

Devonshire House

Devonshire House Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 22 February 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 House Dental Practice is a private dental practice in Cambridge City, offering private dental treatment to adults and children. The practice offers in house specialist dental treatment such as orthodontics (specialism in treating patients with improper positioning of teeth), endodontics (root canal therapy), periodontics (specialism in prevention and treatment of the inflammatory disease affecting the supporting structures of the teeth), and prosthodontics (specialism in replacement or reconstruction of lost or damaged teeth). The practice accepts referrals for dental cone beam computerised tomography (CT) scans which provide detailed three dimensional images of the jaw (including teeth and other oral structures). The practice has a purpose built laboratory, off site 3 miles away and has a smaller one within the practice. This enables the laboratory technicians to assist the dentists for emergency repairs to dentures. The practice is a training practice for post graduate education, training, and mentoring to dental professionals.

Six dentists are partners and they hold managerial and financial responsibility for the practice. The practice employs six associate dentists, six hygienists, six laboratory technicians, and one laboratory assistant. There are twenty-two trained dental nurses, one

Summary of findings

treatment co-ordinator, and one marketing manager. There is a practice manager, a reception and a financial manager. A team of ten receptionists and administrators supports the clinical and management team.

The practice operates over two floors. The ground floor of the practice has six treatment rooms, reception area, and additional desks where calls can be answered if needed, practice manager and care co-ordinator rooms. There is a large waiting room and two toilets, one contains a shower and is suitable for disabled patients. A decontamination room for cleaning, sterilising, and packing dental instruments, plaster room for casting denture models and laboratory. Two rooms used for taking X-rays and dental cone beam computerised tomography (CT) scanning are located on the ground floor.

On the first floor, not accessible to patients who cannot manage the stairs there are a further three treatment rooms, patient recovery room, two storage rooms and patient toilet. A staff room with changing facilities and office space are accessed by a staircase from the staff kitchen area.

Further storage for consumables and for waste was located in a secure area alongside the building. There is a car park with disabled spaces available.

The practice manager 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.

We received feedback from 30 patients during the inspection process. We received positive comments about the cleanliness of the premises, the empathy and responsiveness of staff, and the quality of treatment provided.

Five patients told us that staff explained treatment plans to them well. Patients reported that the practice had seen them on the same day for emergency treatment. Patients commented that the service they received was good, and that they were always clear about the costs involved in their treatment.

Our key findings were:

- Staff had awareness and knew the processes to follow in order to raise any concerns regarding safeguarding of children and vulnerable adults.
- Staff had been trained to deal with medical emergencies and appropriate medicines and life-saving equipment were readily available and accessible.
- Infection control procedures were in place and staff had access to personal protective equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits, and risks and were involved in making decisions about them.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice staff felt involved and worked as a team.

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

- Review the policies and procedures with due regard to the Guidance on the safe use of Dental Cone Beam CT (computed tomography) prepared by the Health Protection Agency (HPA) October 2010.
- Conduct regular fire evacuation drills to ensure that patients and staff are kept safe.

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 robust systems in place for the management of infection control, clinical waste segregation, and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigating, and learning from incidents relating to the safety of patients and staff members. The staffing levels were suitable for the provision of care and treatment.

Are services effective?

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

The practice provided evidence based dental care which was focussed on the needs of the patients. This included treatment from in house dental specialists, for example, endodontics (root canal therapy), periodontics (specialism in prevention and treatment of the inflammatory disease affecting the supporting structures of the teeth), and prosthodontics (specialism in replacement or reconstruction of lost or damaged teeth).

We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) training 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.

Patients were treated with dignity and respect and their privacy was maintained. Patient information and data was handled confidentially. We saw that treatment was clearly explained and patients were provided with treatment plans.

Patients with urgent dental needs or pain were responded to in a timely manner, usually on the same day.

Are services responsive to people's needs?

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

Appointments were easy to book and the practice offered extended opening hours to meet the needs of those who could not attend during normal opening hours. The practice allocated emergency slots each day enabling responsive and efficient treatment of patients with urgent dental needs.

There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area.

Are services well-led?

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

Summary of findings

The dental practice had a strong culture of education and learning. There were effective clinical governance and risk management structures in place. Staff told us the partners and managers were always approachable and the culture within the practice was open and transparent. All staff were aware of the practice ethos and philosophy and told us they felt well supported and could raise any concerns with the partners and managers.

Devonshire House Dental Practice

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.

The inspection took place on 22 February 2016 and was conducted by a CQC inspector, a specialist dental advisor and a dental nurse advisor.

