Rasichka Limited

Chessington Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 22 July 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Chessington Dental Practice is located close to Hook shopping parade. The premises consist of two treatment rooms, a dedicated decontamination room, reception and waiting area and toilet on the ground floor. The first floor currently has an office, storage room and staff room.

The practice provides private dental services and treats both adults and children. The practice offers a range of dental services including general and cosmetic dentistry.

There are four part time dentists, two full time dental nurses, a part time hygienist and a receptionist.

The practice is open Monday to Friday 9.00am-5.30pm with a late evening on Wednesday finishing at 7.00pm. Appointments could be arranged for Saturdays.

This is a new practice which registered with the CQC in December 2014.

The provider is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Forty seven people provided feedback about the service. Patients we spoke with, and those who completed comment cards, were positive about the care and

Summary of findings

treatment they received from the practice. Patients felt they were treated with respect, from the greeting they received on arrival to the way the dentists spoke with them and gave them information to make decisions about treatment and they did not feel rushed into making any decisions. They said the practice was clean and hygienic.

Our key findings were:

- Patients' needs were assessed and care was planned in line with best practice guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective systems in place to reduce and minimise the risks of and spread of infection.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding children and adults living in vulnerable circumstances.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- Patients indicated that they felt they received good care and treatment and were given time to make decisions about treatments.
- The practice ensured staff attended regular updating training to maintain the necessary skills and competence to support the needs of patients.
- The practice had clear procedures for managing comments, concerns or complaints.
- The principal dentist had a clear vision for the practice and staff told us felt they were supported by the dentists.
- Governance arrangements and audits were effective in improving the quality and safety of the services.

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

- To have the ultrasonic bath serviced.

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 systems and protocols which were effectively used to minimise the risks associated with providing dental services. There was a safeguarding lead and staff understood their responsibilities for identifying and reporting any potential abuse.

There were systems for identifying, investigating and learning from incidents relating to patient safety. The practice had policies and protocols, which staff were following, for the management of infection control, medical emergencies and dental radiography. We found the equipment used in the practice was maintained and checked for effectiveness.

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 General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make an informed decision before treatment was carried out. The practice worked with other providers when required and followed up on the outcomes of referrals made to other providers.

Staff were registered with the General Dental Council and were engaged in continuous professional development to meet the requirements of their registration. Staff were supported through training, appraisals and opportunities for development.

Are services caring?

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

We received positive feedback from patients through comment cards and discussions on the day of the inspection. Patients felt that the staff were caring, polite, professional and friendly. They told us that they were treated with dignity and respect. We found that patient 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 access to appointments, including emergency appointments, which were available on the same day. The needs of people with disabilities had been considered and there was level access to the reception and waiting area and treatment rooms. Patients were invited to provide feedback via a satisfaction survey.

There was a complaints policy which was displayed in the reception and waiting area. The practice had not received any complaints since it was registered with CQC.

Are services well-led?

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

The practice had good clinical governance and risk management arrangements in place. These were disseminated to all staff. A system of audits was used to monitor and improve performance.

Summary of findings

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the principal dentist. Staff meetings were held regularly. Feedback from staff and patients was used to monitor and drive improvement in standards of care.

Chessington Dental Practice

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 22 July 2015. The inspection took place over one day. The inspection was led by a CQC inspector who was accompanied by a dental specialist advisor.

We requested information from the provider prior to the inspection which included their statement of purpose and details of staff members – no documentation was sent to the CQC.

During our inspection visit, we reviewed policy documents and dental care records. We spoke with two dentists, one dental nurse and receptionist. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed the dental nurse carrying out decontamination procedures of dental instruments and observed staff interacting with patients in the reception area.

Forty seven people provided feedback about the service. Patients who completed comment cards and those we spoke with were positive about the care and treatment they received from the practice saying the dentist explained things to them and gave them time to decide whether to go ahead with treatment. Patients said they would recommend the practice to their family and friends.

