

Xeon Smiles UK Limited

Devonshire Dental Clinic

Inspection Report

1 Devonshire Place, London,
W1G 6HH

Tel: 0207 935 9905

Website: <http://www.oralhygieneclinic.co.uk/dentists/>

Date of inspection visit: 13 May 2016

Date of publication: 05/07/2016

Overall summary

We carried out an announced comprehensive inspection on 13 May 2016 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

Devonshire Dental Clinic is located in the London Borough of Westminster and provides private dental services.

The practice was open 8.45am to 18.00pm Monday to Friday.

Facilities within the practice include four dental treatment rooms, two hygienist rooms, a dedicated decontamination room and a waiting area.

The practice consisted of five dentists, two hygienists, three dental nurses, a dedicated decontamination officer, a practice manager, a receptionist and a patient co-ordination manager.

The practice manager was 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.

Before the inspection we sent Care Quality Commission (CQC) comment cards to the practice for patients to complete to tell us about their experience of the practice. We received 15 completed comment cards. We also received feedback from three patients on the day of the

Summary of findings

inspection. The feedback we received for patients gave a positive view of the services the practice provides. All of the patients commented that the quality of care was good.

We carried out an announced comprehensive inspection on 13 May 2016 as part of our planned inspection of all dental practices. The inspection took place over one day and was carried out by a lead inspector and a dental specialist adviser.

Our key findings were:

- There were effective processes in place to reduce and minimise the risk and spread of infection.

Patients' needs were assessed and care was planned. Improvements could be made to ensure care planning gave due regard to national guidelines.

- There was appropriate equipment for staff to undertake their duties and equipment was well maintained.
- Patients told us that staff were caring and treated them with dignity and respect.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- There were processes in place for patients to give their comments and feedback about the service including making complaints and compliments.

- Governance arrangements were in place and there was a clear vision for the smooth running of the practice. Improvements could be made in relation to learning from audits.

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

- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- Review the practice protocols and adopt an individual risk based approach to patient recalls giving due regard to National Institute for Health and Care Excellence (NICE) guidelines.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's audit protocols of various aspects of the service, such as radiography and dental care records at regular intervals to help improve the quality of service. Practice should also check that where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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 policies for safeguarding children and vulnerable adults from abuse, maintaining the required standards of infection prevention and control and maintenance of equipment used at the practice.

The practice assessed risks to patients. We found that staff were trained and there was appropriate equipment to respond to medical emergencies. In the event of an incident or accident occurring, the practice had a system in place to document, investigate and learn from it. The practice followed procedures for the safe recruitment of staff which included carrying out criminal record checks and obtaining references.

Are services effective?

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

Patients were given appropriate information to support them to make decisions about the treatment they received. The practice kept detailed dental care records of treatments carried out and monitored any changes in the patient's medical and oral health. Records showed patients were given health promotion advice appropriate to their individual oral health needs such as dietary advice. However, improvements could be made in regards to following current guidelines such as those from the National Institute for Health and Care Excellence (NICE) to assess each patient's risks.

Staff were supported by the practice in maintaining their continuing professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

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

The patient feedback we received was very positive about the service provided by the practice. We observed that staff treated patients with dignity and respect. We found that dental care records were stored securely, and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

Patients had good access to routine and emergency appointments at the practice. There was sufficient well maintained equipment to meet the dental needs of their patient population. There was a complaints policy. Patients were given the opportunity to give feedback through the practice website and the practice own surveys. Arrangements were made for patients whose first language was not English.

Are services well-led?

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

Summary of findings

There was a clear vision for the practice that was shared with the staff. There were good governance arrangements and an effective management structure. There were regular meetings where staff were given the opportunity to give their views of the service. Appropriate policies and procedures were in place, and there was some monitoring of various aspects of care delivery. Patients were given the opportunity to provide feedback about the practice. However, improvements could be made in regards to learning from audits that were carried out.

Devonshire Dental Clinic

Detailed findings

Background to this inspection

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

We carried out an announced comprehensive inspection on 13 May 2016. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

We received feedback from 15 patients. We also spoke with members of staff. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

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

The practice had suitable processes around reporting and discussion of incidents. We saw there was a system in place for learning from incidents. Staff told us if an incident occurred it would be discussed at team meetings. Staff were able to describe the type of incidents that would be recorded and the incident logging process. There had been two incidents over the past 12 months and they had been dealt with appropriately.

Staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. There had been no RIDDOR incidents over the past 12 months.

Staff understood the importance of the Duty of Candour and the need to inform the appropriate bodies and patients effected of any relevant incidents [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 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].

Reliable safety systems and processes (including safeguarding)

The practice manager was the safeguarding lead. The practice had policies for both children and adult safeguarding. The policy had last been reviewed in November 2015. Staff had completed safeguarding training. They were able to explain their understanding of safeguarding issues, which was in line with the procedures we saw. The practice had the details of the local safeguarding team. There had been no safeguarding incident that needed to be referred to the local safeguarding teams.