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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications, and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with dentists, the practice manager, dental nurses, receptionist manager, care co-coordinator, members of the financial team, and two laboratory technicians. We reviewed policies, procedures and other documents. We received feedback from 30 patients during the inspection process.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints. Staff were aware of the reporting procedures and were encouraged to bring safety issues to the attention of the practice manager. Over the past 12 months, there had been 25 complaints recorded, these were documented and dealt with appropriately. Each team reported any feedback from patients however minor. There had been three significant events at the practice. These had been discussed and learning shared with the practice team. For example we saw minutes of a meeting held where staff discussed the appropriateness and timeliness of a referral to hospital.

The practice received national and local alerts relating to patient safety and safety of medicines. The practice manager, who received the alerts by email, noted if any actions were required and cascaded information as appropriate to the staff.

Staff understood the process for accident and incident reporting including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). We reviewed the accident book and noted seven entries in the past year. These were documented and appropriately managed.

Reliable safety systems and processes (including safeguarding)

The practice had satisfactory child protection and safeguarding vulnerable adults policies and procedures in place. These provided staff with information about identifying, reporting, and dealing with suspected abuse.

There was a training programme however, recognised certificated training in the Mental Capacity Act 2005 and safeguarding children (all clinical staff should be trained to level two) had not been provided. As an education centre, In house training using scenarios had been held. Staff provided assurance of their competencies in mental capacity assessment and child protection through case examples; the practice told us that they would arrange recognised certificated training.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending

the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The practice showed us that they had rubber dam kits available and confirmed that the dentists used these when carrying out root canal treatment.

We noted that there was good signage throughout the premises clearly indicating fire exits, the location of first aid kits, medical emergency equipment, and X-ray warning signs to ensure that patients and staff were protected.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All staff had received basic life support training; the practice regular undertook practical training through scenarios. An automated external defibrillator (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm) was available. Staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest.

Staff were aware that each floor had an emergency kit available, located in secure areas. We checked the emergency medicines, equipment and oxygen, and found that they were readily available and were within their expiry dates. This was in line with the Resuscitation Council UK and British National Formulary Guidelines.

Staff recruitment

The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of identity, checking skills, and qualifications, registration with professional bodies where relevant, and deciding whether a Disclosure and Barring Service check was necessary. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We reviewed the recruitment files of four employed staff and found that all the necessary checks had been undertaken and recorded.

Are services safe?

The practice had a formal induction system for new staff, this included staff signing to say they had read and understood practice policies.

The staff told us that there were always sufficient numbers of suitably qualified and skilled staff working at the practice. Staff told us a system was in place to ensure that where absences occurred, they would cover for their colleague. The practice had access to a locum agency should the need arise.

Monitoring health & safety and responding to risks

A comprehensive health and safety policy and risk assessment, undertaken in October 2015 was in place at the practice. This identified risks to staff and patients who attended the practice.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a Legionella risk assessment and fire evacuation procedures. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water systems in the work place. Legionella is a bacterium found in the environment which can contaminate water systems in buildings and cause harm to patients.

There were four trained fire wardens and staff had received annual fire safety refresher training in August 2015. Staff were able to describe the actions they would take in the event of a fire. There were sufficient fire extinguishers and they had been serviced August 2015. We noted that the last fire evacuation drill was July 2014. The practice planned to undertake a full evacuation in March 2016.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. A copy was held at the second location three miles away.

Infection control

The practice was visibly clean, tidy, and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. A dental nurse was the lead for infection prevention and shared responsibility with all the dental

nurses. The nurses were responsible for the decontamination processes and for the cleaning of the equipment and treatment rooms; an outside contract cleaner was responsible for all other areas.

An audit of the infection control procedures was completed in February 2016, with identified improvements and actions taken.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the essential processes and practices to prevent the transmission of infections. Decontamination of dental instruments took place in the dedicated room in the practice. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

We found that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices.

The equipment used for cleaning and sterilising was checked, maintained, and serviced in line with the manufacturers' instructions. The practice kept daily, weekly, and monthly records of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Sharps bins were signed dated and not overfilled. A clinical waste contract was in place and waste matter was securely stored within a designated, locked area alongside the property.

The practice had a sharps management policy which was clearly displayed and understood by all staff. Safer syringe systems were being used in the practice and single use items were used, where practical, to reduce the risks associated with cleaning sharp items such as matrix bands. Safer syringe systems mean medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury. Dentists were responsible for safely disposing of the sharps that they generated which also reduced the risk of injury to other staff.

