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Indigo Little

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 2 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 not providing well-led care in accordance with the relevant regulations

Background

Indigo Little Dental Practice is located in the London Borough of Wandsworth and provides private dental services.

The practice team included the principal dentist, two specialist dental practitioners, two dental hygienists, two dental nurses, one trainee dental nurse and a receptionist/practice manager. On the day of the inspection we spoke with the principal dentist, a dental nurse, dental hygienist and practice manager.

We reviewed 13 Care Quality Commission (CQC) comment cards completed by patients. We spoke with two patients on the day of the inspection. The feedback from the patients who completed the CQC comment cards was positive in relation to the care they received from the practice. They commented that staff were caring and respectful.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- Patients were able to make routine appointments and emergency appointments when needed.
- The patient comment cards we reviewed indicated that patients were consistently treated with kindness and respect by staff.
- The principal dentist ensured consent was obtained before providing treatment
- Staff told us they were well supported by the principal dentist.
- Staff recruitment files were not being stored securely. Staff meetings had not been formalised
- The emergency drug kit did not contain all of the equipment recommended in current guidelines

Summary of findings

We identified regulations that were not being met and the provider must:

- Establish an effective system to assess, monitor and mitigate the risks arising from undertaking of the regulated activities.

You can see full details of the regulations not being met at the end of this report.

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

- Review its systems to seek and act on patient feedback.
- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' especially in regard to use of saline during oral surgery.

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 practice had adequate systems in place to assess and manage risks to patients such as health and safety policy. Fire drills were carried out and documented. The staff we spoke with were aware of the practice protocols for responding to an emergency. The practice had emergency oxygen, and there was a t face mask. We saw that the oxygen was in date and had been serviced this year, though weekly checks were not being undertaken. There was no portable suction and no spacer device for use by asthmatic patients. After the inspection we were told the spacer device had been replaced.

The practice did have an automated external defibrillator. We were told this was on loan to the practice, however that the provider had plans to buy an AED in October 2015. There was a safeguarding and whistle blowing policy.

We found decontamination practices were not being fully carried out as recommended in the practices own policy and in accordance with HTM 01-05, guidance on decontamination.

Weekly checks and annual servicing had been undertaken on equipment such as the autoclave used to sterilize instruments.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the National Institute for Health and Care Excellence (NICE). The practice monitored patients' oral health and gave appropriate health promotion advice.

Patients told us through comment cards that they were given time to consider and make informed decisions about which treatment option they wanted.

The provider was registered with the General Dental Council (GDC) and had evidence of some continuing professional development (CPD) and had booked an update in some core CPD topics.

Are services caring?

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

We looked at 13 CQC comment cards patients had completed prior to the inspection and spoke with two patients. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. We found that dental care records were mostly stored securely, though we noted that the staff records were kept in the reception area in an unlocked cupboard.

Are services responsive to people's needs?

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

Information regarding the practice opening hours was available in the premises. We observed the waiting area and treatment rooms were large enough to accommodate patients with wheelchairs and prams and there were also disabled toilet facilities. There was a clear complaints procedure and information about how to make a complaint was displayed in the reception area.

Summary of findings

Patients who needed emergency appointments would normally be seen on the day.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Staff demonstrated an awareness of the practice's purpose and were proud of their work.

Records relating to staff recruitment were not stored securely. The practice did not have a formal system in place to seek and act upon feedback from patients using the service, including carrying out a patient survey; however, there was a comments book in the waiting area.

We were told staff meetings were held however the process for this had not been formalised. We saw evidence that the infection control audit was completed twice yearly; however, we found that there was lack of monitoring arrangements to ensure the decontamination of used dental instruments was always in line with national guidance, emergency oxygen was checked regularly and fridge temperature monitored regularly.

Indigo Little

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 2 September 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

We reviewed information received from the provider prior to the inspection. We also informed the NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them. During the inspection we toured the premises and spoke with the principal dentist, a hygienist, a dental nurse and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We obtained the views of 13 patients who had filled in CQC comment cards. We also spoke with two patients who visited the practice on the day to have treatment.

