Regeden Limited

Regency House Dental Clinic

Inspection Report

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Date of inspection visit: 18 August 2016
Date of publication: 31/10/2016

Overall summary

We carried out an announced comprehensive inspection on 18 August 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.

Regency House Dental Practice is a private dental practice in central St Albans, Hertfordshire. The practice offers a range of general dental treatment as well as implants and some orthodontic treatment. The practice also offers conscious sedation to patients who may be very anxious. The premises are located above retail premises on the first floor and consist of a dental treatment room and a waiting area. There is also a designated decontamination room on the second floor.

The staff at the practice consists of two principal dentists, an associate dentist and a dental nurse who also undertakes administrative duties relating to the management of the practice.

One of the principal dentists 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.

Our key findings were:

- There were effective systems in place to reduce the risk and spread of infection. We found the treatment room and equipment were visibly clean.
- There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers and the X-ray equipment.

Summary of findings

- Conscious sedation was delivered safely in accordance with current guidelines.
- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- The practice kept up to date with current guidelines when considering the care and treatment needs of patients.
- Appropriate information and advice was available according to patients' individual needs.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Patients received comprehensive assessments of their oral health needs. They were given clear explanations about their proposed treatment, and its costs, benefits and risks and were involved in making decisions about it.
- 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.
- There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.
- Staff demonstrated knowledge of the practice whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.
- At our visit we observed staff were kind, caring, and welcoming.
- There was an effective system in place to act on feedback received from patients and staff.
- We reviewed 17 Care Quality Commission (CQC) comment cards that had been completed by patients prior to our inspection. Common themes were patients felt they received a caring and professional service from friendly staff in a calm environment.

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

- Review the practice's fire safety procedures to ensure an effective system is in place to assess, monitor and mitigate the risks to patients, staff and visitors.
- Review the practice's safeguarding policy ensuring it covers local safeguarding arrangements.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the training, learning and development needs of individual staff members and have an effective process established for the on-going assessment and supervision of all staff.
- Review staff training to ensure that dental nursing staff who are assisting in conscious sedation have the appropriate training and skills to carry out the role.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems 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.

No action ✓

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. 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.

No action ✓

Are services caring?

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

Patients commented they had positive experiences of dental care provided at the practice. Patients felt they received a good service from staff who were kind, friendly, efficient and took time to answer their questions. On the day of our inspection we observed staff to be caring, friendly and welcoming. Staff spoke with enthusiasm about their work and were proud of what they did. Some staff had worked at the practice for several years and demonstrated they cared about their patients and understood their individual needs well.

No action ✓

Are services responsive to people's needs?

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

The practice provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. The practice offered dedicated emergency appointments each day enabling effective and efficient treatment of patients with dental pain. There was an effective system in place to acknowledge, investigate and respond to complaints made by patients.

No action ✓

Are services well-led?

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

No action ✓

Summary of findings

The dental practice had some effective risk management structures in place; however this needed to be improved in relation to fire safety. Staff told us the practice management team were approachable and the culture within the practice was open and transparent. Staff were aware of the practice ethos, philosophy and values and told us they were able to raise any concerns where necessary. Staff told us they enjoyed working at the practice and felt part of a team.

Regency House Dental Clinic

Detailed findings

Background to this inspection

The inspection was carried out on 18 August 2016 by a CQC inspector and a dental specialist advisor. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice's policies and protocols, clinical patient records and other records relating to the management of the service. We spoke with one of the principal dentists (who was the also the registered manager) and a dental nurse. We reviewed 17 Care Quality Commission (CQC) comment cards that had been completed by patients prior to our inspection.

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?

This informed our view of the care provided and the management of the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was a system in place to learn from and make improvements following any accidents, incidents or significant events.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence.

Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

Staff demonstrated to us their knowledge of how to recognise the signs of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. This included and identified the practice's safeguarding lead.

The practice had policies and procedures in place for child protection and safeguarding vulnerable adults. However, we found these to be generic and not specific to the practice. For example, there were no documented contact details for the local authority's safeguarding team or social services.

Staff demonstrated knowledge of the whistle-blowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). Only the dentists were permitted to re-sheath needles where necessary in order to minimise the risk of inoculation injuries to staff. However, we found that not all staff adhered to this policy. We discussed this with the principal dentist who told us they would ensure all staff received any training required to comply with this.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. Oxygen and medicines for use in an emergency were available. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use. Records showed staff regularly completed training in emergency resuscitation and basic life support. Although staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell, we had concerns that staff may not always respond appropriately as they did not rehearse or discuss medical emergency scenarios as a team.

