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# Sidcup Dental Spa

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 29 September 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

**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

Sidcup Dental Spa is located in the London Borough of Bexley and provides private dental services. The demographics of the practice is mixed, serving patients from a range of social and ethnic backgrounds. The practice is open Monday to Friday with a range of opening times including evening and Saturday by appointment. The practice facilities include two consultation rooms, reception and waiting area, decontamination room and a staff area. The premises were wheelchair accessible and had facilities for patients with mobility issues.

The staff structure of the practice is comprised of the principal dentist and a dental nurse. There is also a nurse who is used on a casual basis to cover.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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.

We received feedback from 14 patients through completed Care Quality Commission comment cards. Patients' feedback was positive and they were happy with staff, the service they were provided and the physical environment of the practice.

**Our key findings were:**

- Patients' needs were assessed and care was planned in line with current guidance.
- Patients' were involved in their care and treatment planning so they could make informed decisions.

# Summary of findings

- There were effective processes in place to reduce and minimise the risk and spread of infection, however improvements were required in relation to following published infection control guidance.
- Staff had access to emergency drugs to enable the practice to respond to medical emergencies. Medical oxygen was also available and staff knew where the equipment was stored.
- All clinical staff were up to date with their continuing professional development.
- There was appropriate equipment for staff to undertake their duties, and equipment was maintained appropriately.
- Appropriate governance arrangements were in place to facilitate the smooth running of the service.

# 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 provider had systems in place to ensure people were safeguarded from abuse. Staff were trained to the appropriate level for child protection and had completed adult safeguarding training, and refresher training was planned. The safeguarding policy was up to date and staff were aware of their responsibilities.

Systems were in place for the provider to receive safety alerts from external organisations. Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff. The practice undertook risk assessments and there were processes to ensure equipment and materials were well maintained and safe to use. Dental instruments were decontaminated suitably although improvements were required to fully comply with current guidance. Medicines and equipment were available in the event of a medical emergency.

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance. Patients were given relevant information to assist them in making informed decisions about their treatment.

The practice maintained appropriate dental care records and patient details were updated regularly. Information was available to patients relating to health promotion including smoking cessation and maintaining good oral health.

All clinical members of the dental team were meeting their requirements for continuing professional development. Staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005.

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

Feedback from patients indicated that staff were friendly, caring, treated patients with dignity and provided a good service. Patients told us, via the comment cards that they were involved with their treatment planning and able to make informed decisions and that staff acted in a professional manner and were helpful. They commented that the practice was clean and tidy and they did not have problems accessing the service.

**Are services responsive to people's needs?**
We found that this practice was providing responsive care in accordance with the relevant regulations.

Patients had access to the service which included information available via the practice website. There was a practice leaflet with relevant information for patients and also a patient information noticeboard. Urgent on the day appointments were available during opening hours. In the event of a dental emergency outside of opening hours details of the '111' out of hours service was available for patients' reference.

There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients.

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

# Summary of findings

Governance arrangements were in place for effective management of the practice. Staff meetings were held frequently and minutes taken of the meetings. Opportunities existed for staff for their professional development. Audits were being used to improve the practice and staff we spoke with were well-trained, confident in their work and felt well-supported.

# Sidcup Dental Spa

**Detailed findings**

## Background to this inspection

The inspection took place on the 29 September 2015 and was undertaken by a CQC inspector and a dental specialist adviser. Prior to the inspection we reviewed information submitted by the provider and information available on the provider's website.

During our inspection visit, we reviewed policy documents and staff records. We spoke with members of staff, which included the principal dentist and the dental nurse. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We reviewed the practice's decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area. We also reviewed 14 CQC comment cards completed by patients in the two-week period prior to our inspection visit.

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**

All accidents were reported and recorded in the accident book. There had been three accidents in the past 12 months. We reviewed the accident reports and saw that all had been handled appropriately. One of the accidents related to a needle stick injury and we saw that all appropriate action was taken in line with reporting requirements. We saw that the handling of incidents was in line with the expectations under the duty of candour. For example, patients affected by incidents were informed of the action taken and received an apology and the incidents were discussed and learnt from.

Safety and medical alerts were received by the dentist. This included alerts from Medicines and Healthcare Products Regulatory Agency (MHRA). Staff we spoke with were aware of medical and safety alerts and told us that they received the alerts.

There had not been any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) incidents, within the past 12 months. Staff demonstrated understanding of RIDDOR regulations and had the appropriate documents in place to record, if they had such an incident.

