The Monteiro Clinic Limited

Monteiro Dental Clinic

Inspection Report

28A Clapham Road
London
SW9 0JQ
Tel:020 7582 0109
Website:www.monteirodentalclinic.co.uk

Date of inspection visit: 8 July 2015
Date of publication: 03/09/2015

Overall summary

We carried out an unannounced comprehensive inspection on 8 July 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

Monteiro Dental Clinic is a private dental practice located in the London Borough of Lambeth. The patient population is predominately Portuguese and Brazilian making up approximately 80-85% of patients. The practice opening hours are Monday to Fridays from 9.00am to 6.30pm and Saturdays from 8.30am to 5.30pm. The practice facilities include two surgeries, a decontamination room, and a separate reception area and patient waiting room. The building was not a purpose built dental surgery and was not disabled accessible. At the time of our inspection there were three dentists, three dental nurses, a practice manager and reception staff.

The inspection was unannounced so we did not receive any comment cards from patients. However we spoke with patients on the day of the inspection. The feedback we received was positive about the service. They told us staff were friendly and helpful and they were given relevant information about their care and treatment.

The owner of the practice 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:

- There were effective processes in place to ensure patients were safeguarded from the risks of abuse
- The practice had processes in place to reduce and minimise the risk of infection

Summary of findings

- Patients' needs were assessed and treatment was planned and delivered in line with best practice guidance
- Patients felt involved in making decisions about their treatment and received enough information to make informed decisions
- Clinical staff were up to date with their continuing professional development and opportunities were available for all staff to develop
- The practice had appropriate equipment and medication available to respond effectively to a medical emergency
- Appropriate governance arrangements were in place to facilitate the smooth running of the service however clinical audits were not being completed regularly

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

- Ensure audits of various aspects of the service, such as radiography and dental care records are undertaken at regular intervals to help improve the quality of service. The practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure all staff are aware of their responsibilities under the Mental Capacity Act (MCA) 2005 as it relates to their role.
- Ensure clinical waste is managed in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).

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. All staff working in the practice were trained to level two in child protection and had also completed adult safeguarding training. 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 accidents, lessons learnt were discussed at meetings and shared amongst staff. The practice had carried out numerous risk assessments and there were processes to ensure equipment and materials were well maintained and safe to use. Medicines and equipment were available in the event of an 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, such as from the National Institute for Health and Care Excellence and The Department of Health (DoH). Patients were given relevant information to assist them in making informed decisions about their treatment. Referrals were made and followed up appropriately.

Information was available to patients relating to health promotion and maintaining good oral health. All clinical members of the dental team were meeting their requirements for continuing professional development.

Some staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, while others did not have a full understanding though they knew where to go to for guidance.

Are services caring?

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

We spoke with patients during this inspection and they were generally happy with the service they received. They described staff as friendly and helpful and felt that a caring service was being provided.

We observed interaction between staff and patients and the interactions were positive. Staff were polite and helpful.

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 Saturday appointments. Information was available via the practice website and information leaflets in the reception area. Urgent on the day appointment slots were available during opening hours. For emergencies out of hours there was a message on the practice answer-machine directing patients to the local hospital dental emergency department.

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

There were policies and procedure for staff to refer to for the smooth running of the service. This included selection and recruitment policies, health and safety and infection control policies. Practice meetings were held ad-hoc however all staff we spoke with reported that they were well supported and updated appropriately. Management engaged with staff and were active in involving staff in developments. Staff had access to training and development opportunities and told us they felt supported and that leadership was good. Clinical audits were not being completed regularly to ensure the continued monitoring of quality in the service. However the provider supplied evidence immediately after the inspection confirming audits that were underway.

Monteiro Dental Clinic

Detailed findings

Background to this inspection

The inspection took place on 8 July 2015 and was undertaken by a CQC inspector and a dental specialist adviser.

We reviewed information received from the provider prior to the inspection.

The methods used to carry out this inspection included speaking with the dentist, dental nurse and reception staff on the day of the inspection, reviewing documents and observations.

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

There were processes in place for safety alerts to be received and shared with staff in the practice. Safety alerts were received by email and shared with staff as and when appropriate. This included alerts from drug suppliers.

The practice had not had any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) incidences however they had all the appropriate documentation available in the event of one occurring.

Staff were aware of their responsibility to raise and record any concerns they had in relation to incidents or near misses that occurred in the practice.

The practice had an accident and incident monitoring log. There had not been any incidents in the past 12 months. Staff we spoke with knew where to locate the procedure and relevant documentation in the event of an incident taking place. They demonstrated that they would respond in line with the practice policy.

