

TDSML Limited

TDSML

## Inspection Report

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Date of inspection visit: 21 May 2015

Date of publication: 30/07/2015

### Overall summary

We carried out a comprehensive inspection of TDSML on 21 May 2015. TDSML is located in the City of London and provides private dental services primarily to adults.

The practice team included eight dentists, six dental hygienists, 14 dental nurses, five receptionists and one practice manager.

We reviewed 37 Care Quality Commission (CQC) comment cards completed by patients who were very positive about the care they received from the practice. They commented that staff were caring, respectful and helpful.

One of the principal dentists is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

#### Our key findings were:

- The practice had systems in place to help ensure patient safety. This included effective instrument decontamination practices.
- Staff had received training appropriate to their roles.
- Staff were knowledgeable about patient confidentiality and we observed good interaction between staff and patients during the inspection.
- Patients were able to make routine and emergency appointments when needed
- The patient comment cards we reviewed indicated that patients were consistently treated with kindness and respect by staff. It was reported that communication with patients, access to the service and to the dentists, was good. Patients reported good access to the practice.

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

- Adopt an individual risk based approach to patient recalls having regard to National Institute for Health and Care Excellence (NICE) guidelines.
- Ensure a practice adult safeguarding policy is developed in order to signpost staff who may have concerns.
- Ensure a business continuity plan is in place to deal with foreseeable emergencies that could impact on the running of the practice.
- Ensure clinical and non-clinical audits e.g. X-ray and infection control are carried out periodically.
- Ensure patient records are kept with due regard to General Dental Council guidelines.
- Conduct quarterly testing of the ultra-sonic bath in accordance with Department of Health guidance.
- A system is established for the stock control of medicines such as antibiotics and fridge temperature is checked on a daily basis.

# Summary of findings

- Conduct water temperature checks as recommended in Legionella risk assessment.

We found that this practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

# 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 a system to assess and manage risks to patients. They had safe systems in place including for decontamination of dental instruments, health and safety, staff recruitment and training and the management of medical emergencies.

Staff told us they felt confident about reporting incidents and accidents. We reviewed incidents that had taken place in the past year and found the practice had responded appropriately.

### **Are services effective?**

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

Patients told us through comment cards that they were given time to consider and make informed decisions about which treatment option they wanted. The dental care records we looked at included details of the condition of the patient's teeth and soft tissues lining the mouth and gums. The practice manager ensured there were sufficient staff to meet patient needs.

Staff received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) had frequent continuing professional development (CPD) and were meeting the requirements of their professional development.

### **Are services caring?**

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

We looked at 37 CQC comment cards patients had completed prior to the inspection. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

### **Are services responsive to people's needs?**

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

We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day.

We observed the waiting area was large enough to accommodate patients with wheelchairs and prams. The layout allowed for easy access to the reception area, toilet and treatment rooms.

### **Are services well-led?**

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

The practice had systems in place to seek and act upon feedback from patients using the service, including carrying out a patient survey. The practice manager ensured there were systems to monitor the quality of the service that were used to make improvements to the service. However some audits had not been reviewed in the past year. The staff described the practice culture as supportive, open and transparent. Staff demonstrated an awareness of the practice's purpose and were proud of their work and team.

# TDSML

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

An announced inspection was carried out on the 21 May 2015 by an inspector from the Care Quality Commission (CQC). Prior to the inspection we reviewed information we held about the provider and by other organisations.

During the inspection we toured the premises and spoke with the principal dentists, three associate dentists, two dental nurses, a trainee dental nurse, the decontamination

assistant, a hygienist, the reception manager and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We obtained the views of 37 patients who had filled in CQC comment cards.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

Staff we spoke with were aware of, and had access to, the incident reporting system. This allowed staff to report all incidents including near misses where patient safety may have been compromised. Accidents and incidents were documented, investigated and reflected upon by the dental practice. Staff told us they felt confident about reporting incidents and accidents and discussed learning from them at monthly staff meetings. We reviewed incidents that had taken place in the past year and found the practice had responded appropriately. For example, we saw a member of staff had received a sharps injury and there had been an investigation in to how this had occurred and changes were made to how instruments are stored prevent this from happening again.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and confirmed no reports had been made. However we found that the practice did not have RIDDOR reporting forms available to report such incidents.