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

The dentist was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and children protection. The policy included the contact details for various organisations to report to including child protection organisations, General Dental Council (GDC) and the Care Quality Commission (CQC). The local authority safeguarding contact details were outlined in the policy. The dentist had completed level three child protection training in 2013 and the dental nurse level two in 2011. Both staff demonstrated a good awareness of safeguarding and reporting procedures and how to respond to suspected and actual safeguarding incidents. We also saw that handling safeguarding issues was discussed frequently at team meetings.

The practice was following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth].

Medical histories were updated at each subsequent visit. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

**Medical emergencies**

The provider had arrangements to deal with medical emergencies. There were emergency medicines, in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. We saw evidence that one missing medicine had been ordered and was due to be delivered the day following the inspection. Staff also had access to medical oxygen and had ordered an automated external defibrillator (AED). [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. We saw records of the daily checks that were carried out to ensure the medicines were not past their expiry and the equipment was in working order in the event of staff needing to use them.

All clinical staff had completed recent basic life support training which was repeated annually. All staff were aware of where medical equipment was kept.

**Staff recruitment**

The team consisted of one dentist and a dental nurse (there was a nurse who was also used on a casual basis for cover). We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC).

The dental nurse had been working with the dentist for many years and no new staff had been employed in the recent past. We saw that the necessary pre-employment checks had been carried out before the dental nurse commenced work. We discussed with the dentist how staff would be recruited to the practice if there were vacancies. The dentist detailed the pre-employment checks that would be carried out. This included requiring applicants to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations.

# Are services safe?

Prospective employees would also be required to have a disclosure and barring services check and provide immunisation proof. These checks were in line with our expectations.

Both staff working in the service had a disclosure and barring services (DBS) check in place.

**Monitoring health & safety and responding to risks**

There were appropriate arrangements in place to respond to and deal with risks and foreseeable emergencies. This included having a business continuity plan in place and carrying out risk assessments. The business continuity plan covered events such as a power failure and flooding in the premises. There were details of relevant organisations to contact in the event of an emergency.

The provider had a health and safety folder with policies and procedures relating to maintaining health and safety. This included fire safety, manual handling and hazardous substances. There were also a set of risk assessments that were carried out. This included a premises risk assessment carried out on 20 August 2015, and individual staff risk assessments completed for staff on an on-going basis.

Fire risk assessments were carried out monthly. We reviewed the risk assessments completed from January to September 2015. Fire drills were completed approximately every six months and we saw records of a drill carried out in July 2015. Fire equipment was tested monthly and we saw records to confirm this. Fire equipment was last serviced in April 2015. There was an emergency evacuation plan and it was displayed in the patient waiting room.

**Infection control**

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections. The dental nurse was the infection control lead.

There was a designated decontamination room which had a flow from dirty to clean to minimise the risks of cross contamination. There was only one sink in the decontamination room. Staff told us that they used a bowl to rinse instruments however the sink was also used for hand washing. We discussed this with the staff and they told us that they would stop using the sink for handwashing and only use the dedicated hand washing sink in the surgery.

The dental nurse gave a demonstration of the decontamination process which was largely in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). This included carrying used instruments in a lidded box from the surgery; manually cleaning; placing in an ultrasonic bath; inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry was clear.

We saw records of the checks and tests that were carried out on the autoclave to ensure it was working effectively. We saw records of the daily tests; however records of the monthly checks were not available on the day of our inspection. We also saw records of the tests carried out on the ultrasonic bath including the daily foil test.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits. Clinical waste was stored appropriately and collected every two weeks.

The surgery was visibly clean and tidy. There were appropriate stocks of personal protective equipment for both staff and patients such as gloves and disposable aprons. There were enough cleaning materials for the practice. Wall mounted paper hand towels and hand gel was available as were foot controlled clinical waste bins.

The dental nurses cleaned all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. The practice had a cleaning schedule that outlined all the areas to be covered by the cleaners. The practice was cleaned once a day Monday to Friday. The schedule outlined the areas to be cleaned daily, weekly, monthly and quarterly.

A Legionella risk assessment had been carried out in 2013 and another assessment was due to be carried out the day of our inspection. Staff contacted us following the inspection to confirm the risk assessment had been completed and the results were negative for bacterium [Legionella is a bacterium found in the environment which

# Are services safe?

can contaminate water systems in buildings]. Purified water was used in dental lines and managed with a purifying solution. Taps were flushed daily in line with recommendations.

The practice was carrying out infection control audits every month, the last one having been completed in September 2015.

