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Triangle Dental

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on Thursday 17 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.

- Patients we spoke with and those who completed comment cards told us they were treated with care and staff were professional and friendly. We observed positive interaction between staff and patients during the inspection.
- Patients were able to access both routine and emergency appointments and there were clear instructions on how to access out of hours emergency dental treatment.
- Staff were supported in receiving training appropriate to their role and to keep up to date with developments and best practice in dental care.
- Care and treatment was based on thorough examinations and patients told us they understood their care and treatment and received treatment plans upon which to base their decisions to proceed with or decline treatment.
- The practice provided nurse advisers to promote children's dental health and a separate waiting area for children.
- Patients could access appointments 11-12 hours a day during the week and also on Saturday mornings.

There was an area where the provider could make improvements and they should:

Summary of findings

- Undertake manual cleaning using two separate containers or sinks to facilitate rinsing as per national guidance
- Review and risk assess which emergency medicines are available

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.

There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. Emergency medicines and equipment were available except for a medication potentially required during an epileptic fit. There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely.

Are services effective?

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

Patients were given information they understood to make decisions about their dental care and treatment. Advice, and appropriate treatment, was given to support patients maintaining their oral health. Referrals to other services were made when required. Detailed dental care records were maintained for all patients and patients were given detailed treatment plans. Staff received training relevant to their roles and responsibilities.

Are services caring?

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

Patients' privacy and dignity was maintained. The two patients we spoke with and 42 comment cards we reviewed told us the staff were caring and compassionate. Patients reported that staff were able to put them at ease regarding their treatments. Patients confirmed that they received both a detailed verbal description and a treatment plan when a course of treatment was proposed.

Are services responsive to people's needs?

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

The ground floor of the practice was accessible to patients with mobility difficulties and a range of appointment times were available. Patients confirmed that they were able to access urgent appointments when in pain and the practice provided information on how to access emergency dental treatment when the practice was closed. There was a procedure in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.

Are services well-led?

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

Staff received induction training and were given opportunities to maintain their professional development. The dentist and senior dental nurse held lead responsibilities for different aspects of management and governance and staff were aware of who to go to if they had any concerns or ideas on improving services. Staff told us they were well supported to undertake their responsibilities. Management records, including those relating to health and safety, were maintained in an up to date manner and were available to staff if they needed to access them. Audits were undertaken to monitor the quality and safety of service provided.

Triangle Dental

Detailed findings

Background to this inspection

Triangle Dental provides a wide range of dental treatments on a private basis for patients of all ages. A contract for the provision of NHS dental care to patients under the age of 18 is in place. The practice was open from 8.00am to 8.00pm Monday to Thursday, closing at 7.00pm on Friday. It was also open 8.00am to 1.00pm Saturday mornings. The practice was located over two floors. The ground floor enabled accessibility to patients with limited mobility.

The provider is a registered individual and has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We spoke with two patients and reviewed 42 comment cards completed prior to our inspection. All of the comments we received from patients were positive. Patients told us they were pleased with the service they received and were given information they understood in regards to their treatment and treatment options. They also told us that the dentist and staff were professional, polite and helpful and they were treated with respect, care and compassion.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a system for reporting incidents. These would be entered in the accident book. We saw incidents where two needle stick injuries had occurred. These had been recorded and appropriate action recorded. We saw from meeting minutes that any incidents were discussed in team meetings to make staff aware of any changes to protocol or training needs as a result of incidents.

Reliable safety systems and processes (including safeguarding)

The practice had up to date Child Protection and Vulnerable Adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse and staff we spoke with were able to describe the types of abuse they might witness during the course of their duties. The policies were available to staff and staff knew where to locate them. Staff had access to contact details for the local authority's child protection and adult safeguarding teams. We saw records that staff had received training on safeguarding.

Computer records were password protected to protect personal data.

Allergies and medical condition alerts were seen on the patient record system which showed that dentists were aware of underlying conditions. This helps ensure the safe care and treatment of these patients.

