

Peckham Dental Care Limited

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Inspection Report

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Overall summary

We carried out this unannounced inspection on 29 June 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 Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. They provided information which we took into account. They did not provide any information.

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

Peckham Dental Care Limited is in Peckham, in the London Borough of Southwark. It provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. Restricted car parking spaces, including those for patients with disabled badges, are available near the practice.

Summary of findings

The dental team includes a practice manager, five dentists, five dental nurses, a dental hygienist, and a receptionist. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at the practice was the practice manager.

On the day of inspection we spoke with two patients. This information gave us a mixed view of the practice.

During the inspection we spoke with three dentists, three dental nurses, and the practice manager. We also spoke with two of the company's compliance managers who attended the inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open from 9am to 4pm Monday to Friday.

Our key findings were:

- 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.
- 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 practice was clean, though improvements were needed to ensure areas of the premises were well maintained.
 - The practice had infection control procedures which mostly reflected published guidance. Improvements were needed to ensure that staff carried out regular efficacy tests for the ultrasonic bath.
 - Staff treated patients with dignity and respect and took care to protect their privacy and personal information at the reception desk and in the treatment rooms. Improvements were needed to ensure paper dental care records were stored securely.

Shortly after the inspection the practice took steps to address issues we had identified.

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

- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the suitability of the premises and ensure all parts are well-maintained and fit for the purpose for which they are being used.

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.

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

Premises and equipment were clean, though improvements were needed to ensure the premises were properly maintained. Patients commented they felt the décor of the premises needed to be updated.

The practice followed national guidance for cleaning, sterilising and storing dental instruments, though improvements were needed to ensure there was hot running water available, and that staff were carrying out regular efficacy tests for the ultrasonic bath.

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

Shortly after the inspection the practice took steps to address the issues we identified. They informed us they would voluntarily close for a short period of time in order to make some necessary improvements

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. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The majority of the practice team kept complete patient dental care records which were, clearly written or typed. Improvements were needed to the quality of the content of some 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 two people. Patients were positive about most aspects of the service the practice provided. They told us staff were caring and professional and treated them with dignity and respect.

No action



Summary of findings

Electronic dental care records were securely maintained, though improvements were needed to ensure paper records were stored securely.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Shortly after the inspection the practice took steps to address issues we identified.

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 they were 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 hearing loss.

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

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 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 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 reprimand.

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 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 with 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. Staff kept records of their checks to make sure these were available, within their expiry date, and in good working order. Improvements were needed to ensure the expiry date of Glucagon, which was not refrigerated, was appropriately adjusted to ensure it remained at optimum efficacy.

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 eight 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 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 when they treated patients. Staff told us the dental hygienist worked alone. The practice had a lone worker risk assessment in place. Shortly after the inspection they sent us a risk assessment specifically for lone working of the hygienist.

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 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.

Are services safe?

Improvements were needed to ensure there was hot running water available, and that staff carried out regular efficacy tests for the ultrasonic bath.

The provider showed us evidence that they had made arrangements to replace the boiler. Shortly after the inspection they told us they had ordered the relevant equipment for testing of the ultrasonic bath.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

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; patients confirmed this was usual, though they commented they felt the decor needed to be updated. We observed improvements could be made to the maintenance of some areas of the premises. We also observed an unpleasant odour throughout the premises.

The practice was aware of these issues and assured us they were in the process of securing approval for the premises to be renovated before the end of 2017.

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, 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 X-rays they took. The practice carried out an X-ray audit in 2017 following current guidance and legislation. The audit was due to be reviewed six months after the inspection.

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.

We checked a sample of dental care records and found although the majority of them contained detailed information about the patients' current dental needs, past treatment and medical histories, improvements were needed to the quality of the information in some records. The practice regularly audited patients' dental care records to check that the dentists recorded the necessary information; they had identified areas for improvement and created action plans for the relevant dentists.

Health promotion & prevention

The practice provided preventative care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists 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 based on an assessment of the risk of tooth decay for each child.

The dentists 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 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 (GDC).

Staff told us they discussed training needs during their induction and via informal discussion. The majority of staff had recently started employment at the practice, and their appraisals were not yet due.

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 the National Institute for health and Care Excellence (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. The patients we spoke with confirmed their dentist listened to them.

The practice had created a comprehensive guidance and assessment tool to help staff understand their responsibilities in relation to the Mental Capacity Act (MCA). Their consent policy included information about the MCA 2005. The majority of 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.

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.

We spoke with two patients during the inspection. They commented positively that staff were caring and professional. We saw that staff treated patients with respect, and they were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of privacy and confidentiality. 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.

Improvements were needed to ensure paper dental care records were stored securely; they were stored in cabinets for which some of the keys could not be found and the rooms were not lockable. Shortly after the inspection the practice told us they had ordered additional cabinet keys.

Information leaflets, patient survey results (including action the practice was taking in response to feedback), 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. Dentists 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 such as orthodontics, implants and endodontics.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options.

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; this was confirmed by a patient we spoke with. 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 no patients for whom they needed to make adjustments to enable them to receive treatment.

Promoting equality

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, and accessible toilet with hand rails. The toilet though did not have a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to telephone interpreter/translation services which included British Sign Language.

Access to the service

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

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

The practice had suitable arrangements in place to ensure they could see patients experiencing dental pain on the same day. The 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. A complaints leaflet was available to inform patients about how to make a complaint.

The practice manager was responsible for dealing with complaints; they told us they aimed to settle them in-house. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns. 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.

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

Are services well-led?

Our findings

Governance arrangements

The practice manager, who was also the registered manager, had overall responsibility for the management and clinical leadership of the practice, and the day-to-day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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 practice manager 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 practice manager was approachable, would listen to their concerns and act appropriately. The practice manager 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 practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff discussed learning needs, general wellbeing and aims for future professional development. The practice had arrangements to carry out appraisals for staff. The majority of staff eligible for appraisal had recently commenced employment at the practice and their appraisals were not yet due.

Staff told us they completed key training, including medical emergencies, infection control and basic life support, each year. The General Dental Council (GDC) 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 staff and 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. The most recent feedback from the FFT was largely positive.