**Equipment and medicines**

There were appropriate arrangements in place to ensure equipment was maintained. There were service contracts in place for the maintenance of equipment such as the autoclave and ultrasonic bath. The pressure vessel had been inspected in August 2015 and certified as passed. We saw documents confirming that appropriate servicing was taking place annually. The autoclave was serviced in August 2015. The practice had portable appliances and carried out PAT (portable appliance testing) annually. Appliances were last tested in February 2015.

The ultrasonic bath was overdue for servicing however the dentist assured us a company was due to attend and service it in the coming weeks.

**Radiography (X-rays)**

The practice had a radiation protection file that was up to date and demonstrated appropriate maintenance of x-ray equipment.

The principal dentist was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA). The dentist had completed recent radiation training.

The dentist was carrying out X-ray audits on an on-going basis. We saw the records of the audit completed in August 2015.

# Are services effective?

(for example, treatment is effective)

## Our findings

**Monitoring and improving outcomes for patients**

Staff were aware of the procedures to be followed when monitoring outcomes for patients. The dentist was carrying out comprehensive assessments of patients' needs which included an examination, establishing a diagnosis, discussing the treatment options, deciding on an option, obtaining consent and providing an estimation of costs. The dentist demonstrated awareness of guidance including the National Institute for Health and Care Excellence (NICE) guidance and the Faculty of General Dental Practice guidance.

During the course of our inspection we checked six dental care records to confirm the findings. In most instances we saw evidence of comprehensive assessments and treatment plans being carried. Most assessments included an up to date medical history outlining medical conditions and allergies and treatment options that were discussed. Records documented that consent had been taken and where relevant smoking/ dietary advice had been given.

**Health promotion & prevention**

Information and advice relating to health promotion and prevention was available to patients in the waiting area. This included leaflets relating to gum disease, tooth brushing and flossing and smoking support group. Staff told us that they also gave oral health advice to patients during consultations. This included going through tooth brushing techniques and dietary and smoking matters. Our check of dental care records confirmed that this advice was given.

**Staffing**

Both clinical staff had current registration with their professional body, the General Dental Council and were also up to date with their continuing professional development requirements. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 every five years]. Additional training needs were self-identified and the dental nurse told us that opportunities existed for developmental progression. We reviewed staff files and saw that staff had completed numerous training courses and attended conferences for their further professional development.

**Working with other services**

The provider had arrangements in place for working with other health professionals to ensure quality of care for their patients. Referrals were tracked and details obtained included the reason for the referral, date the patient was seen and the date the patient was referred. All referrals were kept centrally in a folder with the replies received from the referral agency. We reviewed referrals made for periodontal treatment. We saw that the appropriate information was supplied including medical history and copies of X-rays.

**Consent to care and treatment**

The practice had a policy which outlined how consent could be obtained and how it would be documented. Consent was usually obtained verbally from patients and then recorded in their record. Consent forms were used for certain procedures including extractions, root canal treatment and tooth whitening. We checked dental care records and saw that consent was documented appropriately.

Both staff whom we spoke with demonstrated understanding of the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle and Gillick competence. They gave us examples of when the MCA applied and steps they would take if a patient lacked capacity. [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 them].

# Are services caring?

## Our findings

**Respect, dignity, compassion & empathy**

We were unable to speak with patients on the day of our inspection; however we received 14 completed CQC comment cards. They were all positive about the service received at the practice. Comments highlighted that staff were respectful, caring and friendly and the service was good.

The cards indicated that patients felt staff treated them with respect, dignity, compassion and empathy. Patient feedback indicated that their privacy was respected during consultations and treatments. Staff told us that treatment rooms were kept closed during use, and that conversations could not be overheard from these rooms. Although conversations at the reception desk could be overheard from the waiting area, staff made efforts to maintain patients' confidentiality by speaking low and writing down confidential information as opposed to reading it out.

**Involvement in decisions about care and treatment**

All the patient feedback we received confirmed that patients felt involved in their treatment planning. Patients commented that things were explained well and staff tried to ensure that they understood the treatment being offered by using visual aids such as models and leaflets. Patients told us that treatment options were discussed with the benefits and consequences pointed out.

Staff we spoke with told us they always explained the diagnoses to patients and never carried out treatment if a patient was unsure. We were given examples of how patients were involved in decisions about their care and treatment and the examples were in line with what would be expected. The dental care records we checked also demonstrated that people were involved in planning because it was documented in their clinical notes. For example we saw that the risk and benefits of treatment, dietary advice and smoking cessation were explained.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting patients' needs**

The practice had an appropriate appointments system. The practice is open Monday to Fridays and Saturdays by appointment. They also operated evening appointments two days a week. In the event of a patient needing an appointment outside of these times, patients were directed to call the out of hours '111' service (via information on their website and a poster on the practice door).