Medical emergencies

The practice had arrangements in place to deal with most medical emergencies. All staff had attended training for cardiopulmonary resuscitation (CPR). We checked the medical emergency drugs kit and found all contents were in date and in accordance with national guidelines. We saw evidence to show all emergency drugs were regularly checked and kept up to date. No midazolam was stored onsite, which may be required in the event of an epileptic fit. Emergency drugs were stored centrally in the building and staff knew where they were kept. Medical emergency oxygen was available and we saw that the cylinder was regularly checked. There was a protocol in place to ensure correct maintenance of this piece of equipment. The practice had two Automated External Defibrillators (AED);

one on each floor of the practice for quick access. An AED is a portable electronic device that diagnoses life threatening irregularities of the heart and is able to deliver a shock to attempt to correct the irregularity. We found there was a system to regularly check the AEDs were working.

Staff recruitment

The practice had a recruitment policy that included the requirement to obtain references, check

qualifications and experience, and be registered with an appropriate professional body and to obtain proof of identity. We looked at four staff files and found they contained the relevant documentation for all staff recruited since the practice became subject to regulation. We were able to confirm that all staff had undertaken Disclosure and Barring Service checks and that dentists and dental nurses working at the practice were all registered correctly with their professional body and had the necessary qualifications, skills and experience to work there. The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The certificates we saw in staff files evidenced the qualifications and experience of the dentists and the dental nurses.

Monitoring health & safety and responding to risks

Health and safety policies with supporting risk assessments were in place at the practice. There were risk assessments on electrical equipment, radiation, sharps and hazardous substances (COSHH). The COSHH risk assessment only listed a very small number of substances. Staff induction included a briefing on the health and safety procedures including what to do if there was a fire in the practice.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a legionella disease risk assessment, fire evacuation procedures and risks associated with hepatitis B. Processes were in place to monitor and reduce these risks so that staff and patients were safe. For example we saw records confirming that all staff had received their course of immunisations for hepatitis B.

Infection control

Are services safe?

The practice had an infection control policy. We reviewed the cleaning standards in all the consulting rooms and general areas and found the practice clean and tidy. Practice staff undertook the cleaning and there was a checklist for them to follow. Six of the 42 patients who completed comment cards complimented the standards of cleanliness achieved within the practice.

Clinical waste leaving the practice was in colour coded bags or in the appropriate containers required by legislation. The clinical waste was held securely in a locked container awaiting collection. There was a contract in place for the disposal of all clinical waste and dental products including amalgam (the material used for some fillings). Records of collection of clinical waste by the approved contractor were signed and retained.

Dental lines that carry water to the dental chair units were flushed through in accordance with best practice and a chemical application to reduce the risk of bacteria growing in the lines was appropriately applied.

Dental instruments were cleaned and decontaminated in a dedicated decontamination room. This was laid out appropriately with clear separation of the dirty instruments entering the room and the clean sterile instruments coming out of the autoclave (an autoclave is a piece of equipment that treats instruments at high temperature to ensure any bacteria are killed). We observed the decontamination process followed and this reflected current guidance. Appropriate personal protective equipment was worn throughout the procedure. The equipment used for cleaning and sterilising was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was clear that the equipment was in working order and being effectively maintained. We looked at the dental instruments which had been taken through the decontamination process and were ready for use in the dental consulting rooms. These were all held in sterile pouches and were within their use by date. Practice cleaned dental instruments prior to sterilisation using an ultrasonic cleaner and some manual cleaning. The sink used to manually clean instruments was also used to rinse them. A separate container or sink should be used according to national guidance.

Hand washing guidance was provided to staff. There was an adequate supply of hand washing soap and paper towels adjacent to all hand wash hand basins.

The practice stored cold and hot water in tanks. It therefore undertook regular checks of water temperatures at outlets and tested for legionella (legionella is a bacteria found in the environment which can contaminate water systems in buildings). There were records of water tests being undertaken by approved contractors.