We found the practice did not have an automated external defibrillator (AED). 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 told us they could access one at a local supermarket; however, when we discussed this further with the principal dentist, we found no risk assessment had been undertaken to identify how easy it would be to access an external AED in an emergency. The practice agreed they would review their arrangements after the inspection.

Staff recruitment

We were unable to adequately assess if there were effective recruitment and selection procedures in place as no staff had been recently recruited. We reviewed the employment files for one staff member and found evidence that satisfied the requirements of relevant legislation. This included application forms, employment history, evidence of qualifications and photographic evidence of the employee's identification.

We reviewed the practice recruitment policy and found the qualifications, skills and experience of each employee would be considered as part of the recruitment process.

Appropriate checks had been made before staff commenced employment including evidence of their professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out where appropriate. The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they might have contact with children or adults who may be vulnerable.

Monitoring health & safety and responding to risks

Are services safe?

There were some arrangements in place to deal with foreseeable emergencies. Fire extinguishers had been recently serviced and staff indicated that they knew how to respond in the event of a fire. However, although the practice had been assessed for risk of fire, the risk assessment was basic and had not been adapted specifically to the practice. There was also no fire safety policy in place and staff had not discussed fire safety procedures. This meant there was the potential for some fire safety risks to remain unidentified and unmitigated. For example, we observed a fire exit door led onto the flat roof of retail premises below; however, the route of escape from the roof had not been identified. We discussed with the provider how this could have posed a risk, for example, if a fire occurred in the premises below and suggested that a more comprehensive fire risk assessment undertaken by a suitably competent person/company would help the provider to identify and mitigate associated risks. The practice agreed they would undertake this as soon as possible.

The practice had a health and safety risk management process in place which enabled them to assess, mitigate and monitor other risks to patients, staff and visitors to the practice. For example, this included slips, trips, falls and manual handling. There was a business continuity plan in place which had been reviewed in May 2016.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found that risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

The practice did not have an effective system in place to receive or review alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). We discussed this with the principal dentist who agreed they would sign up to the MHRA website in order to automatically receive alerts and then disseminate to staff as appropriate.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission which included Hepatitis B. The policy also described processes for the possibility of sharps' injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste. 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 (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated and inspected with an illuminated magnifier prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused. We found daily and weekly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the different types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps.

Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

We looked at the treatment room where patients were examined and treated. The room and equipment were visibly clean. However, we observed that the dental and operator chairs in several of the treatment chairs had damaged upholstery which may have prevented effective decontamination. The Department of Health guidance document HTM 01-05 states 'dental chairs should be free from visible damage (for example rips or tears).' The practice manager told us the practice planned to replace the chairs soon in a programme of refurbishment. We asked to see evidence of this and were sent confirmation after the inspection.

Are services safe?

Separate hand wash sinks were available with good supplies of liquid soap and alcohol gel. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella had been carried out in June 2016. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was a good supply of environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spreading.

Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclave, fire extinguishers, oxygen and the X-ray equipment. We were shown the servicing certificates.

An effective system was in place for the prescribing, administration and stock control of the medicines used in clinical practice such as local anaesthetics. These medicines were stored safely for the protection of patients.

Radiography (X-rays)

We checked the practice's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

In order to keep up to date with radiography and radiation protection and to ensure the practice is in compliance with its legal obligations under Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000, the General Dental Council recommends that dentists undertake a minimum of five hours continuing professional development training every five years. We saw evidence that the dentists were up to date with this training.

Dental care records we reviewed showed the practice was justifying, reporting on and grading X-rays taken.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for people using best practice

The dentists told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. We asked the dentist to show us some dental care records which reflected this. Records showed a comprehensive examination of a patient's soft tissues (including lips, tongue and palate) had been carried out and the dentists had recorded details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). In addition they recorded the justification, findings and quality assurance of X-ray images taken.

The dentists carried out an oral health assessment for each patient which included their risk of tooth decay, gum disease, tooth wear and mouth cancer. The results were then discussed with the patient (and documented in the patient record) along with any treatment options, including their risks, benefits and costs.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

The practice carried out intra-venous sedation for adults who were very nervous of dental treatment. One of the dentists in the practice was appropriately qualified and experienced and provided intra venous sedation to fit and well adult patients. They were supported by a dentist and a dental nurse. Although the dental nurse appeared confident when describing the protocol for conscious sedation, they had not recently updated their training. We discussed this with them and the practice principal who agreed to review this as soon as possible.

We found that there were some systems in place to underpin the safe provision of conscious sedation. This included pre and post sedation treatment checks, emergency equipment requirements, medicines management, sedation equipment checks, personnel present, patients' checks including consent, and discharge and post-operative instructions. Staff told us that patients were appropriately monitored during treatment; however, this was not recorded in the patient notes. We discussed this with the principal dentist who agreed to address this.