Reliable safety systems and processes (including safeguarding)

The registered manager was the safeguarding lead. There was a safeguarding policy that covered both adults and children. The policy had the details of the local authority contacts for safeguarding, a picture chart for recording and template letters to send to health visitors if they had any concerns. They also had a safeguarding flowchart to assist staff in escalating concerns in the correct way.

We reviewed training records and saw that staff had completed safeguarding adults and child protection training to the appropriate levels. This training was updated on an annual basis. Staff we spoke with demonstrated that they understood and could identify signs of potential abuse situations.

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 taken and updated appropriately. This included taking details of current medication, known allergies and existing medical conditions.

Medical emergencies

There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. Medicines were stored appropriately, and were all within their expiry date. Appropriate checks were carried out to check medicines were still within their expiry. Staff also had access to emergency equipment on the premises including an automated external defibrillator (AED) in line with Resuscitation Council Guidance UK guidance and the General Dental Council (GDC) standards for the dental team. [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]. Oxygen was not available in the practice on the day of our inspection. The registered manager explained that they had another registered location virtually next door to the practice and oxygen was available at this location. However, the registered manager still made arrangements for oxygen and all relevant apparatus to be delivered to the practice. We saw confirmation of the order including all the correct masks and tubing.

All staff had completed recent medical emergencies training. Training was repeated annually. All staff were aware of the location of the AED and told us they knew how to use it.

Staff recruitment

The staff team consisted of three dentists, three dental nurses, and administration staff including a practice manager.

The practice had a selection and recruitment policy that outlined how staff were recruited and the pre-employment checks that were carried out before someone could commence work in the practice. We reviewed staff files and saw that all staff files had confirmation of identity, Disclosure and Barring services check and proof of registration with the General Dental Council (GDC) where relevant. Two of the files we reviewed did not have CV or application forms; however we were told that these staff had worked in other parts of the organisation and had transferred to the practice internally.

Monitoring health & safety and responding to risks

The practice had a health and safety policy that outlined staff responsibilities towards health and safety, accidents,

Are services safe?

fire safety and manual handling. Staff we spoke with were aware of the policy and the procedures to follow to respond to any safety issues. Health and safety reviews were carried out annually. The last review was completed on the 5 February 2015. Actions had been identified as a result of the review, this included updating staff training on health and safety and repairing the fire alarm. We saw that they also completed a periodic health and safety check in January 2015. The policy indicated that this check was supposed to be conducted every month however staff told us that this had been changed to every six months and the policy had not been updated. They told us that they would update the policy to reflect the actual frequency of the checks.

Risk assessments were in place to further ensure health and safety risks were minimised. This included a fire risk assessment, display screen risk assessments for staff and a practice risk assessment. The practice risk assessment was carried out on the 5 May 2015 and had identified potential hazards in the practice. All risks were noted and action to be taken was documented. We reviewed the fire risk assessment which had been carried out by an external company. All relevant risks associated with fire were assessed and no areas of action were identified.

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.

Staff were following the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance from the Department of Health, and there was a copy in the decontamination room for quick reference. One of the nurses was the infection control lead.

There was a decontamination room and the dirty to clean flow was clearly displayed to minimise the risks of cross contamination. There were two sinks for washing and rinsing and an additional sink for hand washing. One of the dental nurses gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included carrying used instruments in a lidded box from the surgery; washing manually in a sink; inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); then placing in the autoclave; pouching and date stamping, so expiry was clear. Staff checked the temperature of the water with a thermometer when manually washing. We saw that correct personal protective equipment was worn during the decontamination process and appropriate levels of stock were maintained.

We reviewed the records of the daily, weekly and monthly checks carried out on sterilising equipment (autoclave) to ensure it was working effectively. The checks and tests were in line with guidance recommendations and included annually servicing. The practice was also maintaining the manual instrument cleaning logbook recording water temperature and the procedure followed.

We saw confirmation that all staff were immunised against blood borne viruses. The practice had blood spillage and mercury spillage kits. The segregation and storage of dental waste was in line with guidance. There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored securely and collected every two weeks.

Staff were aware of the sharps regulation guidance and had a copy of the Health Safety Executive documents on file. Staff knew what first aid steps to take and how to report in the accident book. Not all staff knew about the requirement to report to occupational health. The practice was not displaying needle stick injury procedures. Containers were correctly assembled though not labelled.

The surgeries were visibly clean and tidy. Paper hand towels and hand gel was available and clinical waste bins were foot controlled. The dental nurses were responsible for cleaning all clinical surfaces including the dental chair in the surgery, in-between patients and at the beginning and end of each session of the practice.

