

Mrs Surita Choudhury

Serenity Dental Spa

Inspection Report

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Overall summary

We carried out this announced inspection on 26 January 2018 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 that we were inspecting the practice. We did not receive any information of concern from them.

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

Serenity Dental Spa is in Chorlton and provides NHS and private treatment to adults and children.

A portable ramp is available for people who use wheelchairs and pushchairs. The practice has a small car park, including for blue badge holders. Additional on street parking is available.

Summary of findings

The dental team includes three dentists, four dental nurses (one of which is a trainee) who also perform reception and administration duties, a dental hygienist, a dental hygiene therapist and a business manager. The practice has three treatment rooms.

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 28 CQC comment cards filled in by patients and spoke with one other patient. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, three dental nurses and the dental hygiene therapist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Wednesday 9am to 5.30pm

Tuesday 9am to 8pm

Thursday and Friday 9am to 5pm

Saturday by appointment only

Our key findings were:

- The practice was clean and well maintained.
- 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. Evidence of safeguarding training was not available for all members of staff.

- The practice had staff recruitment procedures. We noted that verbal references had not been documented.
- 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.

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

- Review the practice's safeguarding staff training; ensuring it covers both children and adults and all staff are trained to an appropriate level for their role.
- Review the practice's infection control and waste segregation procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the practice's recruitment policy and procedures to ensure that DBS checks are carried out accordingly and character references for new staff as well as proof of identification are requested and recorded suitably.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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. Evidence of safeguarding training was not available for three members of staff.

Staff were qualified for their roles and the practice completed essential recruitment checks with the exception of proof of identification and verbal references which were sought but not documented.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

The practice followed relevant safety laws when using needles and other sharp dental items but these processes were not underpinned by a risk assessment.

Improvements could be made to the decontamination workflow, staff training and process to test decontamination equipment appropriately.

The practice had suitable arrangements to ensure the safety of the X-ray equipment.

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 said that staff put them at ease and gave preventative care and advice.

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.

No action



Summary of findings

We received feedback about the practice from 29 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, professional and friendly. They said that they were given helpful, honest explanations about dental treatment, and said 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.

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 telephone interpreter services and had arrangements to help patients with sight or hearing loss.

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

The practice was involved in local community and charitable activities. For example, holding raffles and raising funds for the local cancer hospital.

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. There was a clearly defined management structure and staff felt supported and appreciated.

During the inspection we found all staff were responsive to discussion and feedback to improve the practice.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

There were detailed plans to remodel the practice in April 2018 which included new surgeries, a decontamination room, a reception area, waiting areas and accessible facilities for patients.

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 for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with flowcharts and information about identifying, reporting and dealing with suspected abuse. This included a recently implemented process to raise concerns directly related to dentistry in the locality. Evidence of safeguarding training was not available for three members of staff, the provider told us after the inspection that these staff members were in the process of completing their training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing and freedom to speak up policies; we found staff struggled to find these on the day of the inspection. They told us they felt confident they could raise concerns without fear of recrimination. The principal dentist told us they would display these in the staff room.

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. We found these processes were not underpinned by a risk assessment. Staff confirmed that only clinicians were permitted to assemble, re-sheath and dispose of needles where necessary in order to minimise the risk of inoculation injuries to staff. Protocols were in

place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries. The principal dentist told us that this would be reviewed and risk assessed more thoroughly.

The dentists told us they used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal 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. Three members of staff had received additional first aid training.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We observed that the emergency kit may be difficult for staff to carry to the upstairs surgery, we discussed this with the principal who told us after the inspection that a supply of medical oxygen had been relocated upstairs and they were in the reviewing the other items.

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 staff recruitment files. These showed the practice followed their recruitment procedures with the exception of proof of identification and verbal references which were sought but not documented.

All staff had a Disclosure and Barring Service (DBS) check. We noted that two clinical members of staff had not had these carried out at the time of employment. The practice had accepted DBS checks that were dated 12 months before they were employed. We discussed this with the principal dentist who was not aware that only DBS checks carried out within the preceding three months should be accepted.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.



Are services safe?

The practice occasionally used a locum dental nurse agency. They did not ensure that appropriate checks were carried out on these staff. The principal dentist told us that they had the same agency staff attend on each occasion to maintain continuity and they would discuss these checks with the locum agency before using the service again. Locum staff received an induction to ensure that they were familiar with procedures but this was not documented.

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. Fire, asbestos, electrical and general premises risk assessments had been carried out along with plans to carry out extensive refurbishment of the property which was due to begin in April 2018. We reviewed the plans which included new electrical and fire safety systems and emergency lighting.

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 dental therapist when they treated patients. A dental nurse did not always work with the dental hygienist. Staff told us that a dental nurse was always on hand to assist the hygienist with specific procedures as required.

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 suitable arrangements for cleaning, sterilising and storing instruments in line with HTM01-05. Improvements were needed to the processes for transporting and checking instruments. For example, the lids of transportation boxes were clearly marked to identify whether the contents were clean or dirty but the boxes were not. The workflow in the decontamination was not in line with guidance. For example, staff were checking the cleanliness and condition of instruments after they had been sterilised, rather than before as described in recognised guidance. The provider told us that new colour-coded transportation boxes had been purchased after the inspection. Records showed equipment staff used

for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance, with the exception of the handpiece steriliser which staff were unaware was a vacuum assisted device.

