

121 Dental Practice Limited

121 Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 12 September 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

121 Dental Practice is located in the Royal Borough of Kingston and provides private dental services.

The premises consists of a treatment room, a decontamination room and waiting area.

The practice comprises of a principal dentist, a practice manager and a dental nurse.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person. 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.

During the inspection we asked patients to complete CQC comment cards. We received 19 comment cards back from patients and spoke with three patients on the day of the inspection. The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be caring, friendly and helpful and they were treated with care, dignity and respect.

Our key findings were:

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

Summary of findings

- 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). Patients were involved in their care and treatment planning.
 - There was appropriate equipment for staff to undertake their duties and equipment was well maintained.
 - Staff were trained in and there was appropriate equipment for them to respond to medical emergencies.
 - Patients told us that staff were caring and treated them with dignity and respect.
 - Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
 - There were processes in place for patients to give their comments and feedback about the service including making complaints and compliments.
 - There were good governance arrangements and an effective management structure.
- There were areas where the provider could make improvements and should
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
 - Review the practice's infection control procedures and protocols taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
 - Review the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.
 - Review the protocol for completing accurate, complete and detailed records relating to employment of staff.
 - Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
 - Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
 - Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
 - Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

There were systems in place to help ensure the safety of staff and patients. Maintaining the required standards of infection prevention and control and maintenance of equipment used at the practice.

The practice assessed risks to patients and managed these well. We found that staff were trained and there was appropriate equipment to respond to medical emergencies. In the event of an incident or accident occurring, the practice had a system in place to document, investigate and learn from it.

The practice had some procedures for the safe recruitment of staff, however improvements could be made in regards to this.

No action



Are services effective?

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

The practice followed guidance, such as that issued by National Institute for Health and Care Excellence (NICE). Patients were given appropriate information to support them to make decisions about the treatment they received. The practice kept detailed dental care records of treatments carried out and monitored any changes in the patient's' medical and oral health. Patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation advice where appropriate.

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

No action



Are services caring?

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

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

No action



Are services responsive to people's needs?

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

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

No action



Summary of findings

Are services well-led?

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

There were good governance arrangements and an effective management structure. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. Learning from audits were shared with staff. Patients were given the opportunity to provide feedback about the practice through their own feedback forms.

No action 

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Detailed findings

Background to this inspection

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

We carried out an announced comprehensive inspection on 12 September 2016. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

We received feedback from 22 patients. We also spoke with three members of staff. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had suitable processes around reporting and discussion of incidents. We saw there was a system in place for learning from incidents. The practice manager told us this would be through a meetings if an incident ever occurred. Staff were able to describe the type of incidents that would be recorded and the incident logging process. There had been no adverse incidents over the past 12 months.

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

Staff understood the importance of the Duty of Candour and the need to inform the appropriate bodies and patients affected of any relevant incidents [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Reliable safety systems and processes (including safeguarding)

The practice manager was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. The practice held information on safeguarding issues. This included details of what should be considered abuse. However the practice did not have a local safeguarding policy. The practice manager told us they would take action to develop a safeguarding policy. There had been no safeguarding incidents that needed to be referred to the local safeguarding teams.

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

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

having a COSHH (Control of Substances Hazardous to Health, 2002 Regulations) file, infection control protocols, procedures for the safe use of sharps, health and safety process, procedures and risk assessments. However we found that improvements could be made to the COSHH file. The file did not contain sufficient detail of how to minimise risks associated with the use of the substances used at the practice. We pointed this out to the practice manager and they told us they would ensure that improvements were made to the file.

Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example risks associated with radiography, manual handling, and infection control.

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. During the course of our inspection we checked dental care records to confirm the findings. Dental care records contained patient's medical history that was obtained when patients first registered with the practice and was updated when they returned. The dental care records contained sufficient detail enabling another dentist to know how to safely treat a patient.

The practice did not follow national guidelines such as use of a rubber dam for root canal treatments. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.]

Medical emergencies

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

Are services safe?

defibrillator (AED) were available in line with Resuscitation Council UK guidance. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

Staff recruitment

The majority of staff had worked at the practice for a number of years. The practice had carried out some checks on staff. This included Disclosure and Barring Service (DBS) checks, immunisation and checks of identity. However we found that only verbal reference had been taken for one member of staff, a DBS check had also not been carried out on this member of staff. We pointed this out to the practice manager and they told us they would arrange for a DBS check to be carried out and would take written references in the future.

Monitoring health & safety and responding to risks

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place. The practice had a risk management process which was updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for Health and Safety and Biological agents. The assessments included the controls and actions to manage risks.

However we found that although the practice had carried out their own fire risk assessment it did not include details of potential fire safety hazards or other details that would have been included in an assessment undertaken by a company that specialises in fire. The practice manager told us that arrangements would be made for an assessment to be carried out by a specialist company. Following the inspection the provider sent us confirmation that arrangements had been made for a fire risk assessment to be undertaken.

Infection control

The practice had an infection control policy that outlined the procedure for issues relating to minimising the risk and spread of infections. This included procedures for clinical waste management and personal protective equipment. The practice had followed the guidance on decontamination and infection control issued by the Department of Health namely, Health Technical

Memorandum 01-05: Decontamination in primary care dental practices. The principal dentist was the infection control lead. There was a flow from dirty to clean areas to minimise the risks of cross contamination.

Staff gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included carrying used instruments in a lidded box from the surgery, cleaning instruments a (and re-washed if required); placing in the autoclave, pouching and then date stamping.

Staff told us about the daily, weekly and monthly checks that were carried out on equipment used in the practice including the autoclave, to ensure they were working effectively. We saw records that confirmed these checks were carried out.

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients and themselves from the risks of contracting the infection. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.)

