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Ferring Dental Clinic

Inspection Report

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Overall summary

We carried out this announced inspection on 02 November 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.

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

Ferring Dental Clinic is located in Ferring, close to Worthing. It provides private treatment to patients of all ages.

The practice occupies ground floor premises. There is one treatment room in use which is wheelchair accessible. There is separate reception and patient waiting area and a separate sterilisation area.

The dental team includes the principal dentist, one associate dentist, two qualified dental nurses, two dental hygienists, two receptionists and a practice manager.

Summary of findings

The practice is owned by an individual who is the principal dentist. 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.

During the inspection we spoke with the principal dentist, both dental nurses, one dental hygienist, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

On the day of inspection all 50 CQC comment cards sent ahead of the inspection had been filled in by patients. This information gave us an entirely positive view of the practice.

The practice is open: Monday to Friday from 8am to 8pm and Saturday's from 8am to 1pm. The reception desk is open Monday to Friday from 9am to 6pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which required updating to reflect current 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 appointment system met patients' needs.
- The practice had effective leadership. Staff felt supported.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We found areas where the provider could make improvements and should:

- Review availability of equipment to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's infection control procedures and protocols to take into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review staff training to ensure that all of the staff have undergone relevant training, to an appropriate level, in the safeguarding of children and vulnerable adults.

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 knew how to recognise the signs of abuse and how to report concerns although they had not yet received training in safeguarding.

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

Premises and equipment were clean and properly maintained. Improvements were underway to ensure that the practice was following national guidance for cleaning, sterilising and storing dental instruments.

The practice had arrangements for dealing with medical and other emergencies although some equipment was absent on the day of the inspection. This was subsequently ordered following the inspection.

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 efficient, exceptional and provided with great attention to detail. The dentists discussed treatment with patients so they could gain valid 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 50 people. Patients were positive about all aspects of the service the practice provided. They told us that the staff were accommodating, attentive and that they were treated with the upmost care. They said they were always given information about their oral health and treatment requirements; and said their dentist listened to them and made them feel comfortable.

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. The practice operated extended hours providing flexibility for patients attending appointments.

Staff considered patients' different needs and had made reasonable adjustments where able.

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

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 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.

The staff team worked professionally, staff felt supported and appreciated.

The practice team kept patient dental care records which were clearly written 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 also implemented changes in response to incident

The practice had not been receiving patient safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA); the provider signed up to receive these on the day of the inspection.

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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns although we noted that not all staff had completed training in safeguarding. We received evidence following the inspection that staff were booked onto a course. 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 did not always use rubber dams when providing root canal treatment. Improvements were required to ensure that this was documented in patients' dental care records and that risk assessments for lack of use were undertaken in line with guidance from the British Endodontic Society.

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

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 with the exception that paediatric pads for the Automated External Defibrillator (AED) were absent and adult pads were past their use by date. We received evidence that these had been ordered following the inspection.

Further improvements were required to ensure that staff kept records of the checks carried out of the equipment and medicines to make sure that these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at all of the 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 yearly to help manage potential risk. These covered general workplace and specific dental topics. We saw clear action plans to reduce the identified risks and documentation that these had been completed. 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 and hygienists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. Staff completed infection prevention and control training every year.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments. Improvements were underway to alter the ergonomics of decontaminating used dental instruments with

Are services safe?

consideration to the limitations in the size of the space available. This was to ensure that they followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits six monthly in line with current guidance. The practice told us that following changes to their procedures an audit would be completed to assess the improvements made.

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 that 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 prescribing, dispensing and storing medicines and completed audits in this.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the radiography 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 radiographs they took. The practice carried out radiography 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

The dentists assessed patients' treatment needs in line with recognised guidance. The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. Improvements were required to ensure that these contained all necessary details pertaining to any examinations. Immediate changes were made to the records templates used to ensure that this information was consistently recorded.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information although we noted that no learning points had been documented to reflect necessary improvements.

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 dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children in line with the toolkit.

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and information on maintaining oral health was available for patients to read in the waiting area. Additionally, the practice handed out 'goody' bags to patients containing toothbrushes and samples of toothpaste. The practice also organised toothbrush exchanges at local supermarkets whereby members of the public could take their old toothbrush and exchange it for a new one.

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

The dentist confirmed that 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 staff 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 were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were brilliant, accommodating and always ensured that they were well looked after. We saw that staff treated patients in a considerate and kind manner and were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of privacy and confidentiality. The layout of the reception and waiting area provided limited privacy when reception staff were dealing with patients. However, 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. Paper records were stored securely.

Music was played in the treatment room to enhance privacy and confidentiality and there was a television in the waiting area. The practice provided drinking water.

Information folders, thank you cards and letters and oral health information leaflets 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 always listened to them, did not rush them and discussed options for treatment with them clearly. The principal dentist described the conversations they had with patients to satisfy themselves that they understood their treatment options.

Patients told us that staff were reassuring when they were in pain, distress or discomfort and every effort was made to help patients to relax and put them at ease.

The practice information leaflet 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 treatments.

Staff used various methods such as radiograph images and models of the teeth and mouth to discuss and explain treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described very 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 commented that they had enough time during their appointment, did not feel rushed and that staff made them feel comfortable and relaxed.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment and to encourage confidence in visiting the dentist. Patients were given additional time and reassurance was provided for very nervous patients with the focus on patient led appointments empowering the patient to make decisions around their treatment.

Promoting equality

The practice had made reasonable adjustments for patients with disabilities and completed an access audit. A ramp was available for patients using wheelchairs to access the practice.

Staff at the practice spoke several languages such as German, Farsi, Arabic, Lithuanian and Russian.

Access to the service

The practice displayed its opening hours in the premises, in their information leaflet and on their website. The practice had implemented an online booking system and operated extended opening hours to provide greater flexibility for patients in scheduling appointments.

We confirmed that the practice kept cancellations to a minimum.

Patients needing emergency dental treatment when the practice was not open were seen by the dentists at the practice. The practice utilised a system whereby the practice manager was alerted to any patient calls received out of hours. Patients were then contacted by the practice manager and their needs triaged. Patients were seen at home or in the practice the following morning.

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. This was displayed in the patient waiting area. 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 that 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 received. No complaints had been received within the previous year. It was evident that the practice ethos was to respond to concerns appropriately and outcomes would be discussed with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice; and the practice manager was responsible for the day to day running of the service. Staff knew the management arrangements.

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 principal dentist and practice manager encouraged them to raise any issues and they felt confident they could do this.

Staff told us that communication in the practice was open. Immediate discussions were arranged to share urgent information. The practice held formal team meetings where staff could discuss clinical and non-clinical updates. It was clear that the practice team worked cohesively and dealt with issues professionally.

Learning and improvement

The practice had quality assurance processes to encourage continuous improvement and share learning. These included audits of dental care records, radiography,

prescribed medicines, access and infection prevention and control. We noted that not all audits had identified learning points, for example, for dental care records. The practice told us that they would review their systems for completing audits to ensure that where appropriate audits had documented learning points and the resulting improvements could be demonstrated.

The principal dentist and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. 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 that 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 that 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 patient satisfaction surveys on a yearly basis as well as using an online system for gaining patients' reviews about the service. We saw examples of suggestions from patients the practice had acted on. For example, specific patient information leaflets were provided and the practice started to sell electric toothbrushes at the request of patients.

Staff were encouraged to give feedback via an open door policy, at staff meetings and annual appraisals. Staff told us that the principal dentist and practice manager were receptive and they felt confident to suggest ideas if required. Flexibility was given to staff working hours at their request.