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 was a system in place for reporting incidents, and the practice was using an accidents and incidents book to record adverse events. Staff we spoke with could explain the process they would follow if they observed an incident. One accident had occurred in the past year and the practice had taken steps to ensure this was not repeated. The practice had a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) policy. No incidents had been required to be reported under RIDDOR.

Reliable safety systems and processes (including safeguarding)

Safeguarding was identified as essential training for all staff to undertake and the principal dentist had completed training in the past year.

At the time of the visit practice staff told us there was no child protection and safeguarding vulnerable adult's policy. The staff we spoke with told us they would report any safeguarding concerns to the principal dentist but they were unaware of other agencies to report to. The principal dentist provided us a copy of the child protection policy following the inspection. This policy had information about identifying, reporting and dealing with suspected abuse and had contact details for the local authority's child protection and adult safeguarding teams.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (for example from handling needles or sharp instruments). The practice used a resheathing device to support staff to dispose of needles safely.

There were adequate supplies of personal protective equipment, such as face masks and heavy duty rubber gloves for use when manually cleaning instruments. The provider undertook root canal treatment and told us rubber dam was used in line with guidance from the British Endodontic Society. [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].

Staff were aware of the procedures for whistleblowing if they had concerns. Staff told us they were confident about raising such issues with the principal dentist.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. We saw evidence that most staff had received training in emergency resuscitation and basic life support in the past year.

The staff we spoke with were aware of the practice protocols for responding to an emergency. The practice had emergency oxygen and there was a face mask. The practice did have an automated external defibrillator (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). A member of staff told us they had not been trained how to use that particular machine but had training on AED use elsewhere. The provider told us the AED was on loan from London Ambulance Service. We were told there were plans to purchase an AED in October 2015. Staff on site on that day had received training in the use of that equipment.

The practice had a store of emergency medicines in a dedicated emergency medicines kit. The emergency medicines were stored securely and could not be accessed by patients. All the emergency medicines were up to date; however, there was no spacer device for use by asthmatic patients and also no portable suction as recommended in guidelines by the Resuscitation UK Council. After the inspection we were told the spacer device had been replaced. Staff told us they checked the emergency medicines kit monthly and we were provided with evidence of this; however, there was no evidence of monthly checks on the oxygen cylinder. We saw evidence that the oxygen cylinder was last serviced in January 2015.

Staff recruitment

The practice did have some documentation in place for the recruitment of staff which included requesting curriculum vitae. The provider told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for staff. We looked at eight staff files and we saw most had evidence of DBS checks and character references. We were told that checks had been undertaken although the records were not present in the staff files. There was evidence of staff Hepatitis B immunisation status. However,

Are services safe?

there was no evidence that the other immunisations recommended for health care workers by Department of Health in Immunisation against infectious disease - The Green Book, had been provided to staff.

There was evidence of professional registrations of clinical staff was up to date. We were told a dental nurse had recently qualified and was in the process of applying for registration with the General Dental Council.

Monitoring health & safety and responding to risks

The practice had arrangements to deal with foreseeable emergencies. A health and safety policy was in place. The practice had undertaken some risk assessments in order to identify and manage risks to patients and staff. For example, we saw risk assessments for radiation, legionella and fire safety, which were up to date. A member of staff told us they disposed of sharps (needles) in the sharps box which was kept in the decontamination room. There was no risk assessment in place for handling sharps which was not in accordance with current guidelines.

The practice had a file relating to the Control of Substances Hazardous to Health (COSHH) Regulations 2002, including substances such as disinfectants. Hazardous substances were stored in a restricted area and staff were aware of safe storage.

Infection control

The provider ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, managing waste products and decontamination guidance. The practice had a copy of the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'.

Posters about good hand hygiene procedures were displayed to support staff in following practice procedures. There was also an instrument decontamination policy.

We looked around the premises during the inspection and found the treatment rooms appeared visibly clean. Instrument decontamination was carried out in a dedicated decontamination room. A dental nurse showed us the procedures involved in manually cleaning, rinsing, inspecting and sterilising dirty instruments; packaging and

storing sterilised instruments. They wore appropriate protective equipment such as eye protection, heavy duty gloves and a mask while instruments were cleaned and rinsed prior to being placed in an autoclave (sterilising machine). However, the water temperature was not controlled during the manual instrument cleaning procedure and we saw non-lint cloth was not always used for drying in accordance with HTM 01-05. The provider told us a thermometer had been provided for staff to check water temperature whilst manually cleaning instruments; however this was not used whilst we were observing the procedure. A magnifier was used to check for any debris or damage throughout the cleaning stages; however it was not illuminated as recommended in HTM 01-05.