We informed. NHS England area team and Kingston Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

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 a system for the principal dentist to receive alerts and pass them on to other staff when relevant. The principal dentist was clear about their responsibility to report injuries and dangerous occurrences, although this had not been required since the practice was registered with CQC. Staff were clear about their responsibility to report accidents and incidents to the dentist. An accident book was in place, although this had not been needed. There was a needle stick policy which was displayed in the treatment rooms and decontamination room.

The dentist told us that they had a duty under their registration with the General Dental Council to tell the patient if something had gone wrong with their treatment, although this situation had not occurred.

The principle dentist described how they had a duty to tell patients if things go wrong. We saw evidence of this in patient records. The dentist described how they would involve staff and patients in analysis of clinical errors, incidents and near misses, although they had not experienced this.

Reliable safety systems and processes (including safeguarding)

The practice had a safeguarding policy which covered children and vulnerable adults. This provided staff with information about identifying and reporting suspected abuse and included the contact details for the local authority child protection and adult safeguarding teams. The principal dentist was the safeguarding lead and had completed child protection training to Level 3 and safeguarding vulnerable adults. The other dentists and dental nurses had attended child protection and adult safeguarding training. Staff told us they were confident about identifying and raising safeguarding concerns with the principal dentist.

The practice had systems in place to help ensure the safety of patients and staff. These included protocols for avoiding needle stick injuries and clear guidelines about responding in the event of such an injury. There were adequate supplies of personal protective equipment including gloves and aprons. We spoke with the principal dentist who confirmed they used a single use delivery system to deliver local anaesthetic to a patient. Dentists were responsible for dismantling and disposing of needles. This was confirmed by other staff we spoke with.

The principal dentist described how they used a rubber dam during root canal treatment, in line with guidance from the British Endodontic Society and we saw this in use on a patient's X-ray. (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).

Patient medical histories were taken when they first attended the practice which included details of current medication and known allergies. These medical histories were updated regularly. We were shown a random sample of patients' medical histories and saw they had been updated appropriately. Patients confirmed they were asked to update the dentist about changes to their medical history when they attended for an appointment.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. The principal dentist was the practice first aider; plans were in place for another dentist to carry out additional training in first aid. The practice held a range of emergency medicines, in line with guidance issued by the British National Formulary, for dealing with common medical emergencies in a dental practice. We saw the emergency medicines were all in date. They were stored upstairs and the treatment rooms were downstairs; staff said this would not cause delays in them accessing medicines in an emergency situation. The practice had oxygen and an automated external defibrillator (AED).

(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).

We saw records of daily checks made of oxygen and the AED and weekly checks of emergency medicines. The practice had a portable suction for use in medical emergencies.

Staff had attended training in cardiopulmonary resuscitation and how to use the AED in 2015.

Staff recruitment

Are services safe?

The practice staffing consisted of three part time dentists, two full time dental nurses and a part time hygienist. There was a vacancy for a receptionist which the practice was in the process of recruiting to.

The practice had a recruitment policy which detailed the process candidates went through and the checks that were to be completed before staff started work. This included the use of an application form, interview notes, a review of employment history, evidence of relevant qualifications, the checking of references and a check of registration with the General Dental Council. We reviewed the recruitment files for six members of staff. We saw that the required checks had been carried out with the exception of two references for three members of staff. The principal dentist told us they worked with all these staff in other practices.

We noted that practice policy was to carry out Disclosure and Barring Service checks for all members of staff and details related to these checks were kept.

Monitoring health & safety and responding to risks

The practice had arrangements in place to deal with health and safety and foreseeable emergencies. We saw that there was a health and safety policy in place. A fire risk assessment was carried out in March 2014 and reviewed in March 2015. The principal dentist took the lead for fire safety and had completed fire safety training. We saw records confirming fire extinguishers had been checked recently and the fire alarm had been tested. Risk assessments had been completed and were reviewed annually. There were no outstanding actions from risk assessments reviewed in May 2015.

There were suitable arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file which included assessments to minimise risks to patients and staff and information about hazardous substances used at the practice. We saw COSHH products were securely stored. Staff were aware of the COSHH file and the systems in place to minimise the risks associated with these products.

The principal dentist received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and passed them on to other staff when necessary.