A Legionella risk assessment had been carried out in November 2014 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The dental water lines were maintained and cleaned weekly with a purifying agent. Dental water lines were flushed daily in line with recommendations.

The practice had carried out an infection control audit in January 2015.

Equipment and medicines

The practice had appropriate maintenance and service contracts in place for equipment. We saw the certificate of

Are services safe?

validation for the autoclave that was dated 17 April 2015. Portable appliance testing (PAT) had been completed on the 24 February 2015. The pressure vessel certificate was completed in August 2013 and staff told us it was due again in August 2015.

Radiography (X-rays)

One of the staff was the radiation protection supervisor and there was an appointed external radiation protection adviser. Relevant staff had completed Ionising Radiation (Medical Exposure) Regulation 2000 (IRMER) training. There was a radiation protection file. The equipment performance report was present and dated July 2013. The critical exam report had been carried out and was due for review in March 2017. Issues had been identified and staff told us there were plans in place to rectify these issues.

The practice was not carrying out radiography audits. We discussed the lack of audits being completed by the practice and the manager told us that they were aware this was lacking and there were plans to carry out audits in the near future. This included plans to carry out X-ray audits. Evidence was provided by the provider confirming these plans.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE) guidance and Delivering better oral health toolkit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

We reviewed dental care records and saw evidence of comprehensive assessments and treatment plans that were individualised for patients. The assessment included an up to date medical history outlining medical conditions and allergies. An explanation of the presenting problem was documented if it was not a routine check-up. The clinical assessment was also documented outlining what had been discussed with the patient including outlining the options available to them and the benefits and consequences of treatment. Information about costs was relayed to patients.

Health promotion & prevention

The practice was proactive in giving patients oral health and prevention information. Oral health information was given to patients during consultations. Posters relating to oral health promotion were displayed in surgeries and the reception area. Patients we spoke with confirmed that they were given advice about maintaining better oral health and brushing techniques. Patients were also given appropriate advice and information relating to smoking cessation.

Staffing

All the clinical staff had current registration with their professional body, the General Dental Council and were all also up to date with their continuous 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].

Development opportunities existed for all staff. Staff we spoke with confirmed that opportunities existed for them to undertake training. We saw that in addition to the core training staff had attended other courses such as mastering difficult interactions, impression taking for dental nurses and record keeping.

Working with other services

The practice worked with other professionals to ensure that patient' needs were met. This included referring patients to the local hospitals for extractions. They also had an in-house orthodontist and other dentists referred patients internally if required. The referrals to the hospital were comprehensive and detailed the reason for referring, patient's medical history and personal details.

Consent to care and treatment

The provider made information available to patients relating to costs and treatment to support patients to understand their care and treatment options. Information relating to costs was produced in the required languages to meet the needs of their patient population.

The provider had consent forms for procedures such as implants, orthodontics and root canal. Consent for routine appointments such as check-ups was usually verbal and documented in the clinical notes. We saw copies of completed consent forms for teeth whitening and orthodontics and they were completed appropriately.

Most staff we spoke with had an understanding of their responsibilities under the Mental Capacity Act (MCA) 2005. Some staff were unsure of procedures related to completing a capacity assessment and best interest meetings. Not all staff had completed Mental Capacity Awareness training. However the practice had a policy in place for assessing capacity and following the Act. Staff told us they would refer to the policy if they encountered a situation where they had concerns about a patient's capacity or they would go to the registered manager. 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.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The inspection was unannounced so we did not receive any completed CQC comment cards. We did however speak with patients during the inspection. Patients were complimentary about the practice and the staff. They said that they were treated with dignity and respect during treatment. They referred to reception staff as very helpful.

We observed interaction of patients and reception staff in the waiting room and saw that staff interacted well with patient speaking to them in a caring and helpful manner. We observed that consultations were in private and dentists closed the door when they had a patient in the consultation room receiving treatment.

Patients' information was held securely electronically and on paper. Computers were password protected with individual staff logins to ensure they could not be accessed by unauthorised persons.

Involvement in decisions about care and treatment

Feedback from patients relating to being involved in their treatment was generally positive. They told us that staff asked them if they understood treatment being proposed and went over things if they were unsure. They confirmed that if they were unsure about having treatment they were given time to go away and think about their options.

We reviewed dental care records and saw that staff were documenting appropriately when they discussed treatment options with patients and involved them in their care and treatment. All the files we reviewed confirmed that staff were doing this routinely.

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 with opening times that met the needs of patients'. Appointments were available Monday to Fridays and on Saturdays. Patients could ring the practice or attend in person to make appointment that suited their needs. Adjustments were made such as choice of male and female dentist and types of treatment to ensure patients had a choice.