The practice had a record of staff immunisation status in respect of Hepatitis B, and there were clear instructions for staff about what they should do if they injured themselves with a needle or other sharp dental instrument.

Are services safe?

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers' guidelines. Portable appliance testing took place on all electrical equipment in October 2015.

Medicines in use at the practice were in date, stored and disposed of in line with published guidance.

There were sufficient stocks of equipment available for use and these were rotated regularly to ensure equipment remained in date.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

Radiography (X-rays)

The practice was registered with the Health and Safety Executive as required under the Ionising Radiation Regulations 1999 (IRR99) Reg. 6(2) Notification of Work with Ionising Radiations.

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. Documents were displayed where X-rays were carried out, and were specific to the individual X-ray machine and location.

A radiation protection advisor and a radiation protection supervisor had been appointed as required by the Ionising Regulations for Medical Exposure Regulations (IR (ME) R

2000), to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The dentist monitored the quality of the X-ray images on an individual basis and dental care records were being maintained. The practice had completed an annual audit of X-rays in December 2015 to ensure that they were of the required standard to reduce the risk of patients being subjected to further unnecessary X-rays.

The practice protection report in regards to dental cone beam computerised tomography (CT) scanning had been undertaken in September 2015, however, at the time of the inspection the report was not available for us to view.

We noted that the practice protocol for CT scanning did not meet all the standards as set out in Guidance on the safe use of Dental Cone Beam CT (computerised tomography) prepared by the Health Protection Agency (HPA) October 2010. For example, the practice should hold a service level agreement with the referring clinicians to ensure that patients are referred appropriately.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had various policies and procedures in place for assessing and treating patients. The dental care records contained all the relevant details including patients' medical histories and followed the guidance provided by the Faculty of General Dental Practice. Radiographs (X-rays) were taken at appropriate intervals and in accordance with the patient's risk of oral disease.

The dentists told us that each person's diagnosis was discussed with them and treatment options were explained.

The practice offered treatment under sedation for nervous adult patients. This involved the administration of a medicine (a sedative) through a vein in their arm to help them to relax during their dental procedure. The patient remains awake during the whole procedure. The dentist told us each patient was risk assessed prior to the procedure and their informed consent was recorded. The procedure was always completed in an appropriate room, with a recovery room available, by external consultant anaesthetists with a dentist assisting. The patient's condition was monitored closely during and after the procedure. Patients were given verbal and written advice about aftercare post procedure as advised in the Standards for Conscious Sedation in the Provision of Dental Care (2015).

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

Health promotion & prevention

Fluoride varnish and higher concentration fluoride toothpaste were prescribed for high risk patients. The dentists actively advised patients on preventative dental information in order to improve the outcome for the patient. This included dietary and smoking cessation advice, oral cancer awareness, and detailed dental hygiene procedures.

The waiting rooms and reception area at the practice contained a range of literature that explained the services offered at the practice. Staff told us that they advised patients on how to maintain good oral hygiene both for

children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health. Patients we spoke with confirmed that they had received health promotion advice.

Staffing

Dental staff were appropriately trained and registered with their professional body. Staff reported that they were encouraged and supported to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration with the General Dental Council as a general dental professional and its activity contributes to their professional development. Staff records reviewed confirmed this.

Staff told us that they regularly met to discuss training, and their needs, we viewed minutes of staff meetings that had been held. Staff we spoke with said they received regular communication emails and felt supported and involved in discussions about their personal development. They told us that the practice manager and dentists were supportive, approachable, and always available for advice and guidance.

Working with other services

The practice had a system in place for referring, recording, and monitoring patients for dental treatment and specialist procedures for example referral to hospital for suspect oral cancer cases. The practice kept a log of these referrals to ensure that patients received timely treatment.

Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient.

Staff were aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. Staff had not received Mental Capacity Act 2005 (MCA) training but were fully conversant with the relevance to the dental practice. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity, respect, and maintained their privacy. The reception area and waiting room were well designed, spacious and conversations were managed to maintain patient confidentiality.

A data protection and confidentiality policy was in place. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that dental care records were held securely.

Patients reported that they felt that practice staff were friendly, helpful, and caring and that they were treated with dignity and respect. Many patients said that staff were always very friendly and professional.

Involvement in decisions about care and treatment

Feedback from patients included comments about how professional the staff were and treatments were always explained in a way they could understand. A patient who had attended for emergency treatment told us that staff were sensitive to their anxieties and needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided a range of services to meet patients' needs. It offered private treatment to children and adults.