There was a business continuity plan in place which covered actions to take in the event of fire, loss of electricity or telephone. The practice had an arrangement to use another practice's premises for emergency appointments in the event that they were not able to use their own.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. This was demonstrated through direct observation of the cleaning process and reviewing protocols, that the practice was following 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 (HTM 01-05)'. There were audits of infection control processes carried out in August 2014 and February 2015 which confirmed that the practice was currently compliant with HTM 01-05 guidelines. Actions were identified regarding periodic hand wash training, to use shielded needles, review cleaning records and consider a washer disinfector. The first three items had been completed and the purchase of a washer disinfector had been delayed.

We observed that the two dental treatment rooms, decontamination room, reception and waiting area, toilet, office and staff room were clean, tidy and clutter free. Clear zoning marked clean from dirty areas in the treatment rooms and decontamination room. Hand washing facilities were available including liquid soap and paper towels in each of the treatment rooms and toilets. Hand washing protocols were displayed appropriately in various areas of the practice and bare below the elbow working was observed.

One of the dental nurses was the infection control lead. One of the dental nurses described the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated a good system for decontaminating the dental chair, dental unit and work surfaces after each patient left the room.

The drawers and cupboards in the treatment rooms were inspected in the presence of one of the dentists. We found the room was well stocked. All the instruments were placed in pouches and it was obvious which items were for single

use as they were clearly labelled. The treatment rooms had the sufficient supplies of personal protective equipment such as gloves, aprons, masks and eye protection available for staff and patient use.

The dental water lines were cleaned to prevent the growth and spread of Legionella bacteria. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The method described by one of the dental nurses was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out by the practice in July 2015 to determine if there were any risks associated with the plumbing at the premises. Three actions were identified and had been carried out. These measures ensured that patients and staff were protected from the risk of infection associated with Legionella.

The practice had a separate decontamination room for instrument processing. This room was clean, free from clutter and well organised. Protocols were displayed on the wall to remind staff of the correct processes to follow at each stage of the decontamination process. Staff demonstrated the process to us from soaking the dirty instruments in the treatment rooms through to clean and ready for use again. We saw staff followed a clear process of cleaning, inspecting, sterilising, packaging and storing of instruments to minimise the risks of infection.

The practice used a sealed box to pre-soak instruments in the treatment room. These were carried to the decontamination room where they are manually scrubbed (using the double sink method), rinsed and put into an ultrasonic bath, dried and bagged then sterilized in an autoclave. When instruments had been sterilized they were stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines.

The dental nurse showed us the systems in place to ensure the autoclave was checked daily and weekly. We saw records of the protein check for the ultra-sonic bath but other daily checks were not recorded. The suction unit was disinfected daily.

The practice employed a member of staff to complete the general cleaning of the premises. There was a cleaning schedule which identified areas to be cleaned on a daily, weekly and monthly basis. Regular checks were made on the level of cleanliness to ensure cleaning schedules were being followed.

The segregation, storage and disposal of dental waste was in line with current guidelines laid down by the Department of Health. For example, we saw general and clinical waste was stored separately and that sharps containers were secure. The practice had suitable arrangements for dental waste to be removed from the practice by a contractor.

Equipment and medicines

We found that all equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, sterilizer, fire equipment and X-ray equipment had all been inspected and serviced in 2015. Portable electrical appliances were tested in July 2015, electrical wiring in March 2014 and gas safety was checked in July 2015.

The expiry dates of medicines, oxygen and equipment were monitored weekly and any items approaching their expiry were identified and new stock ordered in a timely manner. We saw all medicines were within their expiry date.

Radiography (X-rays)

The practice had arrangements in place for a Radiation Protection Advisor and the dentist was the Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). All staff had completed IRMER training. Radiation warning signs were in place at the entrance of each treatment room where X-rays were carried out in. We saw the radiation protection file was well maintained and complete. A radiation protection audit was carried out in 2014 and 2015 with no actions required. These audits showed an improvement to the quality of X-rays in the last year. These audits showed the practice was acting in line with national guidelines and patients and staff were protected from unnecessary exposure to radiation.

During the course of our inspection we checked dental care records to confirm the findings. These records showed that dental X-rays were justified, reported on and quality assured.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines.