### Reliable safety systems and processes (including safeguarding)

The practice had a child protection policy in place. This provided staff with information about identifying, reporting and dealing with suspected abuse. The policy was readily available to staff. There was no policy on safeguarding adults at risk; however, staff did have contact details the local authority's child protection and adult safeguarding teams. The staff we spoke with demonstrated they knew how to report concerns and who they would contact if they suspected abuse. The practice manager undertook to develop a policy for adults at risk.

The practice manager was the safeguarding lead professional for the practice. Safeguarding was identified as essential training for all staff to undertake. We saw records that one member of staff had attended training in April 2015. They had updated other members of staff during a staff meeting which was held during that month.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (for example from handling needles or sharp instruments). The practice used

a needle guard to support staff to dispose of needles safely. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments. The dentists undertook root canal treatment and told us rubber dam was used in line with guidance from the British Endodontic Society.

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). An emergency resuscitation kit and an Automated External Defibrillator (AED) were available. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). Oxygen and medicines for use in an emergency were available and complied with latest recommendations from Resuscitation Council UK and the BNF. Records showed regular checks were made to help ensure the equipment and emergency medicines kit was safe to use.

Staff had completed training in emergency resuscitation and basic life support in October 2014. Staff we spoke with knew the location of all the emergency equipment in the practice and how to use it. There was an appointed first-aider, and an easily accessible first aid kit. .

### Staff recruitment

The practice had a policy and documentation in place for the safe recruitment of staff which included seeking references, checking qualifications and professional registration. The practice manager told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all staff and we saw evidence of this in the staff files looked at. These checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post.

The practice manager checked the professional registration for clinical staff annually to ensure professional registrations were up to date.

### Monitoring health & safety and responding to risks

The practice had arrangements to deal with foreseeable emergencies. A health and safety policy was in place. The practice had undertaken a number of risk assessments in

# Are services safe?

order to identify and manage risks to patients and staff. For example, we saw risk assessments for radiation, electrical faults and fire safety. However, it was unclear when the risk assessments were last reviewed.

The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants. Hazardous substances were stored in a locked area.

We found there was no business continuity plan to deal with emergencies that may occur which could disrupt the safe and smooth running of the service. The practice manager confirmed this would be in place as soon as possible.

## **Infection control**

The practice manager ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, managing waste products and decontamination guidance. The practice had followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'.

Posters about good hand hygiene and the decontamination procedures were displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the treatment rooms appeared visibly clean. Instrument decontamination was carried out in a dedicated decontamination room. The decontamination assistant showed us the procedures involved in manually cleaning, rinsing, inspecting and sterilising dirty instruments; packaging and storing sterilised instruments. Staff wore appropriate protective equipment such as eye protection, an apron, heavy duty gloves and a mask while instruments were cleaned and rinsed prior to being placed in an autoclave (sterilising machine). An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages. We saw instruments were stored in pouches and dated to indicate when they should be reprocessed, if left unused.

The practice had systems in place for daily, weekly and annual quality testing the decontamination equipment and we saw records which confirmed these had taken place. However, the quarterly safety check had not been conducted on the ultra-sonic bath, which is a machine used to clean instruments.

There appeared to be sufficient instruments available to ensure the services provided to patients were uninterrupted. Records showed a risk assessment process for Legionella had been carried out in March 2015. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified. Preventive measures had been recommended to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month. However the staff we spoke with told us that the practice had not started to monitor cold and hot water temperatures.

We observed waste was separated into safe containers for disposal by a registered waste carrier and documentation was detailed and up to date.