We saw instruments were stored in pouches and had been dated to indicate when they should be reprocessed, if left unused.

The practice had systems in place for daily, weekly, quarterly and annual quality testing of the autoclave and we saw records which confirmed these had taken place. The practice had a thermal washer disinfectant, a machine used to clean instruments, however the dental nurse told us the machine was not in use and instruments were manually cleaned instead.

There was a hand washing sink in the decontamination room with hand wash solutions.

Records showed a risk assessment for Legionella had been carried out in past year. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified. Preventive measures had been recommended to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients, and monitoring cold and hot water temperatures each month. We saw records that these tests and checks were being undertaken.

We were told the practice carried out oral surgery in addition to general dental treatments however there was no sterile water or saline, to provide irrigation when accessing the oral cavity as recommended in HTM 01-05.

Are services safe?

The practice had audited its infection prevention and control procedures in May 2015 to assess compliance with HTM 01-05. This audit is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

Equipment and medicines

The practice advised that they checked the stock of medications held on a weekly basis to ensure that sufficient medications were held, and they were all in date. The staff we spoke with told us they did not check the temperature of the refrigerator on a daily basis. At the time of the inspection we found two dental materials stored in the fridge, one of which was out of date. The provider confirmed the out of date material had been disposed of following the inspection. Prescription pads were not kept onsite.

There was a first aid kit available, however the practice did not have an eye wash kit or a protocol for dealing with splashes to the eye.

There were systems in place to check and record that equipment was in working order. These included checks of

electrical equipment such as portable appliance testing (PAT). Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. This helped ensure there was no disruption in the safe delivery of care and treatment to patients.

Radiography (X-rays)

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 this file. The procedures and equipment had been assessed by an independent expert within the recommended timescales. Not all staff files contained training records to demonstrate that staff kept up to date with their knowledge and use of the X-ray equipment. The provider told us training had been booked for February 2016. There was evidence that audits of X-ray use were carried out to determine whether staff were following correct practice. The radiation protection file identified the radiation protection advisor (RPA) and radiation protection supervisor (RPS) for the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we checked dental care records to confirm the findings and discussed patient care with the principal dentist. We found that the dentist regularly assessed patients' gum health and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, and findings of X-ray images taken; We observed that patients' medical histories were always recorded.

The records we reviewed showed that an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). Different BPE scores triggered further clinical action.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines and records showed that patients' soft tissues (including lips, tongue and palate) were regularly examined. The practice was also providing oral health advice for patients, and we saw evidence that this was implemented in the patient records.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. The dentist told us they discussed oral health with their patients, for example, effective tooth brushing. The dentist also identified patients' smoking status and offered advice regarding smoking cessation

services. They carried out examinations to check for the early signs of oral cancer. We noted that dental care records also contained information about smoking status and alcohol consumption.

Staffing

The practice had identified key staff training including infection control, radiation and basic life support.

Staff we spoke with told us they were clear about their roles and responsibilities, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed. We were provided with copies of staff appraisal records.

The practice manager told us agency staff were used to cover staff absenteeism. We were told there were no records kept of inducting agency staff.

Working with other services

The practice had an effective system of onward referral to other providers, for example, for oral surgery. The dentist showed us that they kept a record of referrals in order to monitor outcomes and showed us some examples of recent referrals they had made.

Consent to care and treatment

The practice ensured consent was obtained for care and treatment. Staff discussed treatment options, including risks and benefits, as well as costs, with each patient. Notes of these discussions were recorded in the dental care records.

The dentist had attended training on the Mental Capacity Act (2005) and was able to demonstrate awareness of the requirements of the Act. 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 patients we spoke with all commented positively on staff's caring and helpful attitude. Parents were pleased with the level of care their children received. We observed staff were welcoming and helpful when patients arrived for their appointment. The practice manager spoke politely and calmly to all of the patients. Doors were always closed when patients were in the treatment rooms. Patients indicated they were treated with dignity and respect at all times.