The practice had carried out a basic infection prevention and control audit using their practice governance system but this had not identified the issues that we observed on the day.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Monthly water temperature testing was carried out and regular water quality testing was in place.

A contract was in place for the removal of clinical waste and consignment notes were retained in line with Health Technical Memorandum 07-01 Management and disposal of healthcare waste (HTM 07-01). We observed black domestic waste liners were used in all of the bins for clinical waste in treatment rooms and the decontamination room as well as the bins for domestic waste. This increased the risk of waste being disposed of incorrectly. The principal dentist told us immediately after the inspection that clinical waste liners were now used in the clinical bins.

On the day of the inspection we spent time with the lead dental nurse and principal dentist discussing the equipment and workflow in the decontamination room. Staff moved the equipment to ensure that staff could follow the correct workflow. The principal dentist gave assurance that they would provide additional training, carry out a full infection control audit, use the appropriate waste liners in clinical bins and discuss procedures for decontamination with all clinical staff.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

The staff records we reviewed with the practice manager provided evidence to support the relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. There was no evidence of the efficacy of these vaccinations for two members of staff and they had not been risk assessed. One member of staff was identified as a non-responder.



Are services safe?

The practice had an appropriate risk assessment in place but they were not aware if they had an annual blood test. This was discussed with the principal dentist to follow up as appropriate.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff did not carry out all of the required checks in line with the manufacturers' recommendations. For example, one of the sterilisers was vacuum assisted which requires a steam penetration test but staff were not aware of this. Automatic control tests were not carried out on any of the three sterilisers. This was discussed with the practice principal who gave assurance that they would review procedures and obtain the necessary testing devices.

The practice had suitable systems for prescribing, dispensing and storing medicines.

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

Radiography (X-rays)

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

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiograph audits every year following current guidance and legislation. We discussed opportunities to improve the audit process. For example, by calculating the grading of radiographs. We noted that a wall between one of the surgeries and the waiting room did not have a protective lead shield. The dentist was aware that the X-ray beam should not be aimed towards this wall but this was not stated in the local rules. The plans for the practice refurbishment included appropriate protective shielding. The principal dentist told us after the inspection that the local rules had been amended and discussed with clinicians.

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.

Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit. They displayed oral health education information throughout the practice and supported national oral health campaigns. Patient's comments confirmed that the dentists were very informative and gave them information to improve their oral health.

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 children as appropriate.

The dentist 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 and the practice supported them to complete their training by offering in-house training, lunch and learn sessions and online training.

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, a dental hygienist, a dental therapist and dental nurses, to deliver care in the best possible way for patients. One of the dental nurses was nearing completion of enhanced skills training in dental radiography.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and personal development plans.

Working with other services

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

Patients commented positively that staff were caring, professional and friendly and made them feel at ease. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone. Several patients commented that they would recommend the practice to others and one patient commented that they travelled a considerable distance to attend.

Anxious patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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.

Music was played in the treatment rooms and there were magazines and televisions in the waiting rooms. The practice provided a cooler with drinking water. Information folders, patient survey results and thank you cards were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The 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 website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment.

Each treatment room had a screen so the dentists could show patients photographs 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. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first floor surgery or if they required a translator.

Patients were sent text message and email reminders for upcoming appointments. Staff told us that they telephoned some patients on the morning of their appointment to make sure they could get to the practice. Staff also telephoned patients after complex treatment to check on their well-being and recovery. Patients commented that they liked the system to remind them of appointments.

Tackling inequity and promoting equality

The practice made reasonable adjustments for patients with disabilities. These included the provision of a portable ramp and access to the ground floor surgeries. The plans for the practice refurbishment included step-free access and a fully accessible patient toilet.

Staff said they could provide information in different formats and languages to meet individual patients' needs. Staff could speak a range of languages including Urdu, Bengali and Gujarati; they had access to translation services.

The practice was involved in local community and charitable activities. For example, holding raffles and raising funds for the local cancer hospital.

Access to the service

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

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

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day care for each dentist. They had an emergency on-call rota between the dentists for patients who received private funded care. The website, 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 principal dentist 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.

We looked at comments, compliments and complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.



Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management, clinical leadership and day to day running of the service with support from the business manager and dental team. An organisational structure was in place, staff knew the management arrangements and their roles and responsibilities.

The principal dentist had engaged an external company to put in place a system of governance, 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 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 dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Daily huddles and discussions were arranged to share urgent information.

Learning and improvement

During the inspection we found all staff were responsive to discussion and feedback to improve the practice. Staff were keen to discuss the issues highlighted in the processes for transporting and checking instruments, waste segregation and daily testing of sterilisers. An action plan was submitted after the inspection. They were keen to share and discuss the plans to remodel the practice in April 2018 which included new surgeries, decontamination room, reception, waiting areas and accessible facilities. The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. We discussed opportunities to improve the audit process. For example, by calculating the grading percentages of radiographs, not just whether the dentist had graded them.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals and personal development plans in the staff folders.

Staff told us they completed highly recommended 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 and verbal comments to obtain patients' views about the service.

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.