The dentists described how they carried out assessments using a typical patient journey scenario. They used a pathway approach to the assessment of the patient which began with patients completing a medical history questionnaire which included detailing any health conditions, regular medicines being taken and allergies as well as details of their dental and social history.

The dentists then carried out an examination covering the condition of a patient's teeth, gums and soft tissues and screening for mouth cancer. The dentist then discussed treatment options with the patient. The individual dental care record was updated with the proposed treatment after they were agreed with the patient.

Patients were monitored through follow-up appointments which were scheduled in line with individual requirements.

During the course of our inspection we checked dental care records to confirm the findings. We found that the findings of the assessment and details of the treatment carried out were recorded appropriately. The records were clear and contained sufficient detail about each patient's dental treatment. The medical histories had been updated. Details of the treatments carried out were documented and details of the local anaesthetic used was recorded. We saw patients signed treatment plans.

Health promotion & prevention

The practice provided advice on general health, diet, tooth brushing and smoking cessation and made referrals to patients GPs for smoking cessation. The dentists used an audio visual tool to help patients understand procedures. Prescriptions for high fluoride toothpaste were given. The practice followed the Delivering Better Oral Health toolkit.

The reception and waiting area contained a range of leaflets that described the services provided at the practice and information about effective dental hygiene. The practice had a range of dental products that patients could purchase that were suitable for both adults and children.

Our discussions with the dentists and our check of the dental care records showed that, where relevant, preventative dental information was given in order to improve outcomes for patients. This included advice about diet and smoking cessation. The dentist carried checks to look for the signs of oral cancer. Patients were advised during their appointment of steps to take to maintain healthy teeth and gums. Tooth brushing techniques were explained to patients in ways they understood and through the use of models. Patients we spoke with confirmed they were given advice about general health and tooth brushing.

Staffing

There were three part time dentists, two dental nurses, a part time hygienist and a receptionist employed at the practice. The dentist told us they kept up to date with required training. We saw training certificates to confirm they were up to date with training on basic life support, child protection and radiography.

There was an induction programme to ensure new staff understood policies, procedures and systems in place at the practice.

The dentist carried out regular observations and held regular meetings with staff which gave individuals opportunities to discuss their performance and career development. Records showed dental nurses had an appraisal in 2014.

Working with other services

The dentist worked with other professionals when required. For example, referrals were made to hospitals and other dental services as necessary. There was a clear policy regarding referrals and the practice held a list of local providers who accepted referrals. We saw dental care records contained copies of referral forms and responses from other services.

Consent to care and treatment

The practice had a policy regarding seeking consent before treatment was carried out. The dentist gave examples of how they would take mental capacity issues into account when providing dental treatment. This demonstrated their awareness of the Mental Capacity Act 2005 (this Act 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

Are services effective?

(for example, treatment is effective)

themselves). They explained how they would manage patients who lacked the capacity to consent to dental treatment. They told us if they had any doubt about a patient's ability to understand or consent to the treatment they would postpone treatment and involve the patient's family and others as required.

The dentist explained how they obtained valid informed consent by explaining their findings to patients and keeping records of their discussions. The dentist told us that they would generally only see children under 16 with their parents to ensure consent was sought before treatment was undertaken. If parents did not attend they would assess the young person's ability to consent to a check-up, although there had not been an example of this.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We collected feedback from 47 patients. Patients we spoke with and those who completed comment cards described positive experiences of the services provided at the practice. Patients felt they were treated with respect and their privacy was maintained. Staff greeted them appropriately and explained treatment options. Patients were happy with the quality of treatment provided and would recommend the practice to family and friends. We observed staff in the reception area, they were polite and provided a welcoming atmosphere.

Staff were clear about protecting patients privacy and dignity and treating patients with respect. Reception staff had an area they could take patients to if they needed privacy at reception. Treatment room doors were closed during appointments.

Suitable systems were in place to ensure that patients' confidential information was protected. Patient records were electronic and computers were password protected. Staff understood the importance of data protection and confidentiality and were clear about their responsibilities regarding information governance.