There was good information for patients about the practice; this was available in the waiting area, website and in the practice leaflet. This included details about the dental team, the services on offer, how to raise a complaint, and information for contacting the dentist in an emergency. There was clear information about costs on display in the waiting room.

Tackling inequity and promoting equality

The practice was based on the two floors; a lift was not available, however, facilities on the ground floor provided good access for patients who used wheelchairs or for families with children in push chairs. Toilets suitable for patients with disabilities were available.

The practice had some patients whose first language was not English and had access to translation services if required. The practice had a hearing loop for patients who used hearing aids.

The staff were able to obtain information, usually without delay, in other formats or languages if required.

Access to the service

The practice was open Monday and Tuesday 8am to 7pm, Wednesday, and Thursday 8am to 6pm, and Friday 8am to 5pm. The practice offered appointments on Saturday 8am to 4.30pm. These extended hours met the needs of patients unable to attend during the working day.

Appointments could be booked by phone or in person. Staff told us patients were seen as soon as possible for emergency care and this was normally on the same day. Patients we spoke with and comment cards said that the practice had responded quickly when they had a need for urgent treatment.

The practice's answer phone message detailed how to access out of hours emergency care if needed.

All the patients we spoke with were satisfied with the appointments system and said it was easy to use.

Laboratory staff that we spoke with explained how they assisted the dentists, whilst the patient was in the practice with emergency repairs to dentures. This saved the patient having to book and attend second appointments.

Concerns & complaints

There was information available for patients giving them details of how to complain. The practice had 25 complaints recorded in the past 12 months. The complaints had been documented and patients responded to appropriately, for example a patient had been unhappy with the dental treatment, the dentist discussed the patients concerns, treatment plan agreed. The patient was happy with the outcome.

Patients we spoke with told us they felt confident that staff would respond appropriately to any concerns they had. The staff were aware of how to deal with a complaint should they need to.

Are services well-led?

Our findings

Governance arrangements

There was a range of policies and procedures in use at the practice. These included health and safety, infection prevention control, needle stick injury and safeguarding people.

Audits for quality assurance within the practice were undertaken and were discussed at practice meetings to share learning and to drive forward improvements.

The practice held a range of meetings, for example meetings where all staff attended, meetings for the heads of departments and business meetings. We saw evidence that the practice discussed issues such as policies and protocols, complaints, and training. Minutes of the meetings were taken for those who could not attend. The staff told us that they found these useful and they were able to share the information and learning in the practice.

The practice was awarded three awards by the private dentistry industry in 2015, including the best practice in the UK.

Staff received a yearly appraisal of their performance, in which they were set specific objective which were then reviewed after six months. Staff reported that their appraisal was useful, and helped them identify any further training needs.

Staff reported they felt supported by the management team and enjoyed their work.

Leadership, openness and transparency

We found there was robust clinical oversight in the practice to ensure the quality of services was managed. The practice ethos and philosophy to work as a team, offer the best treatment and service they were able to, was clearly demonstrated by all staff. The partners held weekly meetings designed to promote and manage the business effectively and safely. Monthly meeting where all heads of departments reported any concerns, complaints, or significant events to the management team. Managers subsequently cascaded the information back to their teams. Meetings for all staff to attend were held quarterly.

The practice managers were responsible for their staff and managed performance through appraisal and review system.

Staff told us they felt able to raise concerns at any time and did not wait for the regular meeting if they had something they needed to raise. They were aware of the whistle blowing policy and understood when it was appropriate to use it. Staff felt their suggestions were listened to; the reception team identified that the rota pattern was not working well. A staff survey was conducted, a follow up meeting to discuss the findings was held. The rota pattern was changed; staff told us they had valued the input by managers and partners.

Learning and improvement

There was a robust culture of education, mentoring and learning through the practice. This applied to the staff working at the practice as well as the comprehensive post graduate training offered to other dental professionals. The practice regularly attended a local school to teach school children the importance of good oral health care and offer health promotion for example dietary advice.

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. Staff told us they had good access to training and the practice monitored this to ensure essential training was completed each year.

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

Patients were given the opportunity to give feedback and influence how the service was run at each appointment. The practice advertised on the website, and offered comment cards. The practice had made changes following patient feedback; for example, the practice told us that a new member of staff was being employed as patients had reported that, on occasions, they had to queue at the front desk.

Staff surveys were undertaken to seek the views of staff working at the practice. Staff told us that the managers and dentists were approachable and they felt they could give their views about how things were done at the practice. Staff confirmed that they had regular communication emails and meetings where they could suggest improvements to how the practice ran.