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Luton Dental Health Centre

Inspection Report

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Overall summary

We carried out this announced focussed inspection on 24 April 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and in response to information we had received. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we focussed our inspection on two of the five key questions:

• Is it safe?

• Is it effective?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Background

Luton Dental Health Centre is located in Luton town centre and provides private treatment to adults.

There is ramp access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available near the practice in the town centre car parks.

The dental team includes one dentist, two dental nurses and a practice manager. The practice manager is a trained dental nurse with a qualification in dental sedation nursing and assists during sedation treatment. The practice has one treatment room in use, but is currently refurbishing a second treatment room with the aim to increase capacity.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

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

The practice is open:

Tuesday and Thursday from 9.30am to 5pm.

Saturday from 9.30am to 1pm.

Summary of findings

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures. We found one staff member had applied for a Disclosure Barring Service (DBS) check at the time of the inspection. This was received after the inspection.
- The clinical staff provided patients' care and treatment mostly in line with current guidelines.
- The practice offered conscious sedation to patients who may require this service. This was provided mostly in line with national guidance.
- The practice was providing preventive care and supporting patients to ensure better oral health.

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

- Review the practice's policies and procedures for obtaining patient consent prior to the day of treatment in relation to conscious sedation.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

No action

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

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

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

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

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Patients having conscious sedation were asked to sign a consent form on the day of treatment. National guidelines recommend this is obtained before the day of treatment. Patient care records demonstrated that conscious sedation was discussed with patients before the day of the treatment.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. The practice employed a dental nurse who was qualified in dental sedation nursing.

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice mostly followed their recruitment procedure. Verbal references were not always recorded. A Disclosure and Barring Service (DBS) check had not been obtained for the trainee dental nurse, although this had been applied for prior to the inspection. This nurse was related to another member of staff, which had been considered in the decision regarding whether a DBS check was necessary. The check was completed following the inspection.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. At the time of the inspection the practice was unable to verify that the compressor had undergone pressure vessel testing (we found it had been serviced). Following the inspection we received evidence that this had been carried out after the inspection.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. At the time of the inspection this information was held off site and was provided following the inspection.

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

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

The practice had a cone beam computed tomography (CBCT) machine. At the time of the inspection, this was not in use and staff were undergoing training with the intention to commence offering this service to patients in the future.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Are services safe?

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation every year. This was last completed on 8 April 2017 for all staff. This training covered management of the deteriorating patient, airway management, the algorithm for immediate life support, basic life support and use of an AED. This training schedule was in line with current national guidance for practitioners offering conscious sedation.

The practice was able to demonstrate that their next training session in emergency life support had been booked for 26th May 2018.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentist when they treated patients in line with GDC Standards for the Dental Team.

The provider had most suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. These were not entirely comprehensive as some substances did not have a risk assessment. Further risk assessments were completed and sent to us following the inspection.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training and received updates as required. .

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

The practice had cleaning schedules for the premises; these were not available on the day of the inspection and were provided immediately after the inspection, in the form of a cleaning log book. The practice was clean when we inspected.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. At the time of the inspection we were shown one audit for 2018, following the inspection two previous audits completed in 2017 were provided.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety

The practice had a good safety record.

Are services safe?

There were comprehensive risk assessments in relation to safety issues. For example, a sharps risk assessment and a risk assessment on re-sheathing sharps were in place.

The practice utilised clinical audit as a tool to highlight areas where practice could be improved. For example in conscious sedation, dental implants and provision of root canal therapy.

The practice received reviewed and actioned alerts from the Medicines and Health products Regulatory Agency.

The practice had systems in place to monitor and review incidents. We were shown a recent example of this which had been discussed with the staff team.

Lessons learned and improvements –

The practice had systems in place to learn and make improvements when things went wrong. This included a policy for reporting incidents and near misses and a template for reporting incidents. Staff informed us that incidents were discussed during staff meetings.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice had systems in place to learn and take action to improve safety in the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep the dental practitioner up to date with current evidence-based practice. We saw that the clinician assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

The practice had access to digital X-rays, intra-oral cameras and models of treatment to enhance the delivery of care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments.

We spoke with the dentist who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

In the provision of conscious sedation written consent was obtained before treatment was commenced. National guidance recommends that this consent is not obtained on the day of the procedure. Patients' dental care records indicated that discussion had taken place prior to the day of the procedure to inform the patient of the options, and information was given to the patients to take away and consider. Patients were then asked to read and sign a consent form on the day of treatment. Following the inspection the practice told us that they had taken steps to address this.

We discussed with the dentist their understanding of the Mental Capacity Act, and its relevance in dentistry particularly around the issue of consent. The dentist understood their responsibilities under the act when treating adults who may not be able to make informed decisions and in particular the criteria that make up determining capacity. During the inspection we discussed with the dentist the benefit of using a formal assessment document to formalise the process of determining capacity. The dentist and practice manager/ dental nurse had completed training on mental health awareness and the Mental Capacity Act respectively in January 2018.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. A patient care record we were shown documented where a family member had been present to assist understanding.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were mostly in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines

Are services effective?

(for example, treatment is effective)

management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification (ASA) system in accordance with current guidelines. The practice informed us that they would not consider a patient suitable for sedation in their practice unless they were ASA 1 or mild ASA 2. Records we were shown indicated that some patients had been assigned ASA 1 when the medical history may indicate they were ASA 2. None of the records we we were shown indicated the patient was not suitable for sedation according to the practice policy.

The practice had a safety system checklist which was displayed on the wall in the treatment room to be used by the staff prior to starting treatment under conscious sedation. This included confirming the patients' medical history, confirming the plan of treatment and ensuring that the patient understood and informed consent had been obtained.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure and the oxygen saturation of the blood. Staff informed us of clinical monitoring which took place throughout the procedure. The practice ensured there were enough staff present that clinical monitoring could take place continuously whilst the procedure was carried out.

The operator-sedationist was supported by a suitably trained second individual. The name of this individual was recorded in the patients' dental care record. One of the dental nurses who assisted the dentist had completed training in dental sedation nursing and the dentist had obtained a diploma in conscious sedation in 2000.

The practice had undertaken a clinical audit on the provision and outcome of conscious sedation completed between February and March 2018. This looked retrospectively at 25 patients and recorded several parameters including the dose of medication given, the level of sedation obtained, the average oxygen saturation throughout the procedure, any complications during the procedure or to the recovery of the patient. Results and recommendations from the audit were documented.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development (CPD) required for their registration with the General Dental Council. We noted that the dentist was up to date with recommended CPD pertaining to the provision of conscious sedation. The dental nurse who was trained in conscious sedation was able to demonstrate recent CPD pertaining to conscious sedation.

Staff told us they discussed training needs at annual appraisals and informally within this small team. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice was a referral clinic for dental implants, minor oral surgery and procedures under conscious sedation They monitored and ensured the clinicians were aware of all incoming referrals on a daily basis.