City St Clements Limited

St Clements City Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 10 February 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

St Clements Dental Care is located in the London Borough of Islington. The practice is on three floors and comprises of three surgeries and a decontamination room. There is also a reception and waiting area. Toilet facilities and a staff area where also available.

The practice provides private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment.

The staff structure of the practice comprises of a principal dentist, two associate dentists, four dental nurses and a practice manager. The practice was open Monday to Thursday from 9am-8pm and Friday from 9am-5pm.

St Clements City Dental Care is registered with the Care Quality Commission (CQC) as an organisation. 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.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

Summary of findings

We received feedback from 37 patients. The feedback from the patients was positive in relation to the care they received from the practice. They were complimentary about the friendly and caring attitude of the staff.

Our key findings were:

- 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).
- The practice had systems in place to minimise the risks associated with providing dental services.
- The practice had policies and procedures in place for child protection and safeguarding adults.
- Equipment, such as the air compressor, autoclave (steriliser), and dental chair had all been checked for effectiveness and had been regularly serviced.
- There were systems in place to reduce the risk and spread of infection.
- Staff did not have access to an automated external defibrillator (AED) in line with current guidance and had not undertaken and documented a risk assessment as regards its absence.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and patient practice team.
- There were arrangements in place to deal with foreseeable emergencies
- There was a complaints procedure available for patients.
- The practice had a clear management structure and governance arrangements were in place for the smooth running of the practice.

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

- Review its audit protocols to ensure audits of various aspects of the service, such as radiography and dental care records are undertaken at regular intervals to help improve the quality of service. Practice should also ensure that where applicable audits have documented learning points and the resulting improvements can be demonstrated.
- 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. Document checks carried out on emergency equipment. Review the system for storing and tracking prescription pads.
- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the processes and systems in place for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.

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 to minimise the risks associated with providing dental services. The practice had policies and protocols related to the safe running of the service. Staff were aware of how to access these. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. Equipment was well maintained and checked for effectiveness. Improvements could be made to the process of receiving alerts from relevant external agencies and in relation to the availability of equipment for managing medical emergencies and documenting checks as regards their suitability for use.

The practice had systems in place for waste disposal, the management of medical emergencies and dental radiography.

Are services effective?

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

The practice could demonstrate they followed guidance, for example, issued by the National Institute for Health and Care Excellence (NICE). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. There were systems in place for recording written consent for treatments. The practice worked well with other providers and made referrals where appropriate.

Records were complete in relation to continuous professional development (CPD) and the practice was able to fully demonstrate staff, where applicable, were meeting all the training requirements of the General Dental Council (GDC).

Are services caring?

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

We received feedback from patients on the day of inspection. Patients said they were treated with dignity and respect. They noted a positive and caring attitude amongst the staff. We found that dental care records were stored securely and patient confidentiality was well maintained.

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 appointments, including emergency appointments, which were available on the same day. The practice had a complaints policy and procedure in place. The practice however, did not have a system in place to routinely collect feedback from patients.

Are services well-led?

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

Governance arrangements were in place to guide the management of the practice. This included having appropriate policies and procedures. We were told staff meetings took place on a regular basis and were documented. Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the principal dentist.

St Clements City Dental Care

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 10 February 2016. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

During our inspection visit, we reviewed policy documents. We spoke with five members of staff, including the management team. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed a dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the reception area.

We received feedback from 37 patients. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an effective system in place for reporting and learning from incidents. There had been no incidents reported in the past year. There was a policy in place which described the actions that staff needed to take in the event that something went wrong or there was a 'near miss'. The practice manager confirmed that if patients were affected by something that went wrong, they would be given an apology and informed of any actions taken as a result.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any such incidents in the past 12 months.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team and social services. The registered manager was the lead in managing safeguarding issues. Staff had completed safeguarding training in the past 18 months. The staff we spoke with were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had not been any safeguarding issues that had required to be reported to the local safeguarding team.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues with the principal dentist.

The practice had carried out a range of risk assessments and the practice had implemented policies and protocols with a view to keeping staff and patients safe. For example, they had an infection control policy, health and safety policies, and had carried out risk assessments relating to fire safety and legionella.

The dentists used rubber dam for root canal treatments in line with current guidance(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. Rubber dams should be used when endodontic treatment is being provided. On the 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

The practice had arrangements in place to deal with medical emergencies. All staff had received training in emergency resuscitation and basic life support in the past year. This training was renewed annually. There was a practice protocol for responding to an emergency.

The practice had most of the emergency equipment and medicines in accordance with guidance issued by the Resuscitation Council UK and the British National Formulary. This included emergency medicines and oxygen. 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. We also found that there was no spacer device for treating patients with asthma and size 4 oropharyngeal airways, used to prevent the tongue from blocking the airway during a medical emergency. The provider assured us that these items would be ordered immediately. We were told that the emergency equipment was checked regularly; however the checks were not documented. The principal dentist undertook to do this.

Staff recruitment

There was a recruitment policy in place. We reviewed four staff recruitment records and saw that the practice carried out relevant checks to ensure that the person being recruited was suitable and competent for the role. This included the checks with the Disclosure and Barring Service (DBS), the checking of identity and registration with the General Dental Council (where relevant). There was also a copy of their qualification and immune status. In addition, two references from previous employers were obtained for new staff.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place. A dental nurse told us fire safety checks and drills were carried out periodically.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations.

Are services safe?

There were COSHH assessments where risks to patients, staff and visitors that were associated with hazardous substances had been identified, and actions were described to minimise these risks. The provider told us that they did not receive alerts from Medicines and Healthcare products Regulatory Agency (MHRA).

Infection control

There were systems in place to reduce the risk and spread of infection. There was an infection control policy and written protocols for the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. Staff files we reviewed did contain evidence that staff had attended a training course in infection control in the past year.