Equipment and medicines

Records we reviewed showed the practice had a programme for servicing equipment. There were service records for autoclaves, X-rays and other items of dental equipment. Equipment was maintained in accordance with manufacturers' guidance and legal requirements and was safe for use. Materials used in specific in dental treatment were within their expiry dates.

Radiography (X-rays)

The practice maintained a comprehensive radiation protection folder. A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. The folder contained details of those qualified staff and evidence of their training. All staff working at the practice had been required to sign to indicate that they understood the correct procedures and the local rules relating to the use of X-ray equipment. This kept staff and patients safe from unnecessary radiation exposure. X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with the local rules that were relevant to the practice and equipment. Each piece of X-ray equipment had its own individual local rules relating to their location. We viewed documentation that demonstrated that the X-ray equipment was serviced and calibrated at the recommended intervals.

The justification for taking X-rays was based on full dental examination. Records and auditing of X-rays took place to monitor its use.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients completed a full medical history and asked if there were any changes to medical conditions or medicines taken before any course of treatment was undertaken. The records we reviewed showed medical history had been checked.

The practice used current guidelines when making decisions on treatment and clinical risk. For example the requirement to take X-rays and the frequency of recall was based upon a full oral examination. Each time the patient received a dental check their records were updated and decisions about their future treatment and check-up regime were noted. The practice used a system called a watch list to note when patients had a minor dental problem which may need future treatment. This enabled dentists to follow up on these concerns and ensure patients' needs were met.

The patient records we reviewed and comments we received on CQC comment cards showed us that oral health and preventative measures were discussed with patients. Appointments with the dental hygienist were offered when appropriate and patients were given the option of taking up the offer. Products such as toothbrushes and high fluoride toothpaste were available for patients to purchase at the practice.

Health promotion & prevention

There were health promotion leaflets available in the practice to support patients to look after their oral health. These included information about good oral hygiene. The dentist told us they offered oral health advice to patients and this was confirmed by some patients who completed comment cards. Referral to the dental hygienist was available and made when appropriate. Patients were given the option to see the hygienist.

There was a dedicated consultation room for children to receive dental health advice from nurse advisers. This enabled education for children on how to care for their teeth outside of the time they spent with dentists during check-ups or treatment.

Staffing

There were four dentists, five dental nurses, two oral health advisers and five hygienists providing care at the practice. Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continual professional development (CPD) to regularly update their skills. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Records showed details of the number of hours they had undertaken and training certificates were also in place. This showed the provider ensured all relevant training was attended so that staff were working within their sphere of competency. Training certificates we saw also evidenced that staff attended off site training as a team for example training in basic life support. This demonstrated that the provider was supporting the staff to deliver care and treatment safely and to an appropriate standard. We spoke with members of staff who confirmed they had their learning needs identified and they were encouraged to maintain their professional expertise by attendance at training courses.

The dental staff were supported by reception staff and a practice manager. They also had access to training and received appraisals to identify any support needs.

Working with other services

We discussed with the dentist how they referred patients to other services. Referral letters and responses were held in the patients' records. These ensured patients were seen by appropriate specialists.

Consent to care and treatment

In patient records we saw evidence that patients were presented with treatment options and treatment plans. Patients were not always required to give written consent to their treatment plan. Verbal consent was sought and recorded when the patient returned to take up the treatment plan offered. The dentists we spoke with were aware of the implications of the Mental Capacity Act 2005 (MCA). MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed staff greeting patients on arrival at the practice and booking appointments for patients. We saw that patients were treated very professionally. We observed staff handling patient telephone calls. They were polite and professional with patients and offered options for the date and time of appointment. Most patients who completed comment cards said they were always treated with kindness and respect. We spoke with two patients and received 42 completed CQC comment cards. All patients described the service as good or excellent. Patients reported they were supported and put at ease about treatments provided.

A data protection and confidentiality policy was in place and staff signed confidentiality agreements linked to their contract of employment. The policy covered disclosure of patient information and their conditions and the secure handling of patient information. Patient records were held securely in lockable filing cabinets. These cabinets were locked every evening and the keys held securely.

