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KINGS DENTAL

Inspection Report

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Date of inspection visit: 24 November 2015
Date of publication: 18/02/2016

Overall summary

We carried out an announced comprehensive inspection on 24 November 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Kings Dental is a general dental practice situated in the Bedfordshire town of Flitwick. The practice provides NHS and private treatment to adults and children. In addition the practice offers the placement of dental implants. These are metal posts that are placed into the jaw bone, and are used to support a single tooth, bridge or denture.

The practice is housed in a converted building on both the ground and first floors. There are three treatment rooms, a waiting area, office, staff room and dedicated decontamination room where cleaning and sterilisation of dental instruments is carried out.

The principal 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 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.

During our visit we spoke with patients who attended the practice and collected comment cards that had been completed by patients in the preceding two weeks to the inspection. In total 50 patients provided feedback about the service. The feedback received was entirely positive, with patients commenting on the friendliness of the staff and how well they were able to put nervous patients at ease.

Summary of findings

Our key findings were:

- The practice had robust procedures in place for the safeguarding of vulnerable adults and child protection. Staff had received training appropriate to their role, and could describe in detail situations in which they would raise a safeguarding concern.
- The practice kept appropriate medicines and equipment to manage medical emergencies in accordance with the guidance issued by the Resuscitation Council UK and the British National Formulary.
- The practice exceeded the essential requirements of the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' Published by the Department of Health.
- Data received from NHS England stated that the practice had a lower than average re-attendance rate within three months of treatment finishing. Indicating effective diagnosis and treatment.
- Dental care records were found to be comprehensive and accurate.
- Clinical audit was used effectively to monitor and improve the service.
- The practice sought feedback from patients, and acted on that feedback where possible.

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

- Review storage arrangements for emergencies medicines to ensure their effectiveness.

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 demonstrated compliance with the Ionising Radiation Regulations 1999 and the Ionising Radiation (Medical Exposure) Regulations 2000.

Effective infection control procedures were in place across the practice, and regular auditing of these procedures ensured that standards remained high.

Robust measures were in place for safeguarding vulnerable adults and child protection, staff we spoke with had a thorough knowledge of how to raise a safeguarding concern and the situations in which they would do so.

Are services effective?

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

National guidelines to aid dentists in aspects of their clinical work were being followed.

Dental care records were found to be accurate and comprehensive, with detailed notes of discussions undertaken with patients pertaining to their treatment options and patient wishes.

Patients of the practice were given clear preventative advice. This was evidenced through the dental care records, and also the patient feedback that we received about the service.

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, as detailed in a policy that all staff had read and signed.

Staff were able to demonstrate how confidentiality was maintained across the practice.

Patients felt involved in the decisions about their care, and options were always discussed with them.

Are services responsive to people's needs?

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

The practice responded to feedback from patients regarding easier access to hygienist appointments.

We were informed that the practice would endeavour to see all emergency patients on the same day. Patient feedback suggested that this was the case.

The practice had a comprehensive complaints procedure, and evidence was seen that appropriate apologies were issues in a timely manner.

Are services well-led?

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

Governance arrangements at the practice were comprehensive, and audited to ensure their effectiveness.

Monthly staff meetings and daily team briefings allowed for regular communication across the team.

Clinical audit was used effectively to monitor and improve the service.

KINGS DENTAL

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 was carried out on 24 November 2015 by a CQC inspector, accompanied by a second CQC inspector and a dental specialist advisor.

We requested details from the provider in advance of the inspection. This included their latest statement of purpose describing their values and objectives and a record of patient complaints received in the last 12 months.

During the inspection we toured the premises, spoke with the practice manager (who was the registered manager), two dentists, two dental nurses and two receptionists. We reviewed a range of practice policies and practice protocols and other records relating to the management of the service.

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 systems in place to comprehensively investigate and outcome significant incidents. We saw evidence that showed action plans had been drawn up following significant incidents, these were given a target date for completion. In addition, staff were encouraged to reflect on the incident, and feedback was evidenced to other staff through regular team meetings.