Dental care records were stored electronically. Electronic records were password protected and regularly backed up. Staff understood the importance of data protection and confidentiality. They described systems in place to ensure that confidentiality was maintained. The computer screen

was positioned in such a way that it could not be seen by patients in the waiting area. Staff also told us that people could request to have confidential discussions in an empty treatment room, if necessary.

However, we found staff records were kept in the reception area in an unlocked cupboard.

Involvement in decisions about care and treatment

Staff told us that they took time to explain the treatment options available and that they made use of visual aids that were available to illustrate problems and treatments. Staff advised that they would check understanding and provide further explanation if necessary. They spent time answering patient's questions and gave patients a copy of their treatment plan.

Three patients told us through comment cards and during discussions with us that they liked the dentists and were able to get copies of treatment plans.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

A patient information leaflet was available with information about the services the practice offered. We found the practice had an appointment system in place to respond to emergencies and patients in pain would be seen the same or next working day.

Tackling inequity and promoting equality

The provider was aware of the Disability Discrimination Act 2010 (DDA). The practice was situated on the ground floor and patients with pushchairs and wheelchair users had access into the practice. The layout allowed access to the reception area and a treatment room. There were also disabled toilet facilities. The practice did not have an audio loop system for patients with hearing impairments. The practice manager told us they did not have access to interpreters and if required, they would use family members for interpreting.

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients.

Access to the service

Information regarding the practice opening hours was available in the premises. The practice was open Monday

from 9am-7.30pm, Wednesday 8am-5.30pm, Thursday 9am-7.30pm, Friday 8am-2pm and Saturday 10am-2pm. The practice answer phone message provided information on opening hours as well as on how to access out of hours treatment. We were told emergency patients were normally seen within 24 hours.

Concerns & complaints

The practice had a complaints policy and procedure in place for handling complaints which provided staff with guidance about how to support patients who may have wanted to complain. This did include contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was a system in place to promptly investigate and communicate with the patient. The practice had received four complaints in the past 12 months. These had been investigated and closed.

Patients were able to informally comment on the service they received using a comments book available in the waiting area.

Are services well-led?

Our findings

Governance arrangements

There were relevant policies and procedures in place; Staff were aware of most of these policies and procedures and acted in line with most of them. Staff told us monthly staff meetings were held; however, this had not been formalised.

Records relating to patient care and treatment were kept accurately. There were some arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits.

We also found checks to the emergency oxygen and fridge were not being documented. There was an out of date material in the fridge and the emergency drug kit was not equipped according to guidance. There were no records of induction of agency staff.

Records of staff immunisation was not in line with current guidelines. There was no risk assessment for handling sharps required by Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, saline for use during oral surgery and illuminated magnifier for checking instrument cleanliness during the decontamination procedure in accordance with Health Technical Memorandum (HTM) 01-05.

Leadership, openness and transparency

The staff we spoke with described an open culture. Staff said that they felt comfortable about raising concerns with the principal dentists and that they were listened to and responded to when they did so.

Staff told us they enjoyed their work and were well supported by the principal dentist.

A system of staff appraisals was also used to identify staff training and career goals. We saw that the principal dentist took on board staff aspirations in terms of their personal development.

Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. The clinical staff were registered with the General Dental Council (GDC). [The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom].

Staff were being supported to meet their professional standards and complete continuing professional development standards set by the General Dental Council. We saw evidence that the principal dentist had completed continuous professional development (CPD) as required by the GDC. We also saw evidence of training planned for the coming year.

The practice audited some areas of their practice such as infection control and X-rays.

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

Patients could submit comments on the service, though this was only via use of a comments book available in the waiting area.

The practice currently did not have a formal system in place to seek feedback from patients using the service, including carrying out patient surveys. Staff told us they felt supported and enjoyed working at the practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems in place to :</p> <ul style="list-style-type: none">• Maintain securely such records as are necessary to be kept in relation to person's employed• Assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.• Ensure that their audit and governance systems were effective <p>Regulation 17 (1) (2) (b) (d)(i) (f)</p>