We saw that consultation room doors were closed during consultation and treatment and conversations could not be heard from outside. Our observations of the reception area found that staff were careful not to discuss patient details when others could overhear.

Involvement in decisions about care and treatment

The dentists we spoke with told us how they took time to explain treatment to patients and we saw written information was available on specific treatments. When a course of treatment was proposed patients were given a treatment plan which set out the details, and costs, of the treatment. The patient was given a copy of the plan and a second copy was retained in their records.

Patients who completed CQC comment cards referred to receiving good explanations of their treatment and confirmed they always had a written treatment plan which they understood.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information on the range of treatments available from the practice was available in both the practice leaflet and on the website. The treatments were also displayed in the reception area and the costs for private treatment were detailed alongside the treatments.

Patients new to the practice were required to complete a patient questionnaire so that the practice could conduct an initial assessment and respond to their needs. This included a medical history form. The dentists undertook a full examination when patients attended for their first appointment and this was documented in the patient record. Decisions relating to the frequency of recall and the need for X-rays were based upon the findings of the initial assessment and then documented in the patient's records.

There was a separate waiting room for children away from the rest of the practice. This helped put children at ease when waiting to see the dental adviser and dentists and provided a safe environment for children to wait while their parents attended their own appointments in the practice.

Tackling inequity and promoting equality

The practice's ground floor was accessible to patients in wheelchairs and those with walking difficulties. Staff were aware of patients with mobility difficulties and there was a

system in place for patients requiring assistance with access to call the reception to alert a member of staff to greet them and support their entrance to the practice if they so needed.

Access to the service

The practice was open from 8.00am to 8.00pm Monday to Thursday, closing at 7.00pm on Friday. It was also open 8.00am to 1.00pm Saturday mornings. Patients who completed comment cards told us they did not experience any problems obtaining either routine or urgent appointments. We saw evidence that time was blocked out each day to accommodate patients in urgent need of dental treatment. The practice opening hours were displayed in the practice and detailed on the practice website.

Dentists provided an out of hours on call service. The details of how to book out of hours appointments were on the website.

Concerns & complaints

The practice had a system for dealing with complaints. Information on how to lodge a complaint was held at reception and on the website. The complaints procedure followed processes for investigation and response to the complainant.

We reviewed the two complaints the practice had received in the last twelve months. These had been investigated and responded to in accordance with the practice procedure and when an apology was due it had been made.

Are services well-led?

Our findings

Governance arrangements

The practice was run by the registered provider and supported by a practice manager. .

Dentists, nurses, hygienists and support staff employed had policies and procedures in place to govern the practice and we saw that these covered a wide range of topics. For example, control of infection, health and safety and training and development.

We noted that management policies were kept under review and were updated regularly. Staff were aware of where policies and procedures were held and we saw that these were easily accessible if the dentist or senior dental nurse were absent from the practice.

Leadership, openness and transparency

The practice had a code of practice. This included the ethos of inclusivity in the provision of service and delivery of care and providing care that meets patients' needs including access to care and treatment. This was reflected in the approach of all staff working in the practice.

Communication in the team was managed with regular meetings opportunities for all staff. There was also regular coffee break meetings to share information or discuss concerns. Staff we spoke with told us they were encouraged to put forward ideas and they told us they

were well supported to carry out their roles and responsibilities. Staff had job descriptions and were clear on the duties that were expected of them. We saw evidence that appraisals took place.

Staff were open about reporting concerns and complaints. None of the staff we spoke with recalled any instances of poor practice that they had needed to report.

Management lead through learning and improvement

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Training was completed through a variety of media and sources. Staff were given time to attend local training seminars and sourced other training opportunities online or through professional journals.

We saw audits were undertaken and dentists audited each other's dental care records and use of X-rays. There was also an on-going medication audit.

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

The practice had conducted a patient survey in 2015. The results of the survey were extremely positive and did not identify any areas of service which the practice needed to follow up on. Patients were also encouraged to give feedback on the service they received through a comments box located near reception or online.