The practice had a system in place for receiving and responding to patient safety alerts issued from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager told us relevant information would be discussed with staff during team meetings.

The practice had safety systems in place to help ensure the safety of staff and patients. This included for example

having a COSHH (Control of Substances Hazardous to Health, 2002 Regulations) file, infection control protocols, procedures for using equipment safely, health and safety process, procedures and risk assessments. Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example risks associated with fire, legionella, health and safety and infection control.

Dental care records contained medical history and risk assessments; however there were some gaps in the completion of the records and improvements could be made.

The practice followed national guidelines such as use of a rubber dam for root canal treatments. [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 and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.].

Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received basic life support training which included cardiopulmonary resuscitation (CPR) training. The practice had a medical emergency kit which included emergency medicines and equipment in line with Resuscitation Council (UK) and British National Formulary guidance. The kit contained the recommended medicines. We checked the medicines that were in the kit and we found that all the medicines were within their expiry date.

The emergency equipment included oxygen and an automated external defibrillator (AED), in line with Resuscitation Council UK guidance. (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).

Staff recruitment

The majority of staff had worked at the practice for a number of years and had been employed by the previous provider. The practice had a policy for the safe recruitment of staff. In order to reduce the risks of employing unsuitable

Are services safe?

staff the provider is required to complete a number of checks. They must obtain a full employment history, check the authenticity of qualifications, obtain two references, including one from the most recent employer, and complete an up to date Disclosure and Barring Service (DBS) checks.

We saw that the provider had satisfactorily carried out the necessary required checks for staff who worked in the practice.

Monitoring health & safety and responding to risks

The practice had arrangements in place to deal with foreseeable emergencies. A health and safety policy was in place. The practice had a risk management process which was updated and reviewed to ensure the safety of patients and staff members. The assessments included the controls and actions to manage risks. For example a risks assessment associated with biological agents stated all staff should review the COSHH file.

Infection control

One of the nurses was the infection control lead and there was a dedicated decontamination officer that decontaminated all the instruments. The practice had an infection control policy that outlined the procedure for issues relating to minimising the risk and spread of infections. This included details of procedures for clinical waste management and personal protective equipment. The practice had followed the guidance on decontamination and infection control issued by the Department of Health namely, Health Technical Memorandum 01-05: Decontamination in primary care dental practices.

There was a clear flow from dirty to clean areas to minimise the risks of cross contamination. Staff 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, cleaning in an ultrasonic cleaner and using 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.

However, we noted that improvements were required to ensure the practice conformed to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. For example, some of the sharps used at the practice did not

incorporate features or mechanisms to prevent or minimise the risk of accidental injury. The practice manager told us that the current procedure had been put in place following a risk assessment but the issue was not covered in the sharps risk assessment shown to us. The practice manager said the risk assessment would be updated to take account of the current sharps regulation.

Staff told us about the daily, weekly and monthly checks that were carried out on equipment used in the practice including the autoclave, to ensure they were working effectively. We saw evidence that staff had been vaccinated against Hepatitis B to protect patients from the risks of contracting the infection.

There was a contract in place for the safe disposal of clinical waste and sharps instruments. The waste was collected on weekly basis. Clinical waste was stored appropriately and in lockable bins. The bins were appropriately stored away from the public while awaiting collection.

The practice was visibly clean and tidy. There were stocks of PPE (personal protective equipment) such as gloves and aprons for both staff and patients. We saw that staff wore appropriate PPE. Hand washing solution was available.

A Legionella risk assessment had been completed in 2014 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The water lines were flushed daily and weekly.

There was a cleaning plan, schedule and checklist, which was regularly checked by the practice staff.

Equipment and medicines

We found the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and X-ray equipment. Portable appliance testing (PAT) had not been completed in January 2015. (PAT is the name of a process where electrical appliances are routinely checked for safety).

The practice had clear guidance regarding the prescribing, recording and stock control of the medicines used in the practice. The only medicines kept at the practice were those found in the medical emergency kit.

Radiography (X-rays)

Are services safe?

One of the dentists was the Radiation Protection Supervisor (RPS). An external organisation covered the role of Radiation Protection Adviser (RPA). The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. There were suitable arrangements in place to ensure the safety of the

equipment. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used. Evidence was seen of radiation training for staff undertaking X-rays. A radiography audit had been completed in 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed mostly suitably. One of the dentists told us that they assessed caries and periodontal risks to decide when to recall patients. Improvements could be made to ensure due regard was given to guidelines such as those from the National Institute for Health and Care Excellence (NICE) to determine how frequently to recall patients.

During the course of our inspection we spoke with the two dentists and checked dental care records to confirm the findings. We saw evidence of assessments that were individualised. This included having medical history visit, reason for visit, and clinical assessments with an extra- and intra-oral examination. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. In most of the records we reviewed (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) However we found there were some gaps in the completion of dental care records. For example three of the seven records checked did not have medical history details and BPE scores. We pointed this out to the provider and they advised us that this issue had been identified in audits and flagged up with staff and they would be ensuring dental care records were completed suitably.