Involvement in decisions about care and treatment

The practice displayed information in the reception area and on the practice website regarding dental charges and treatment plan fees. There were a range of information leaflets in the reception and waiting area which described the different types of dental treatments available. Patients were given treatment options and received copies of their treatment plans, which included details of the costs of treatment. We reviewed a sample of dental care records and saw examples where dentists recorded discussions with patients around treatment options, benefits and risks and fees.

The dentist gave examples of how they talked with patients about treatment options and left them to make the decision being available to give more information if required. The patient feedback we received confirmed that patients felt involved in the planning of their treatment and the information given by the dentists helped them make decisions.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice leaflet and website explained the range of services available to patients. This included routine check-ups, hygiene and preventative advice, tooth whitening, crowns, bridges and veneers, cosmetic fillings, gum treatments, teeth straightening dental implants and treatment under sedation if required. The practice undertook private treatments and costs were clearly explained to patients. New patients were required to complete a patient questionnaire which included a medical history so the dentist could conduct an initial assessment.

The practice operated a system to schedule enough time for dentists to assess and meet patients' needs. Each dentist decided on the length of time they needed for their patient's consultation and treatment. Reception staff were given guidance by the dentists to ensure they allowed enough time for the treatment required. The dentists described how they allowed additional time for patients who were anxious. Patient feedback confirmed they could get an appointment with the dentist of their choice within a reasonable time.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions.

Some of the clinical staff spoke additional languages. The principal dentist told us they had not needed to use translation services.

The practice was accessible to people who used a wheelchair and for parents with pushchairs following recent refurbishment. There was level access to the reception and waiting area and treatment room, corridors were wide enough for wheelchairs and there was a disabled toilet.

Access to the service

The practice was open Monday, Tuesday, Thursday and Friday from 9.00am-5.30pm and Wednesday from 9.00am-7.00pm and Saturdays by appointment. The opening hours were displayed on the practice wall, in the patient information leaflet and on the practice website.

Patient feedback confirmed that they could get an appointment within a reasonable time frame and that they had sufficient time scheduled with the dentist to enable assessment and treatment to take place. There was a message on the practice answerphone informing patients of actions they should take in the event of an emergency. We reviewed a sample of dental care records which indicated emergency treatments were appropriate.

Concerns & complaints

The practice had a complaints policy which described how they handled patient complaints. The principal dentist was responsible for dealing with complaints. Information about how to make a complaint was displayed in the reception area and on the practice website.

The practice had not received any complaints. Records showed complaints about a previous provider had been acted on and patients provided with treatment to their satisfaction.

Are services well-led?

Our findings

Governance arrangements

There was a clear management structure and governance arrangements. The principal dentist was the responsible for receiving and disseminating safety alerts, was the safeguarding lead and quality monitoring. One of the nurses was the infection control lead. Relevant policies and procedures were in place. These were kept under review and accessible to staff. The induction for new staff included staff signing that they had read and understood policy documents. The principal dentist explained the practice expectations on staff. Arrangements were in place to identify, record and manage risks. We saw minutes confirming regular meetings took place.

Leadership, openness and transparency

All staff we spoke with described an open and transparent culture which encouraged candour and honesty. Staff told us they would raise concerns with the dentist and they felt they would be listened to. The dentist gave examples of when something went wrong and how they responded in an open and transparent way.

The principal dentist had a clear vision for the practice. These were to deliver outstanding quality and service to patients, offering advice to help patients maintain good oral health and giving advice to prevent dental disease.

Learning and improvement

The principal dentist showed us their continued professional development was being maintained through attendance at regular courses. Dental nurses had access to regular update training. The practice had a system to carry out clinical audits covering important areas including infection control and X-ray quality.

The practice took action where it identified any areas for improvement as a result of learning from incidents. An example of this was following a needle stick injury to a member of staff; dentists now disposed of the needles themselves.

Systems were in place for staff to receive an annual appraisal to review their progress and identify any training and development needs for the coming year.

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

The practice gathered feedback from patients through a patient satisfaction survey. The last one completed in August 2014 identified patients were satisfied with the services provided and did not raise any issues for the practice to address. Staff told us they felt able to raise ideas and concerns with the dentist.