Staff were guided by a 'being open' policy which detailed the expectation of staff to be open and honest in all dealings with patients and visitors to the practice as well as with each other. This policy had been recently reviewed and all staff had been required to read and sign it, to indicate they understood it.

Following an inoculation injury to a member of staff actions were put into place to replace the sharps systems within the practice. The practice had changed to a system of disposable needles that have a plastic tube that can be drawn up over the needle, and locked into place, to prevent injuries from sharps. In addition the practice had moved over to a system of disposable matrix bands. A matrix band is a thin metal strip that can be fitted around a tooth during placement of certain fillings. They can be sharp, and there are risks involving in removing and replacing them, the disposable system therefore, mitigates this risk. These changes were in accordance with Health and Safety (Sharp Instruments in Healthcare) 2013 guidance.

Staff were aware of their responsibilities in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice principal received alerts from Medicines and Healthcare products Regulatory Agency (MHRA). Relevant alerts would then be disseminated through the staff.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding vulnerable adults. Both these policies were recently reviewed and had been signed by all staff to indicate they had read and understood the contents.

The practice had an array of safeguarding tools to aid staff with raising a safeguarding concern. These included a flow chart that indicated useful contact numbers, a template letter for health visitors to raise concerns, and templates for recording injuries should staff ever have need of them.

Staff we spoke with had a thorough understanding of the situations in which they may have to raise a concern, and how they would go about this task. They were able to describe for example, how certain injuries to a child would be unlikely in a particular age group and so would raise suspicion.

There was a dedicated safeguarding lead in the practice, who had undertaken training specific to this role in safeguarding vulnerable adults and child protection, all staff we spoke with could identify the safeguarding lead, and had themselves undergone safeguarding training appropriate to their roles.

We discussed the use of rubber dam with dentists and practice staff. A rubber dam is a thin, rectangular sheet, usually of latex rubber. It is used in dentistry to isolate a tooth from the rest of the mouth during root canal treatment; it prevents the patient from inhaling or swallowing debris or small instruments. The British Endodontic Society recommends the use of rubber dam for root canal treatment. We found that rubber dam was routinely used for all root canal treatments in the practice and we were shown dental care records to illustrate this.

The practice had an up to date Employers' liability insurance certificate which was displayed in the waiting area. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

Medical emergencies

The practice carried emergency equipment and medicines to deal with any medical emergencies that may arise. The emergency medicines were checked and found to be present in accordance with the British National Formulary (BNF) guidelines. The practice had each medicine packaged along with a laminated card detailing the situation in which you would need to use the medicine, and exactly how to administer it; this would be helpful in a medical emergency to act as a prompt.

Resuscitation Council UK guidelines suggest the minimum equipment required for use in a medical emergency. This includes an Automated External Defibrillator (AED) (a

portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm) and oxygen which should be immediately available. This was all found to be present in accordance with the guidelines.

Regular checks were being made on the emergency equipment, and medicines to ensure their effectiveness should they ever be needed.

All staff had undergone medical emergencies training in June 2015, and were able to describe how they would respond to an emergency in the dental setting.

Staff recruitment

We looked at the staff recruitment files for staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the prospective staff members' skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

These were found to be in order with the exception of a DBS check for a member of staff who had recently joined the service. The practice had a DBS check from a year previously, but that had been carried out for a different service. We bought this to the attention of the principal dentist who took immediate steps to rectify the situation by submitting an application and putting in place a risk assessment in the interim.

The practice operated a staff induction programme for new staff to the practice, this was over two days for qualified staff and covered all the practice policies and procedures which were explained in detail, read and signed to confirm they had been understood.

Monitoring health & safety and responding to risks

The practice had systems, processes and policies in place to monitor and manage risks to patients, staff and visitors to the practice.

A health and safety policy was in place, which had been recently reviewed and signed by all staff to indicate they understood the contents. A health and safety at work poster was also on display in the office. A health and safety risk assessment had been carried out in February 2015, and necessary actions taken.

The practice had an audit checklist that was displayed in the office. This highlighted when risk assessments were due for renewal and when equipment (such as fire equipment) was due to be serviced. Fire drills were carried out every six months.

There were adequate arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information pertaining to the hazardous substances used in the practice and actions described to minimise their risk to patients, staff and visitors.