Information about the costs of treatment and treatment options available were also given to patients and made available on the practice website.

Health promotion & prevention

Appropriate advice was provided by staff to patients based on their medical histories. We saw they provided preventive care advice on tooth brushing and oral health instructions as well as fluoride application, alcohol use, and dietary advice.

Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected

this. The practice maintained a programme of professional development to ensure that staff were up to date with the latest practices. This was to ensure that patients received high quality care as a result. Examples of staff training included core issues such as safeguarding, medical emergencies and infection control. We also reviewed information about continuing professional development (CPD) and found that staff had undertaken the required number of CPD hours.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example patients were referred to the provider's own hygienist and for oral surgery. Dental care records we looked at contained details of the referrals made and information that was shared between the practice and the referring organisations. The records showed the practice worked well with other services.

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We received feedback from four patients. Patients said they were given clear treatment options which were discussed in an easy to understand language by practice staff. Patients understood and consented to treatment. This was confirmed when we checked dental care records and noted evidence that dentists discussed treatment options including risks and benefits, as well as costs with patients.

Staff were aware of how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met. Staff showed an understanding of the Mental Capacity Act (MCA) 2005. MCA 2005 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). This meant where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 18 patients. All the feedback we received was positive. Staff were described as caring and friendly. Patients said staff treated them with dignity and respect during consultations. We observed staff interaction with patients and saw that staff interacted well with patients, speaking to them in a respectful and considerate manner.

Involvement in decisions about care and treatment

The practice website contained information about services and treatments available. The site gave patients a number to call to discuss payment options for treatments. The website also included information about opening times.

We spoke with the dentists and dental nurses on the day of our visit. There was a culture of promoting patient involvement in treatment planning which meant that all staff ensured patients were given clear explanations about treatment. Staff told us that treatments, costs, risks and benefits were discussed with each patient to ensure that patients understood what treatment was available so they were able to make an informed choice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us there was enough time to treat patients, and that patients could generally book an appointment in good time to see a dentist. Feedback from patients confirmed that patients felt they could get appointments when they needed them. There were arrangements in place for out of hours appointments. These arrangements were advertised on the practice telephone answering machine and the practice website.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice manager told us that staff at the practice spoke a number of different languages and they had a list of interpreters to use if they had to speak to communicate with someone whose spoke a language not spoken by staff at the practice.

Access to the service

The practice was open 08.45 am – 18.00pm Monday to Friday. There were clear instructions for patients requiring urgent dental care when the practice was closed. These instructions were on the telephone answering machine.

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. There was a complaints policy, and information for patients about how to complain was available in the reception area. The policy had last been reviewed in May 2016. There had been no complaints logged in the last year. The policy included contact details of two external organisations that patients could contact if they were not happy with the practice's response to a complaint. This included the Dental Complaints Service and Parliamentary Ombudsman.

Are services well-led?

Our findings

Governance arrangements

The provider had governance arrangements in place for the effective management of the service. This included having a range of policies and procedures in place including health and safety, complaints, employment policies and infection control. There was a clear management structure and staff leading on specific roles such as infection control and safeguarding. The majority of staff told us they felt supported and were clear about their areas of responsibility. Some staff felt that the provider could make improvements in regards to how some of the system changes had been communicated since they took over the practice. Risk assessments had been undertaken to cover various aspects of the service delivery.

Staff told us practice meetings were held regularly to discuss issues in the practice and update on things affecting the practice. We saw that these meetings were used as an opportunity to let staff know about the ongoing business of the practice. For example we saw that a MHRA safety alerts were discussed at a March 2016 meeting. Dental care records we checked were stored appropriately.

The quality audits undertaken at the practice included infection control, dental care records and radiography audits.

Leadership, openness and transparency

Staff we spoke with said they felt the practice culture was one of openness and a place where all staff felt included. Staff told us they were comfortable about raising concerns with the practice manager. They felt they were listened to and responded to when they did so. They described the culture encouraged candour, openness and honesty.

Learning and improvement

Staff told us they had good access to training. There was a system in place to monitor staff training to ensure essential training was completed each year. We saw that staff had appraisals where they had the opportunity to discuss training and development requirements. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC).

The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as records, X-rays and infection control.

However, we found that improvements could be made in the learning from some audits. For example we saw that record keeping audits had highlighted concerns about information such as medical emergencies missing from records since July 2015. These issues were again flagged up in September 2015 and January 2016.

We saw evidence that the provider had contacted staff about the issues. The provider assured us a structured follow up process would be established to ensure learning from audits led to demonstrable improvement in the service.

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

Patients had the opportunity to provide feedback through the practice's own survey. The survey asked about the quality of care provided, whether information was explained clearly, how friendly staff were and if patients would refer friends and family to the practice. Information from the forms was sent to the practice head office and they drafted reports that were sent to the practice manager if there were any issues. We saw the results of feedback received in April 2016 and found that patients were positive about the service they had received.