Staff told us that they tried to schedule appointments to meet the needs of patients. This included offering patients who worked appointment before or after they started work and scheduling appointments for children outside of school times.

Tackling inequity and promoting equality

The practice was set out on two levels and access to the building was step free however there were no consultation rooms that were accessible to wheelchair users. Staff told us that because the building was not wheelchair accessible, people who wanted to register with them were referred to a practice nearby that was wheelchair accessible.

The practice had a high number of patients of Portuguese and Brazilian origin (approximately 80-85%), most of whom did not speak fluent English. To ensure they could still access the service processes had been put in place to manage this. All of the staff were multi-lingual and could speak Portuguese, Brazilian and English. Information to patients was available in Portuguese and English to ensure all patients had access to it. Information on the website was available in 14 different languages and staff also had access to interpreting services if required.

Access to the service

The practice opening times were made available to patients via a sign on the practice door and on their website. If a patient required an emergency appointment during opening times this was accommodated. Patients we spoke with on the day of the inspection confirmed this

Urgent and non-routine appointments were fitted in to the normal appointment schedule. If patients required an urgent appointment they were asked to attend the practice. Staff told us they were always seen on the day they presented with the problem if they wanted to be seen. Patients we spoke with on the day had attended as emergency appointments and confirmed the process of getting an appointment was straightforward. If patients needed treatment out of hours they were referred to the local hospital. Relevant contact numbers of the out of hours service (i.e. the local hospital) was on the practice answer machine.

The practice was in the process of developing a practice information leaflet. Staff told us what information they planned to put in the leaflet and that it was going to be produced in the relevant languages required for patients. We saw that the development of the leaflet was in progress.

Concerns & complaints

There was a complaints policy and procedure in place to ensure all complaints were investigated appropriately and resolved. At the time of our visit the practice had received two complaints in the past 12 months. We reviewed all the complaints on the log and saw that they had been handled appropriately. Details of the complaint were documented and analysis of the complaint along with the action taken had been documented. Investigation of the complaints included talking to the staff involved, updating all staff involved, feeding back to the patient and giving an apology when necessary.

Are services well-led?

Our findings

Governance arrangements

There were governance arrangements in place to ensure the smooth running of the practice. This included policies and procedures for maintaining medical records, staff training, infection control and staff recruitment.

We reviewed medical records and found that generally they were complete and legible. Some records were maintained electronically and some others were in a paper format. All records were stored securely and only accessible to authorised staff.

An infection control audit was the only audit completed by the practice. We discussed the lack of audits being completed by the practice and the manager told us that they were aware this was lacking and there were plans to carry out audits in the near future. This included plans to carry out x-ray audit. Evidence was provided by the provider confirming these plans.

Leadership, openness and transparency

Staff spoke very positively about the leadership and management of the practice. They told us they were proud to work in the practice and felt supported. They said that information relating to safety and general development within the practice was passed on to them. They felt the systems to support communication with them were effective. This included emails, informal and formal meetings.

The registered manager told us he led by example. We were given an example of another service the registered manager managed and the learning the had brought from there. The learning was relayed to all staff to ensure they promoted the delivery of a better standard of care. We saw that the plans the practice had in place were leading to improvements in the practice.

Management lead through learning and improvement

There were systems in place to record incidents and near misses. At the time of our inspection there had not been any reported incidents in the practice. The reporting procedure was appropriate and staff described clearly how they would record and respond to incidents and ensure learning from them. The registered manager explained the processes in place to ensure that all staff learnt from incidents. This included sharing details of incidents in meetings and circulating to staff outlining the lessons learnt.

Staff told us that practice meetings should be occurring every month however minutes were only available for the meeting held in January 2015. We saw that issues discussed at this meeting related to training, a revision to the consent form and CQC requirements. Staff told us whilst they may not have the regular practice meetings or one-to-one's they did hold frequent informal meetings as and when there were issues to discuss. They also felt confident to go to the practice manager or manager if they had a personal issue to discuss.

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

Feedback from patients was gathered through an on-going patient survey. Thirty four surveys had been collected from January 2015 to June 2015. Staff told us they analysed the results every six months so the analysis was due soon. We reviewed some of the forms and saw that patients were generally happy with the service. We saw that the feedback from gave patients an opportunity to provide feedback about the service and be involved in on-going development. Staff told us that they were given opportunities during team meetings to give feedback on the service and share ideas for development. Aside from this they could also go straight to the practice manager or registered manager if they wanted to provide feedback about the service. All the staff we spoke with felt confident to do this.

Staff told us they were involved in matters related to the development of the practice. For example, the practice was currently producing a new practice leaflet and staffs' opinion was being sought in the development of it.