The practice had audited its infection prevention and control procedures in 2013 to assess compliance with HTM 01-05. The practice had not repeated the audit every six months in accordance with HTM 01-05 guidance. This audit is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The practice manager assured us this would be completed as soon as possible.

## **Equipment and medicines**

There were systems in place to check and record that all equipment was in working order. These included annual checks of electrical equipment such as portable appliance testing (PAT). Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. This helped ensure there was no disruption in the safe delivery of care and treatment to patients.

Medicines stored in the practice were reviewed regularly to ensure they were not kept or used beyond their expiry date. The practice had procedures regarding the prescribing,

# Are services safe?

recording, dispensing and use of the medicines used in clinical practice. The dentists dispensed antibiotics when required. These were securely stored with appropriate labels and information was recorded in the patients' dental care record about the antibiotic dispensed and instructions given to patients. Following discussion with the practice manager and one of the principal dentists, they confirmed a system would be put in place to ensure effective stock control of antibiotic medicines, as this was not in place at the time of the inspection. The batch numbers and expiry dates for local anaesthetics were recorded and these medicines were stored safely for the protection of patients.

Prescription pads were not in use at the time of the inspection. The practice stored medicines in the fridge as required. However, the fridge temperature was not checked daily to ensure the temperature was within the required range for the safe use of medicine.

## **Radiography (X-rays)**

The practice maintained suitable records in their radiation protection file demonstrating the maintenance of the X-ray equipment. The file identified the radiation protection advisor (RPA) and radiation protection supervisor (RPS) for the practice.

We found there were suitable arrangements in place to ensure the safety of the equipment and we saw that the local rules relating to each X-ray machine were available. The last X-ray quality assurance audit was carried out in 2011.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept electronic records of the care given to patients. We reviewed the information recorded in five patient dental care records about the oral health assessments, treatment and advice given to patients. We found these included details of the condition of the teeth, soft tissues lining the mouth and gums. These were repeated at each examination in order to monitor any changes in the patient's oral health. However, we found that checks to the external soft tissues such as the head and neck were not always documented. Records showed assessment of the periodontal tissues was undertaken and recorded using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).

The practice was not fully up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the dentists did not always use current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them.

One of the principal dentists told us they followed guidelines issued by the Royal College of Surgeons when prescribing antibiotics. Dentists assessed each patient's gum health and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP).

### Health promotion & prevention

There was a range of literature providing information about effective dental hygiene and how to reduce the risk of poor dental health. Patients completed a medical questionnaire which included questions about smoking and alcohol intake. Appropriate advice was provided by the dentist. A dental nurse had been trained to provide advice about smoking cessation.

### Staffing

The practice had identified key staff training including infection control, radiation and basic life support.

Staff we spoke with told us they were clear about their roles and responsibilities, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed. There were records of appraisals in the staff files we looked at.

The practice manager ensured there were sufficient staff to meet needs and staff were available to cover staff absences.

### Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to specialist dental services, such as periodontal surgeons, for further investigations. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant required information. The practice manager showed us a file which contained details of the referrals made and the outcome of the specialist advice.

### Consent to care and treatment

Staff explained to us how valid consent was obtained for all care and treatment. However, we found this was not always documented in the patient's records. We reviewed a random sample of five clinical patient records. Two records confirmed staff ensured patients gave their consent before treatment began. The two records evidenced that treatment options, risks, benefits and costs were discussed with the patient and then documented in a written treatment plan. It was not always clear from the records we looked at that patients were given time to consider and make informed decisions about the treatment options available or which option they had chosen. The CQC comment cards which had been completed by patients prior to the inspection indicated that patients had been given treatment options and felt they were given time to make decisions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. They explained how they would consider the best interests of the patient and involve family members or other healthcare



# Are services effective?

(for example, treatment is effective)

professionals responsible for their care to ensure their needs were met. The practice manager told us they were looking into providing formal training for staff in this subject.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We looked at 37 CQC comment cards patients had completed prior to the inspection. Patients were very positive about the care they received from the practice. They commented they were treated with respect and dignity.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Patients' dental care records were stored electronically and were password protected.