There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was collected fortnightly.

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

A Legionella risk assessment had been completed by an external organisation in August 2016 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. .

The practice manager told us cleaning was undertaken by the practice staff. There was one mop and bucket and the practice manager was unable to explain how different areas were suitably cleaned using the equipment provided by the practice. Following the inspection the practice manager confirmed that the appropriate colour coded equipment had been purchased to clean practice.

Equipment and medicines

We found the equipment used in the practice was maintained in accordance with the manufacturer's

Are services safe?

instructions. This included the equipment used to clean and sterilise the instruments and X-ray equipment. Portable appliance testing (PAT) had been undertaken in January 2016. PAT is the name of a process where electrical appliances are routinely checked for safety. We saw evidence that staff at the practice had undertaken visual checks of electrical appliance on a yearly basis.

The practice had clear guidance regarding the prescribing, recording, disposal and stock control of the medicines used in the practice. However there was no system in place to track the use of prescription pads. We pointed this out to the provider and the told us they would put a system in place to track their use.

Radiography (X-rays)

The principal dentist was the Radiation Protection Supervisor (RPS). An external organisation covered the role of Radiation Protection Adviser (RPA). The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file .Evidence was seen of radiation training for staff undertaking X-rays. However the practice manager told us that there had not been a recent radiography audit. We saw evidence that the practice had started recording justifications in January 2016 and following the inspection we were provided with evidence that an audit had been carried out.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) guidance, for example in regards to recalls.

During the course of our inspection we spoke with the dentists and checked dental care records to confirm the findings. We saw evidence of up to date medical history visit, details of the reason for visit, and details of examinations undertaken and treatment plans. Information about the cost of treatment and some information of treatment options available were available in the reception area of the practice. However improvements could be made in regards to the assessment of patient's risks and needs, for example in regards to dental decay and soft tissue risk.

Health promotion & prevention

Patients' medical histories were updated regularly which included questions about diet. Appropriate advice was provided by staff to patients based on their medical histories. We saw they provided preventive care advice, oral health, and dietary advice.

Staffing

Staff had received appropriate professional development and training and the records we saw reflected this. The practice maintained a programme of professional development to ensure that staff were up to date with the latest practices. Examples of staff training included topics such as safeguarding, medical emergencies and infection control. We reviewed the system in place for recording

training that had been attended by staff working within the practice. We also reviewed information about continuing professional development (CPD) and saw there was a system in place to monitor the number of CPD hours staff had completed.

Working with other services

The practice worked, where appropriate with other professionals in delivering care of their patients.. This included for example referrals for some complex oral surgery and orthodontics Dental care records we looked at contained details of the referrals made and information that was shared between the practice and the referring organisations. The records showed the practice worked well with other services.

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We received feedback from 22 patients. Patients said they were given clear treatment options which were discussed in an easy to understand language by practice staff. Patients understood and consented to treatment.

Some staff were aware of how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met and showed some understanding of the Mental Capacity Act (MCA) 2005. (MCA 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). However, other staff we spoke with did not have an understanding of MCA. None of the staff at the practice had received formal mental capacity act training.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 22 patients. The feedback we received was positive. Staff were described as, caring and helpful. Patients said staff treated them with dignity and respect during consultations. We observed staff interaction with patients and saw that staff interacted well with patients, speaking to them in a respectful and considerate manner.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area that gave details of fees. We spoke with the principal dentist, a nurse, and the practice manager on the day of our visit. There was a culture of promoting patient involvement in treatment planning which meant that all staff ensured patients were given clear explanations about treatment. Staff told us that treatments, costs, risks and benefits were discussed with each patient to ensure that patients understood what treatment was available so they were able to make an informed choice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice had a high percentage of patients whose first language was not English. We saw that leaflets and information was available in other languages to take account of this.

Access to the service

The opening hours for the practice were Monday 13.00 -17.00; Tuesday 10.00- 14.00; Wednesday 14.00- 18.00;

Thursdays by appointment, Friday 14-00 -18.00 and Saturday 9.00 – 14.00. We saw there were arrangements for emergency appointments. There were out of hours arrangements in place to deal with emergencies that took place when the practice was closed, these were advertised on the practice telephone answer machine.

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. There was a complaints policy, and information for patients about how to complain was available in the reception area. The policy had last been reviewed in 2015.

There had been one complaint logged in the last year, and it had been dealt with appropriately. However the policy did not include contact details of who patients could contact if the complaint could not be solved by the practice. We point this out to the provider and they told us they would review the policy. The policy included contact details of two external organisations that patients could contact if they were not happy with the practice's response to a complaint. This included the Dental Complaints Service and the General Dental Council.

Are services well-led?

Our findings

Governance arrangements

The provider had governance arrangements in place for the effective management of the service. This included having a range of policies and procedures in place including health and safety, and infection control. There was a management structure in place with identified staff leading on specific roles such as on infection control and safeguarding. Staff told us they felt supported and were clear about their areas of responsibility.

The quality audits undertaken at the practice included infection control and dental care records. However, improvements could be made in regards to the range of audits being undertaken. For example, the practice had not completed a radiography audit. We pointed this out to the provider and following the inspection provided evidence that an audit had been carried out.

Leadership, openness and transparency

Staff we spoke with said they felt the owner of the practice was open and transparent. Staff told us they were

comfortable about raising concerns with the practice manager. They felt they were listened to and responded to when they did so. They described the culture encouraged candour, openness and honesty.

The practice was also keen to ensure that all of their staff provided highly-skilled care.

Learning and improvement

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

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

The practice had recently started to gather feedback from patients and staff through their own surveys. The practice manager was in the process of reviewing this information in order for the practice to learn from it.