We found that patients were appropriately assessed for sedation. We saw clinical records that showed that all patients undergoing sedation had important checks made prior to sedation. This included a detailed medical history, blood pressure and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The measures in place ensured that patients were being treated safely and in line with current standards of clinical practise.

Health promotion & prevention

The practice placed an emphasis on the maintenance of good oral health as part of their overall philosophy and provided free toothpaste samples. Information was available to patients including information on smoking cessation and preventing tooth decay.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. This was also recorded in the dental care records we reviewed.

Staffing

There was an induction programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.

Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies and infection control and prevention.

There was no formal appraisal system in place. The dental nurse had regular informal discussions with the principal dentists; however, a formal documented process may help to identify any training, development and support.

The practice was in the process of recruiting a part time dental hygienist in order to enhance the skill mix and services provided for patients.

Working with other services

Are services effective?

(for example, treatment is effective)

Referrals for patients when required were made to other services. The practice had a system in place for referring patients for dental treatment and specialist procedures such as orthodontics and oral surgery. Staff told us where a referral was necessary, the care and treatment required was fully explained to the patient. Referrals made were recorded and monitored to ensure patients received the care and treatment they required in a timely manner.

Consent to care and treatment

The practice ensured informed consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits were discussed with each patient who then received a detailed treatment plan and estimate of costs. We asked the dentist to show us some dental care records which reflected this. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in the comments we received from patients, some of whom had commented on how the dentist listened to them and took time to ensure they fully understood their treatment options before making a decision.

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. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in their best interests.

Staff members we spoke with were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. They were familiar with the concept of Gillick competence regarding the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Staff explained how they ensured information about patients using the service was kept confidential. Patients' electronic dental care records were password protected and paper records were stored securely. Staff members demonstrated their knowledge of data protection and how to maintain patient confidentiality. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms if it was required.

Common themes were patients felt they received a good service from staff who were kind, friendly, efficient and took time to answer their questions. Some of the staff had worked at the practice for several years and demonstrated they knew their patients well. On the day of our inspection, we observed staff being polite, friendly and welcoming to patients.

Involvement in decisions about care and treatment

The dentist told us they used a number of different methods including tooth models, display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following examination of and discussion with each patient.

Staff told us the dentists took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. Patient feedback also confirmed that the dentists took time to explain dental treatment and options in a way the patient understood.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff reported (and we saw from the appointment book) the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient. Patients told us through feedback that they always felt the dentist had enough time to listen to their concerns and answer questions.

There were systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. This included checks for laboratory work such as implants, crowns and dentures which ensured delays in treatment were avoided.

Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody according to their individual needs and welcomed patients from different backgrounds, cultures and religions. Staff told us if they were unable to communicate fully with a patient due to a language barrier or other reason they could encourage a relative or friend to attend who could translate or they would contact a translator or use an online translation service.

Access to the service

We asked staff how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. Staff told us patients requiring emergency care during practice opening hours were seen the same day wherever possible. This was reflected in patients' feedback we reviewed.

The practice had engaged an external telephone answering service to ensure patients received a personal service if they tried to contact the practice during opening hours when the staff were treating other patients. The answering service emailed the practice with details of the enquiry and these were followed up the same day.

Concerns & complaints

There was a complaints' policy which provided staff with information about handling formal complaints from patients. Staff told us the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

Information for patients about how to make a complaint was available in the practice's waiting room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice's investigation into their complaint.

We looked at the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements of the practice were developed through a process of continual learning. The principal dentists liaised with the staff team in order to identify where any improvements were needed.

The principal dentists shared responsibility for the day to day running of the practice and were supported by the dental nurse who undertook most of the work required to ensure compliance with standards. There were clear lines of responsibility and accountability with identified leads in certain areas such as infection control, fire safety and safeguarding. Staff knew who to report to if they had any issues or concerns.

Leadership, openness and transparency

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the principal dentists without fear of recriminations.

Management lead through learning and improvement

The practice carried out regular audits of infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. The most recent audit undertaken June 2016 indicated the facilities and management of decontamination and infection control were managed well. An audit of environmental cleaning undertaken August 2016 demonstrated a high standard was being maintained.

X-ray audits were carried out periodically. The results of the audits confirmed the dentists were consistently taking X-ray images which were above the required standards. This reduced the risk of patients being subjected to further unnecessary X-rays.

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

The practice sought and acted upon feedback from patients through satisfaction questionnaires. It was impractical for the practice to hold regular staff meetings as staff worked at the practice on different days. However, staff often held informal discussions about a range of topics in order to learn and improve the quality of service provided. Staff members told us they found the discussions were a useful opportunity to share ideas.