Infection control

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

There was an infection control policy in place. This was available to reference in the staff folder and also on the wall in the decontamination room. This covered topics such as decontamination (the process by which contaminated dental instruments are washed, inspected, sterilised and packaged ready for use again), as well as hand hygiene, spillages, personal protective equipment and inoculation injuries.

We observed staff undertaking the decontamination process from start to finish. The practice manually cleans the instruments before inspecting them with an illuminated magnifier and sterilising them in an autoclave. After sterilisation the instruments were pouched and dated with the date at which the sterilisation would become ineffective.

Are services safe?

We saw logs of the checks that had been carried out to confirm that the processes remain effective. The decontamination process at the practice exceeded the essential requirements of HTM 01-05.

Infection control audits had been carried out at the practice every six months (most recently November 2015) and an action plan drawn up to indicate where improvements could be made. A time limit was placed on these actions by which time the improvement should be implemented.

The practice demonstrated appropriate storage and disposal of clinical waste. Waste consignment notices were seen to demonstrate this.

The practice conformed to the national guidelines for the colour coding of cleaning equipment in the environmental cleaning of the practice. Although it was noted that the mops were stored with the head down in the bucket, thereby not allowing the mop head to dry out thoroughly. We addressed this to the practice principal during the inspection and received evidence shortly following the inspection that the mops were now appropriately stored.

Environmental cleaning was carried out by practice staff and we saw evidence of comprehensive schedule of cleaning that was signed by staff as it was carried out.

All clinical staff had documented immunity against Hepatitis B. Staff 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 the risk of contracting blood borne infections.

The practice had systems in place to reduce the risk of Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. An assessment had been carried out of the building by an external contractor in June 2013, this highlighted checks to be carried out such as checking the water temperature weekly and having the water tested quarterly. These tests were being carried out and logged in accordance with the recommendations.

Equipment and medicines

We saw that the practice had an ample supply of equipment to carry out a range of dental procedures. In addition the practice demonstrated the specialist equipment required to place dental implants. Dental implants are metal posts that are placed into the jaw bone and are used to support a single tooth, bridge or denture.

Glucagon is an emergency drug that is used to treat diabetics with low blood sugar. It needs to be stored between two and eight degrees Celsius in order to be effective until the expiry date. We found that although this medication was being stored in a medicines fridge, the temperature of the fridge was not being checked regularly. Therefore the practice could not be sure that this medicine would be effective in the case of a medical emergency. We raised the concern with the practice principal, who took immediate steps to ensure it was stored appropriately, and modified the expiry date to account for the fact that the temperature of cold storage could not be assured.

Prescription pads were kept locked away and records were kept of prescriptions issued. In addition the practice provided an information sheet to patients if they were prescribed antibiotics indicating the risks and side effects of treatment, and how to respond in the event of a reaction.

Equipment was serviced in accordance with the manufacturer's instructions and a schedule of servicing was available to ensure that equipment remained in good working order.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR (ME) R) 2000.

The treatment rooms displayed the 'local rules' this was information specific to each X-ray machine and included the names of the operators, and the responsible individuals as well as the location of cut-off switches.

The practice kept a radiation protection file that documented the servicing and testing that had been carried out on the X-ray machines as well as the ongoing training that had been undertaken by the staff taking X-rays.

Audits of X-ray quality had been carried out annually. These were completed comprehensively with peer review, and

Are services safe?

were clinician specific. In this way the practice was committed to continually improving standards in taking X-rays and thereby reducing the effective dose of radiation to the patient.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the dentists and we saw dental care records to illustrate our discussions.

A written comprehensive medical history was taken at every examination appointment, then updated verbally and noted on the computer at every appointment. In this way the dentists could keep informed of any changes that may impact treatment.

Dental care records shown to us by the dentists demonstrated that national guidance was being followed in the diagnosis and treatment of the patients. Screening was being undertaken for gum disease and oral cancer, and appropriate resulting actions being taken.

Data provided by NHS England showed that in the year 2013- 2014 the practice had 6.6% of patients re-attending within 3 months of completing a course of treatment. This was lower than the national average of 17.9% indicating effective treatment of the patients.

