Tooth London

Tooth Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 6 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.

Tooth Dental Care is located in the London Borough of Lambeth and provides private dental services only. The practice consists of two treatment rooms and a decontamination room. The premises also has toilet facilities (separate for patients and staff), a reception/ waiting area, administrative offices and a staff area.

The practice provides private dental services only. The practice treats both adults and children, but the practice manager reported that the majority of patients are adults. At present the practice generally operates only one surgery at a time, so the reception area was large, but with only two seats for patients waiting, with magazines for patients. The practice offers routine examinations and treatment, plus oral surgery from a consultant who attends the practice one day per week.

The practice has two partners (a dentist and the practice manager). It also employs two nurses (1.2 whole time equivalent [WTE]) and two receptionists (1.2 WTE). Further to this a hygienist attends the practice either one or two days a week (depending on demand for the service) and a surgeon attends one day a week for implants. The practice's opening hours are 9am – 6pm on Mondays, Wednesdays and Fridays, 11am – 7pm on Tuesdays and Thursdays and 10am – 4pm on Saturdays.

One of the partners who is a dentist 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

Summary of findings

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 carried out an announced comprehensive inspection on 6 July 2015 as part of our planned inspection programme. The inspection took place over one day and was carried out by a lead inspector and a dental specialist adviser.

32 people provided feedback about the service. Patients we spoke with, and those who completed comment cards, were positive about the care they received from the practice.

Our key findings were:

- Safe systems and processes were in place, including leads for safeguarding and infection control.
- Staff recruitment policies were appropriate and relevant checks were completed. New staff had been provided with a thorough induction into the practice.
- The practice had ensured that risk assessments were in place and that they were regularly reviewed.
- The clinical equipment in the practice was appropriately maintained. The practice appeared visibly clean throughout.
- The practice maintained appropriate dental care records and patients' clinical details were updated suitably.
- Patients were provided with health promotion advice to promote good oral care.
- All feedback that we received from patients was positive; they reported that it was a caring and effective service.
- There were appropriate governance systems in place at the practice including a developed system of audit.

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 overall the practice was providing safe care in accordance with the relevant regulations.

The practice had arrangements and equipment in place to deal with emergencies. Staff in the practice were trained to deal with emergencies. An automated external defibrillator (AED) was not in place at the time of the visit and no risk assessment had been completed. However, following the inspection the practice manager told us that a risk assessment had now been completed. Medicines were stored appropriately Recruitment checks on new starters at the practice were full and thorough to ensure that they were fit to work in a clinical setting.

The practice had only been open for 18 months and at the time of the inspection they had not had any untoward events. However, appropriate systems were in place to manage serious untoward events should they occur. There were also appropriate protocols and systems in place for safeguarding, health and safety and all aspects of infection control.

Equipment in the practice was less than two years old at the time of the inspection and the whole practice appeared visibly clean.

Are services effective?

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

The practice monitored patients' oral health and gave appropriate oral health promotion advice. The practice provided examples of how patients were offered a choice of treatment options and that the final decision was left to the patient.

The practice followed relevant guidelines including Delivering Better Oral Health, and the National Institute for Health and Care Excellence (NICE) guidelines. Dental care records were full and included detailed histories, records of discussions and treatment plans. Consents where required were documented appropriately.

All staff were trained in mandatory areas and the practice manager kept detailed personnel files including training logs.

Are services caring?

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

Patients reported that the level of care provided was of a high standard and that they felt that the staff treated them with dignity and respect. Staff explained how they ensured patients understood treatment options. They also showed how they ensured that patients were able to make an informed decision, which included clear pricing.

The practice provided information to patients in relation to improving oral care and treatment options. This included leaflets and videos that were shown on television screens incorporated into the dental chair.

No paper records were kept at the practice and the electronic patient records were detailed and kept securely. Patient privacy was respected as treatment rooms were away from the reception area and doors were kept closed.

Are services responsive to people's needs?

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

Summary of findings

Patients were given appropriate access to appointments. The way in which appointments were scheduled allowed the practice to normally accommodate emergency appointments, but if they were not able to assist they provided patients with a list of alternative providers in the area. The practice building was new and had been built to allow accessibility for all patients including wheelchair users. A hearing loop was also in place.

There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area. The practice offered feedback cards to all patients, which was used as the main focus for receiving feedback.

Are services well-led?

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

The practice had appropriate governance arrangements. Risk assessments had been carried out and there were clear policies and procedures. All of the staff that we spoke with knew how to access policies and procedures, and management lines were clear.

