues and they told us they would take action to improve these issues.

The practice carried out infection prevention and control audit annually. The latest audit had been completed in April 2017.

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.

## Equipment and medicines

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

The practice used an amalgamator mixer for mixing pure mercury and silver alloy to produce a dental amalgam. The practice had a mercury spillage kit in place. Improvements could be made to move towards use of encapsulated amalgam.

The practice had a system for prescribing, dispensing and storing medicines. However improvements were required. We found out of date materials such as cement used for restoration work in drawers in the surgery. When we asked the provider about this they told us that some of the materials were in bottles that did not have the correct date on them but they were topped up with in date materials kept in a storage cupboard. We checked the storage cupboard and found that some of the materials in the storage cupboard were also out of date.

The provider told us that they would review all these items and dispose of all out of date items.

Improvements were required to store NHS prescriptions as described in current guidance. We noted that the pads were stamped and left on desks and not locked away. We spoke with the provider about this and they told us they would immediately review this practice and make changes to their procedure.

Following the inspection the provider sent us confirmation that out of date drugs had been removed and the prescription pads had been stored more securely.

## Radiography (X-rays)

The practice had some arrangements to ensure the safety of the X-ray equipment and had some of the required information in their radiation protection file. However improvements were required. The dentist was not routinely justifying and, grading X-rays they took, and the local rules needed updating.

For example, they had they did not have the most up to date Radiation Protection Advisor information. We spoke with the provider about these deficiencies and they told us that action would be taken to improve the file. Following the inspection they confirmed that the file had been updated.

The practice had carried out a radiography audit in 2016. The dentist told us that they were able to do this by going back and reviewing 50 radiographs that they had undertaken. The results showed that radiographs were taken appropriately.

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

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.

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 some arrangements in place to help them do this safely. These were partly in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015. The practice's systems included checks before and after treatment, some emergency equipment requirements, medicines management, and staff availability. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions. However there were gaps. There had been no recent sedation training, there were no checks carried out on the sedation equipment and some of the medicines required under current guidance were not available, for example reversal drugs. We spoke with the provider about this and they told us they would stop carrying out sedation immediately. Following the inspection the provider confirmed that all equipment and medicines related to sedation had been removed from the practice.

### 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 used fissure sealants if a patient's risk of tooth decay indicated this would help them.

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.

### 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 were aware of the need to consider this when treating young people under 16. However improvement in staff understanding could be made as staff were not able to describe how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. The principal told us they would arrange refresher training for staff.



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

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

Patients commented positively that staff were kind, caring and understanding.

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.

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

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

The treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities and older patients. This included providing additional staff assistance to help patients who need assistance to access the surgery and making appointments for these patients longer than a general appointment to accommodate for them.

Staff said patients whose first language was not English they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter translation services.

### Access to the service

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

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

The practice was committed to seeing patients experiencing pain on the same day and kept one appointments free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The, information leaflet and answerphone provided telephone numbers 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 and were rarely kept waiting for their appointment.

### 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 principal dentist 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 principal dentist 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.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had governance arrangements in place. The principal dentist had overall responsibility for the management and clinical leadership of the practice. They were also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

However, while the practice had policies, procedures and risk assessments and audits to support the management of the service and to protect patients and staff, this information was not always appropriate or used to improve the service. For example the radiographic audit undertaken had been completed despite the basic data of justifications not being recorded or available. There were a number of out of date materials found in the practice and the drawers in the surgery needed to be tidied up. The provider had no checks in place to check on these types of issues. We spoke with the provider about this issue and following the inspection they updated us on action they had taken to address the deficiencies, including disposing of all the out of date materials.

### **Leadership, openness and transparency**

Staff were aware of the Duty of Candour requirements to be open, honest and 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 principal dentist 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

principal dentist was approachable, would listen to their concerns and act appropriately. The principal discussed concerns at staff meetings and it was clear the practice worked as a team and 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 dental nurse 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 used patient surveys to obtain staff and patients' views about the service. We saw the results of the 2017 survey and found the majority of patients were positive about the service. For example 100% of patients surveyed agreed or strongly agreed that it was easy to get and appointment at a time convenient for them.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.