Similarly the practice recorded 0.3% of patients qualifying for a free repair or replacement of treatment, which was lower than the national average of 1.0%, indicating fewer failures of treatment within a year.

Health promotion & prevention

Patients to the practice were given clear preventative advice. This was clear from the dental care records that we saw, that recorded discussions with patients regarding smoking and alcohol use and how these may impact on gum and general health. Patients also reported that they had received useful preventative advice.

We found a thorough application of guidance issued in the DH publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Leaflets were available to patients both in the treatment rooms and waiting area, these included diet advice, hidden sugars and smoking advice amongst others.

The waiting room had a corner dedicated to children and this included an oral health poster targeted to children, and oral health fact sheets detailing hidden sugars and healthy tooth facts. Feedback from patients that we received detailed how oral health advice was given to children during their appointments.

Staffing

The practice had two dentists, two hygienists, a lead dental nurse and two trainee dental nurses. Prior to the inspection we checked the professional registrations of all the dental care professionals with the General Dental Council and found that they were all up to date.

The practice supported two trainee dental nurses, we were told how the topics that they were learning became topics for the whole practice to revise, and in this way not only were the trainees assisted with their learning, but the other staff members were kept up to date. Competency checks were carried out with the trainee staff, most recently in decontamination of instruments and cleaning of the treatment room.

Trainee dental nurses reported that they felt well supported in their learning, and have regular (three monthly) appraisal meetings to identify learning needs and any concerns.

Staff told us they had good access to ongoing training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, orthodontic therapists and dental technicians.

The practice kept a CPD log of all teaching undertaken. Clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control, safeguarding and fire awareness training.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment. Staff described to us the situations that referrals would be made. In the case of a suspected cancer the referral would be made by fax and then a follow up phone call with the

Are services effective?

(for example, treatment is effective)

hospital to ensure receipt of the letter. In addition the practice would call the patient two weeks later to ensure that an appointment had been made. In this way the timeliness of an appointment in these cases was assured.

Consent to care and treatment

Clinicians we spoke with had a thorough understanding of the stages involved in obtaining full, educated and valid consent. The dental care records demonstrated detailed conversations that had taken place between clinicians and patients, including treatment options, costs and patient wishes.

There was good understanding of situations in which a child (under 16 years old) may be able to consent for themselves rather than relying on a parent to consent for them. This is termed Gillick competence and depends on the child's understanding of the procedure and the consequences in having/ not having the treatment.

In addition we asked staff about situations where patients may lack the mental capacity to consent for themselves. The Mental Capacity Act 2005 provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff were able to describe in some detail how they would assist that person in making the decision themselves, or if they were not capable, how a 'best interests' decision would be arrived at with the input of carers and family as well and medical professionals and dentists.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice showed us a patient's confidentiality was maintained. All dental care records were computerised and password protected. In addition staff at the reception desk explained how patients could be taken to the office to have a confidential conversation, and how the screen at reception was positioned so that it could not be read by anyone standing at the desk.

These practices were underpinned by a confidentiality policy which had been recently updated and signed by staff to indicate their understanding.

We received feedback from 50 patients which was overwhelmingly positive and made particular reference to the friendliness and care with which they were treated, as well as the way in which staff were able to put nervous patients at ease.

The practice had a policy regarding dignity and respect which outlined how they expected all patients to be treated.

Involvement in decisions about care and treatment

Patients reported to us that they felt involved in the decisions regarding their treatment. In depth conversations with patients were noted in dental care records and patients were always provided with a written treatment plan.

Price lists for both NHS and private treatment were available in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We examined appointments scheduling, and found that adequate time was given for each appointment to allow for assessment and discussion of patients' needs.

When the principal dentist set up the practice he invited consultation with the local community regarding their dental needs, and what they would wish for in a dental practice. As a result the practice had calming music playing in reception, and plenty of magazines and reading matter to occupy patients waiting for their appointments.

Feedback from patients had indicated that they were having difficulty accessing hygiene appointments. In response to this the practice has employed a second hygienist so that the number of available appointments is doubled.