Staff said that they felt involved in the practice and they said that they felt managerial staff and dentists were approachable. Staff were allowed time for personal development, but appraisals were not in place for non-clinical staff at the time of the inspection. The practice manager reported that following the inspection this has been addressed.

Tooth Dental Care

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 6 July 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dentist specialist advisor.

During our inspection visit, we reviewed policy documents and staff records. We spoke with four members of staff, including the management team. 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 also observed staff interacting with patients in the waiting area.

We reviewed comment cards completed by patients and reviews posted on the NHS Choices website. Patients gave universally positive feedback about their experience at the practice.

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 were appropriate systems in place for learning from incidents. Although the practice (which has only been open for 18 months) had not had any serious incidents, there was a policy in place for how these incidents would be managed. All staff were aware of how to report incidents. There were meetings in place in the practice on Wednesdays where information was shared. No patients or staff in the practice had suffered a sharps or other injury, but systems were in place in case of that eventuality, including an accident book of which all staff were aware.

We noted that it was the practice's policy to apologise when things went wrong.

Reliable safety systems and processes (including safeguarding)

The practice had appropriate systems in place for safeguarding children and vulnerable adults. The dentist in the practice was the safeguarding lead and she had been trained in child protection to level three, with all other practice staff trained to level two. All practice staff were able to describe potential safeguarding issues and how these would be reported. The practice was relatively new with few children attending, and no safeguarding issues had been raised to date.

There was a whistleblowing policy available at the practice, a copy of which was on a notice board in the staff room at the practice.

The practice proactively took medical histories from all patients who had not attended in more than a month. The practice staff were aware of national guidelines to follow in the provision of a range of clinical care. For example, the practice used rubber dam for root canal treatments. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. Staff had received the appropriate training in basic life support, and staff that we spoke with were aware of what they would need to do, and who they would need to alert in the event of an emergency.

The practice had emergency equipment in place such as oxygen, although there was no automated external defibrillator (AED) in place at the time of the visit, nor risk assessment as to why it was not required. (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). However, we were informed following the inspection that a risk assessment had been completed. Appropriate medicines were in place and there were weekly checks of stocks to ensure they were in date. Self –inflating ambu bags (a hand-held device commonly used where patients who are not breathing or not breathing adequately) and portable suction were not available. However, the practice manager informed us that following the inspection these had now been added to the practice equipment.

Staff recruitment

The employed staff in the practice (including partners) consisted of one dentist, two dental nurses, one practice manager and two receptionists. The practice also contracted services to a dental hygienist and a surgeon. There were sufficient staff at the practice to deliver the service. On review of staff files it was clear that full checks on staff were in place. This included identification, professional regulation status, references and Disclosure and Barring Service (DBS) checks. There were also indemnity certificates and records with vaccination status for Hepatitis B.

Monitoring health & safety and responding to risks

The practice had taken appropriate action to risk assess and to monitor health and safety. A health and safety policy was in place at the practice which covered accidents, emergency procedures, medicines, oxygen and first aid. There was a first aid kit in the decontamination room and spill kits were also available.

There was a Control of Substances Hazardous to Health Regulations 2002(COSHH) file where risks to patients, staff and visitors that were associated with hazardous substances had been identified and actions were described to minimise these risks. The practice did not have a formal business continuity plan in place. However, the practice manager showed that he had a list of nearby providers that patients could be directed to in the event that the practice was forced to close.

Infection control

Are services safe?

The premises was new, and was built to a bespoke design 18 months previously. The practice was clean throughout. Although cleaning took place and the whole premises were evidently cleaned regularly, there were no checklists for cleaning at the time of the inspection.

There was one sink in each of the consulting rooms for hand washing only and there was a laminated poster in both of the clinical rooms detailing handwashing procedures. There was an automatic non-touch wall mounted soap dispenser in each of the two consulting rooms.

Clean instruments were stored in sealed pouches which were date stamped with the expiry date when the decontamination cycle needed to be repeated in line with HTM 01-05 guidance. Implant instruments were stamped with the date of decontamination rather than the expiry date, which could lead to confusion. The practice agreed to record both dates in future.

We observed the nurse (who was fully qualified in infection control processes) clearing the surgery between patients. Used instruments were removed in a secure storage container and transported to the decontamination area. The decontamination room was purpose built and had clean and sealed units and flooring. There was one handwashing sink and two other sinks in line with national guidance and an ultrasonic bath. The nurse demonstrated practice in line with national guidelines in undertaking the decontamination process.