Emergency appointments were available every day and fitted in as add-ons to scheduled appointments. If a patient had an emergency they were asked to come in, and would be seen as soon as possible.

**Tackling inequity and promoting equality**

Staff told us that the patient population was diverse with patients from a range of social, ethnic and economic backgrounds. Staff planned services for patients' with visual impairments by ensuring information was available in large print font.

The practice team was multi lingual with both staff speaking a range of languages including Polish, Swedish and Persian. Staff told us that there were patients who spoke these languages and that they were able to communicate with them.

The practice was step free and set out on one level. There was a wheelchair enabled toilet for patients to use and all relevant areas of the practice were accessible by wheelchair.

**Access to the service**

There was a practice website with information about the practice, treatments on offer, payment options, opening times and contact details. There was also a practice leaflet with the same information.

The practice opening times were displayed in the practice leaflet, on the website and on the practice door. Appointments were booked by calling the practice or in person by attending the practice. In the event of a patient needing an appointment outside of opening times details of who to contact were displayed at the front of the practice and on the website. This included details of the local hospital and the NHS "111" service. Details were also on the practice answerphone.

Staff told us that appointments generally ran to time and if the dentist was running behind time they always let patients know. A recent survey had highlighted that patients had raised waiting time as an issue. Staff acknowledged the issue and told us that they were making efforts to provide patients with more information when the dentist was running behind schedule

**Concerns & complaints**

The provider had a complaints policy and procedure in place. The procedure was displayed in the patient waiting area along with copies of patient complaint forms. The policy included receiving, handling and resolving complaints. At the time of our visit there had been one complaint in the past 12 months. The dental nurse went through the complaint with us including the paperwork related to it and their explanations were very thorough and in line with their policy.

# Are services well-led?

## Our findings

**Governance arrangements**

The practice had a range of policies to ensure the smooth running of the service. This included recruitment policies, health and safety policy, a consent policy and complaints policy.

Both staff we spoke with had a good understanding of the governance arrangements in the practice. The policies and procedures were located well with easy access for staff to refer to them. We saw that there was a system in place for policies to be reviewed periodically.

The practice had a programme of audits in place. Various audits had been completed over the past 12 months and included audits on implants, periodontal care, tooth extraction and on crown and bridges.

We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. For example the extraction audit looked at whether the dentist was following the correct procedure in planning and undertaking the extraction. The audit showed that both straightforward and difficult extractions had been completed in line with their policy and the correct aftercare instructions had been given to patients.

**Leadership, openness and transparency**

The practice goals were in the patient leaflet. The goals were to provide the highest standards in a manner tailored to meet the specific needs and wishes of patients. The dentist told us they displayed the goals in the leaflet to be open and honest with patients so they would know them and be able to measure if they were providing a service in line with the goals. Staff we spoke with were aware of the goals and told us they promoted the goals to all patients.

We discussed the duty of candour requirement in place on providers. The dentist gave us relevant examples of how they had displayed duty of candour through their incidents and complaints handling. The explanations of how they ensured they were open and transparent with patients and staff were in line with the expectations under the duty of candour. [Duty of candour is a requirement on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

**Management lead through learning and improvement**

Learning through incidents and complaints was a central part of the practice improvement process. Staff explained that when incidents or accidents occurred they were always discussed and analysed to see how things could have been conducted differently. For example we saw that a recent complaint was discussed at the September 2015 team meeting. Learning from the complaint was documented and actions drawn up to minimise the possibility of it occurring again.

Formal team meetings were held every month and as the team was small informal meetings were held on a weekly basis. We saw the minutes for meetings held in September and October 2015. We saw that issues relating to the practice were discussed such complaints and practice improvements. Both staff we spoke with told us they found the meetings very useful and were important for learning and development.

The dental nurse was well supported and had regular supervision and an annual appraisal. We reviewed staff appraisals completed in 2015 and saw that development needs were identified and successes celebrated.

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

The practice carried out patient satisfaction surveys and analysed them on a monthly basis. We reviewed the results of the completed feedback received and analysed for July and August 2015. Nine in total had been completed over this period and feedback was very positive. Patients generally felt staff were helpful and said the practice was easy to get to and they were given friendly and professional treatment for their appointment. Comments made by patients they were acted upon. For example feedback received indicated that the majority of patients were happy with waiting times, however a few commented that waiting times could be improved. To cater to these patients the practice planned that they would endeavour to give patients more information when the dentist was running behind schedule.

The staff team was small and therefore all issues were discussed amongst the dentist and nurse regarding improvements in the service.