The waiting room had a dedicated children's area, this contained cleansable toys as well as a selection of children's books about visiting the dentist and some positive health messages.

Tackling inequity and promoting equality

Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. We saw that practice leaflets had been translated into other languages to help those for whom English was not their first language.

Staff understood that they would get a translator if a patient required it.

The practice had undertaken a disability discrimination audit, and this was underpinned by a disability policy. Patients who used a wheelchair could access the downstairs treatment room, and a disabled toilet was available.

Access to the service

The practice was open from 9.00 am to 5.30 pm Monday to Friday.

Emergency appointments for patients were not set aside, but the practice would endeavour to accommodate them on the day. Feedback from patients indicated that emergency appointments were easily accessible on the day they contacted the practice.

The practice answerphone detailed the out of hours arrangements for patients that may require seeing urgently.

Concerns & complaints

The practice had a policy guiding staff on the effective handling of complaints. Patients were informed on how they could raise a complaint with the practice from information provided in the patient folder in reception.

A template was available for staff to fill in should a patient approach them with a complaint about the service, this would then be thoroughly investigated, outcomes and actions logged. It was noted that timely apologies were made to patients where appropriate.

Evidence that complaints were learned from, and fed back to the staff was evidenced in the staff meeting logs.

Are services well-led?

Our findings

Governance arrangements

The principal dentist, as the registered manager was responsible for the day to day running of the practice with the support of the other dentist. Staff reported there were clear lines of responsibility and accountability and staff knew who to report to with specific issues.

Certain staff had lead positions in the practice, such as safeguarding lead and infection control lead. Staff we spoke with were able to identify these individuals.

The practice had policies and procedures in place to support the running of the service, these had all been recently reviewed and some required staff to sign in order to evidence that they had read and understood the policy.

The practice kept a governance tool which highlighted the dates for many aspects of governance to be carried out. This included maintenance schedules for equipment, health and safety risk assessments, portable appliance testing, audit schedules for continuous improvement of the service, staff training logs and professional indemnity renewal dates. This allowed the practice to maintain sight of multiple aspects of governance in one tool.

Leadership, openness and transparency

Staff we spoke with reported a culture of honesty throughout the practice. More than one likened the practice team to a family, and expressed how comfortable they felt approaching the senior staff members with concerns.

The practice had a whistleblowing policy that staff had to sign to state they understood the contents. This outlined the procedures involved in highlighting concerns they may have with a colleagues practice or behaviour with the relevant authorities.

Staff were also required to sign a policy entitled 'being open'. This explained the expectation that all staff would be open and honest both to patients and visitors to the practice, but also between colleagues.

Learning and improvement

The practice sought to continuously improve standards by use of quality assurance tools, and continual staff training.

Clinical audit was used to identify areas where practice may be improved. Regular audits were carried out on the quality of X-rays taken and cross infection control. In addition an audit was underway on dental care records, to ensure that the standard of records being kept is in line with guidance.

Action plans had been derived from these audits with timeframes in which the changes should have been implemented. One example was that of introducing the safer sharps systems of needles and matrix bands, which were evidenced in use during our visit.

The practice kept a Continuous Professional Development log for all staff, this highlighted areas of required training as well as general CPD, in this way the practice could be assured that all staff were meeting the requirements set out by the General Dental Council.

Annual appraisals were carried out for all qualified staff. Trainee staff were appraised every three months and had documented competency testing to ensure standards were being met.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service. There was a comments box in reception as well as the NHS friends and family feedback scheme. These results were reviewed six monthly and an action plan drawn up to address any shortcomings identified.

In addition to this the practice had carried out a patient satisfaction survey within the preceding year to our inspection, and had also undertaken a retention audit to identify if patients were not returning to them, and to question why that may be.

Suggestions from patients that had been adopted by the practice included making more hygienist appointments available, and a broader range of magazines in the waiting room.

The practice held monthly staff meetings which afforded opportunities for learning as well as feedback from staff. The practice also had a daily team briefing which offered an opportunity for staff to discuss any known challenges of the day, and express any concerns they may have.

Are services well-led?

Staff expressed to us that their feedback was always welcomed by the practice principal.