Appropriate infection control logs were in place at the practice. For decontamination procedures there was a daily checklist undertaken by the practice nurse, and there was also a daily helix test to ensure that the steriliser was working appropriately. There was a daily steam penetration, and weekly protein residue checks. On a monthly basis there were Legionella checks for water temperature. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). There was also a quarterly ultrasonic bath soil test. All of these checks were appropriately recorded, and infection control audits were carried out on a regular basis.

Equipment and medicines

Equipment in the practice was regularly serviced and appropriately maintained. The practice provided evidence that clinical equipment in the practice was serviced and calibrated on a regular basis. Portable appliance testing (PAT) had also been completed in accordance with good practice guidance.

All clinical equipment was kept separate from staff areas in the practice. All clinical equipment including that used for treatment, refrigeration and decontamination was appropriate. Refrigeration logs were in place to ensure that the correct temperature was maintained.

Cleaning equipment in the practice was colour coded in line with guidance. Separate equipment was used for cleaning clinical areas, toilets, and reception and staff areas. All cleaning equipment was stored in a locked cupboard.

The practice kept a log of expiry dates and batch numbers of all medicines in the practice. Emergency medicines were available and were all in date..

Radiography (X-rays)

The practice kept a radiation protection file to monitor the use of X-ray equipment. The file was complete and up to date, and there was a named radiation protection advisor (RPA) from an external provider. The radiation protection supervisor in the practice was the dentist who was practice partner. An inventory of all the X-ray equipment, critical examination packs of all X-ray sets used in the practice, acceptance test for new installations of X-ray sets and maintenance logs within the last three years were all in place in line with regulations.

Local rules for the use of equipment were available in both clinical rooms and staff had been trained to ensure compliance with the Ionizing Radiation (Medical Exposure) Regulations 2000 (IRMER) regulations.

The practice had audited x-rays within the last year and had noted that images had a defect and they had appropriately responded by replacing the relevant parts of the equipment.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the inspection we reviewed five dental care records, all of which were stored electronically only. All of the records that we reviewed contained medical histories that were updated on each visit, and a full assessment of the patient's oral health. Records contained other relevant information such as the reason for attendance, intra and extra oral examinations, gum condition and tooth condition. Treatment plans were clearly documented and detailed a list of treatments advised and discussions of risks and benefits. All treatment plans were signed by the patient.

The dentist was able to demonstrate that she understood and used National Institute for Health and Care Excellence (NICE) guidance and the Delivering Better Oral Health Toolkit to determine recall intervals for patients, as well as in determining best treatment.

Health promotion & prevention

The practice took appropriate action to promote good oral health. The dentist told us that she would discuss oral health with patients including effective brushing and dietary advice. These discussions with patients were recorded on the dental care record. Oral cancer checks and assessments of smoking and alcohol intake were also present in the records. Any advice provided following these checks was also recorded.

The dentist chairs in the treatment room were equipment with monitors. This allowed the dentist to show patient films on oral care during consultations. It also allowed the dentist to show the patient images of the inside of their mouth so they could better care for their teeth.

Staffing

The level of staffing was appropriate for the number of patients who attended the practice. All staff at the practice had completed mandatory training, including for safeguarding and infection control. Protected time was provided for clinical staff to undertake courses relevant to their own continuing professional development, and to maintain their registration with their professional regulator.

Staff records contained details and certificates of training that had been received. Induction information was available to new staff and this was also kept on staff files.

At the time of the inspection visit, annual appraisals for all staff were not in place in the practice. Appraisals are required to monitor the level of performance and to set goals to improve performance. Following the inspection the practice manager told us that appraisals had been scheduled for all staff.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. Referrals where required were made to other dental specialists. Referral letters that we saw were clear and contained any relevant information that might be required. The practice kept a record of all referrals to ensure that continuity of care was maintained.

Consent to care and treatment

The practice ensured that consent was obtained for all care and treatment. Comprehensive treatment plans were provided which the patient had to sign for consent purposes. This included discussions that had taken place in relation to treatment options, risks and benefits of each of the treatment options and the cost. In all of the records that we reviewed these forms had been signed by the patient before the commencement of treatment.

The dentist and dental nurse were both aware of the Mental Capacity Act (2005). 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. They were aware of their responsibilities and when they were able to act in a patient's best interest. Practice staff had also been trained in this area. The dentist was also aware of Gillick competencies and documented discussions in notes. Gillick competencies are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that all staff in the practice were polite and respectful when speaking to patients. Patients were afforded appropriate privacy as both treatment rooms had doors that were closed during consultations. Conversations could not be heard from the other side of the door. The waiting room was at the other side of the building from the consulting rooms.