Staff we spoke with were aware of the importance of providing patients with privacy and told us there were always rooms available if patients wished to discuss

something with them away from the reception area. Treatment rooms were used for all discussions with patients. We observed staff were helpful, discreet and respectful to patients.

### **Involvement in decisions about care and treatment**

We did not see evidence in the patient care records looked at that patients were always given a copy of their treatment plan and associated costs and allowed time to consider options before returning to have their treatment. However patients told us on the CQC comment cards that they had been involved in decisions about their care and treatment. Staff told us they involved relatives and carers to support patients when required.

There was information on the practice website about the range of treatments available and their cost. There was also a price list available at reception.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patient's needs

The practice provided patients with information about the services they offered on their website. Tablet computers were available in the waiting area to enable patients to access the practice website. We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for each dentist to accommodate urgent or emergency appointments. Patients told us through CQC comment cards that they were seen in a timely manner in the event of a dental emergency.

Staff told us the appointment system gave them sufficient time to meet patient needs.

### Tackling inequity and promoting equality

The practice manager was aware of the Disability Discrimination Act 2010 (DDA) and was knowledgeable about how to arrange an interpreter service for patients where English was their second language.

The practice was situated in the basement. Patients with pushchairs or wheelchair users had good access into the practice as a number of lifts were available. The layout allowed easy access to the reception area, toilet and treatment room. Doors were wide and all treatment rooms were sufficiently spacious to accommodate a pushchair or wheelchair. There were disabled toilet facilities. The practice manager told us they were considering the introduction of an audio loop system for patients with a hearing impairment.

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients.

### Access to the service

Information regarding the practice opening hours was available in the premises and on the practice's website. The practice answer phone message provided information on opening hours as well as on how to access out of hours treatment.

### Concerns & complaints

The practice had a complaints policy and procedure in place for handling complaints which provided staff with guidance about how to support patients who may have wanted to complain. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording investigating and responding to complaints, concerns and suggestions made by patients. We found there was a system in place to promptly investigate and communicate with the patient. The practice had received four complaints in the past 12 months. We found the practice responded promptly and ensured changes were made to improve the service where required. For example, patients had requested that last minute appointments be available to be booked via the practice website. We saw there was now a system in place for this.

Patients were encouraged to comment on the service they received and suggest improvements using a comments book available in the waiting area.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice manager was responsible for the day to day running of the service and ensured there were systems to monitor the quality of the service. These were used to make improvements to the service. They led on the individual aspects of governance such as complaints, risk management and audits within the practice.

We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw detailed risk assessments and the control measures in place to manage those risks.

The practice undertook regular meetings involving the whole dental team and records of these meetings were retained.

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

The practice had a statement of purpose which outlined their aims and objectives and gave details of patients' rights. The staff described the practice culture as supportive, open and transparent. Staff demonstrated an awareness of the practice's purpose and were proud of their work and team. Staff said they felt valued and were committed to the practice's progress and development.

### **Management lead through learning and improvement**

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. The dentists, dental hygienists and dental nurses working at the practice were registered with the

General Dental Council (GDC). [The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom]. The practice manager kept evidence that staff were up to date with their professional registration.

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

The practice audited some areas of their practice such as X-rays and infection control; however we found that these audits had not been reviewed or updated in over a year. Staff told us they had been involved in audits and risk management and felt confident about raising concerns or making suggestions.

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

The practice had systems in place to seek feedback from patients using the service, including carrying out patient surveys.

The most recent patient survey carried out from January 2015 to May 2015 showed a high level of satisfaction with the quality of service provided. The practice manager told us any suggestions or comments patients made directly to them were discussed with the dental team at practice meetings.

Reception staff told us any suggestions or comments patients made directly to them were escalated to the appropriate staff as necessary.