32 people provided feedback about the service. Patients we spoke with, and those who completed comment cards, were positive about the care they received from the practice Patients reported that staff explained things clearly to them, involved them in decisions and treated them with respect and kindness. Six of the respondents stated that they had been so impressed with the service that they had recommended it to friends.

The practice used a record system that was electronic only. These records were password protected and it was noted that staff locked their computer screens when they were away from their computers.

The practice manager said that the practice was driven by making patients as comfortable as possible as they appreciated that most patients did not generally like attending dentists. He said they aimed to be as reassuring as possible, and one of the reasons for offering appointments of 30 minute duration was to allow patients recovery time if they wanted it, so that they could be treated more sensitively.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients which detailed possible management options and indicative costs. Where treatments were complicated the practice used educational videos to explain them. . Patients reported that they were involved in their treatment planning.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The practice provided half hour consultation slots, so there was sufficient time in consultations to assess the patient and meet their needs. The receptionist was aware that some issues (surgical procedures in particular) might need longer appointments.

The practice actively sought feedback from patients on the care being delivered. Feedback from patients had been positive so no changes had been made to practice.

Tackling inequity and promoting equality

The practice had ensured that they tackled inequality and the service was available to all. The practice was purpose built and they had ensured that it would be wheelchair accessible throughout. This included the patient toilet which was fitted with handrails. There was also a hearing loop in place in the reception area. The practice manager stated that they had very few patients who did not speak English, but that staff in the practice spoke Polish and Spanish, and (less fluently) French and German. The practice manager said that patients would be allowed to bring their own translator, and if that was not possible then they used a web based translation service.

Access to the service

The practice's opening hours were 9am – 6pm on Mondays, Wednesdays and Fridays, 11am – 7pm on Tuesdays and Thursdays and 10am – 4pm on Saturdays. The opening hours for the practice were prominently displayed on the door to the practice, and were also listed on the practice's website which detailed the services available.

The practice manager said that where possible they would deal with emergencies on the day in the practice as time was often available. He stated that if the practice were not able to treat a patient that day then they would provide patients with details of nearby practices (both NHS and private) in order that they could be seen.

Concerns & complaints

Information about how to make a complaint was displayed in the reception area. This information was also available on the practice's website. There was an appropriate complaints procedure in place at the practice, and the code of practice which detailed who to make a complaint to as well as the time in which to expect a response was available in the reception area and on the practice website. The practice manager was the lead for management of complaints at the practice, although in the past 12 months no formal complaints had been received.

Are services well-led?

Our findings

Governance arrangements

There were appropriate systems for clinical governance in place at the practice. A range of clinical audits had taken place, although because the practice had only been open for 18 months, none of them had yet completed two complete yearly audit cycles. A rolling system of clinical record audits was in place on a quarterly basis. The practice had also audited the use of x-ray bite wings for quality control purposes.

The practice had daily logs of equipment checks in place, including anti-bacterial tests on the ultrasonic bath. The practices also audited any variable readings on its equipment to ensure that it was appropriately calibrated. All responsibilities for governance were clearly defined and the management structure included leads for specific areas. All staff knew which leads to contact if required.

Leadership, openness and transparency

The practice staff that we spoke with said that leadership in the practice was good, and that they were clear in both their roles and the delivery of care in the practice. The staff that we spoke to said that if an issue was raised it was resolved quickly and that the partners in the practice were friendly and approachable.

The practice manager said that he had tried to ensure that the vision and values of the practice should be incorporated into everything that they did. The staff that we spoke with were aware of the vision and values of the practice, and that they felt that it was a supportive working environment.

Management lead through learning and improvement

The practice staff met regularly to discuss improving the service. The practice manager stated that these were not always minuted. The practice ensured that time was available for continuing professional development, and records of all training courses undertaken were kept on staff records. The practice manager said that they had not been able to report on complaints or issues of safeguarding at meetings as they had not received any. However, he detailed systems that were in place should this be required.

Following the inspection the practice manager reported that a quarterly formal meeting would be held which would be minuted.

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

Given the small number of patients, the practice relied on comment cards to get feedback from patients. All feedback received had been positive.

Staff that we spoke with said that they would feel comfortable raising any issues with the practice partners, but that overall they had not felt the need to feedback as the practice was running well. However, not all of the staff had received an appraisal. Following the inspection the practice manager reported that appraisals had now been arranged for all staff.