The practice had followed 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)'. In accordance with HTM 01-05 guidance, an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment room and the decontamination room which ensured the risk of infection spread was minimised.

There was a dedicated decontamination room. A dental nurse showed us how they used the room, and we noted that they wore appropriate protective equipment, such as heavy duty gloves and eye protection. The water temperature was checked at the beginning of the procedure for cleaning instruments manually and the illuminated magnifier was used to check for any debris during the cleaning stages.

Items were placed in an autoclave (steriliser) after cleaning. They were then placed in pouches and a date stamp indicated how long they could be stored for before the sterilisation became ineffective.

The autoclave was checked daily for its performance, for example, in terms of temperature and pressure checks. A log was kept of the results demonstrating that the equipment was working well. We were told regular infection control audits were carried out by the practice; the last one was carried out in January 2016.

The practice had an on-going contract with a clinical waste contractor. Waste was being segregated prior to disposal; Staff demonstrated they understood how to dispose of single-use items appropriately.

Records showed that a Legionella risk assessment had been carried out by an external company in January 2016. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There were good supplies of personal protective equipment including gloves, masks, eye protection and aprons for patients and staff members. There were hand washing facilities in the decontamination room, treatment room and the toilets.

All of the staff were required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, autoclaves and X-ray equipment had all been inspected and serviced in the past year. We saw portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process during which electrical appliances are routinely checked for safety.

The practice stored prescription pads. However improvements could be made to ensure they were stored securely and have a system in place to track usage of these pads. We also found dental materials were being stored in a fridge; however temperature checks were not being carried out to ensure that items were being stored at the correct temperature.

Radiography (X-rays)

The practice kept a radiation protection file in relation to the use and maintenance of X–ray equipment. The local rules relating to the equipment were held.

There were suitable arrangements in place to ensure the safety of the equipment. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) within the recommended timescales.

Are services safe?

The registered manager was the radiation protection supervisor (RPS). There was evidence that the registered manager had completed radiation training. However, X-rays were not audited.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we checked dental care records to confirm the findings and discussed patient care with the principal dentist. We found that the dentist regularly assessed patient's gum health and soft tissues (including lips, tongue and palate). The dentists took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP).

The records showed that an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentist to indicate the level of treatment need in relation to a patient's gums.) Different BPE scores triggered further clinical action. The dentists always checked people's medical history and medicines they were on prior to initiating treatment.

The practice kept up to date with current guidelines and research in order to continually 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 antibiotic prescribing and wisdom teeth removal. The dentists were aware of the Delivering Better Oral Health Toolkit when considering care and advice for patients. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Staff told us they discussed oral health with their patients, for example, effective tooth brushing or dietary advice. The dentist identified patients' smoking status and recorded this in their notes. This prompted them to provide advice or consider how smoking status might be impacting on their oral health. The dentist also carried out examinations to check for the early signs of oral cancer.

We observed there were limited health promotion materials in the reception area and improvements could be made to provide a wider range of leaflets.

Staffing

Staff told us they received professional development and training. We reviewed staff training records and saw that staff had completed continuing professional development (CPD) in most of the subjects recommended by the General Dental Council, which included responding to emergencies, radiation, infection control and safeguarding children and adults at risk. There was a system in place to cover staff absenteeism.

Staff were engaged in an appraisal process whereby their training needs were identified and performance evaluated. We saw evidence that senior staff met with staff individually to discuss performance.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. The dentist used a system of onward referral to other providers, for example, for endodontic treatment.

The practice kept a copy of the referral forms for local secondary and tertiary providers. All letters were kept in patients' dental care records. Patients were given a copy of the referral letter. When the patient had received their treatment they were discharged back to the practice for further follow-up and monitoring.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff told us they discussed treatment options, including risks and benefits, as well as costs, with each patient. Patients confirmed that treatment options, and their risks and benefits were discussed with them. Our check of the dental care records found that these discussions were recorded. Formal written consent was obtained using standard treatment plan forms. Patients were asked to read and sign these before starting a course of treatment.

Staff were aware of the Mental Capacity Act (MCA) 2005. They could accurately explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if patients lacked some decision-making abilities. (The MCA 2005 provides a legal framework for health and care professionals to act and

Are services effective?

(for example, treatment is effective)

make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). We saw that some staff had received training in this area in the past year.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback received from patients who completed the CQC comment cards was positive. They mentioned staff's caring and helpful attitude.

We observed staff were welcoming and helpful when patients arrived for their appointment. The practice manager spoke politely and calmly to all of the patients. Doors were always closed when patients were in the treatment room. Patients indicated to us in their feedback that they were treated with dignity and respect at all times.

Some dental care records were stored electronically others in paper format. Electronic records were password protected and regularly backed up. Staff understood the importance of data protection and confidentiality. They described systems in place to ensure that confidentiality was maintained.

The computer screen at reception was positioned in such a way that patient confidentiality was well maintained and it could not be seen by others across the reception desk. Staff also told us that people could request to have confidential discussions in the treatment room, if necessary.

Involvement in decisions about care and treatment

Details of private dental charges and fees were in the practice leaflet. Staff told us that they took time to explain the treatment options available. They spent time answering patients' questions and gave patients a copy of their treatment plan. Patient's confirmed that they felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff. They told us that treatment options were well explained; the dentist listened and understood their concerns, and respected their choices regarding treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The dentist specified the timings for some patients when they considered that the patient would need an appointment that was longer than the typical time.

Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time to see them. The feedback we received from patients confirmed that they could get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff told us that between them they spoke approximately six different languages and they were able to translate for patients.

The practice was over three floors; patients in wheelchairs could gain access to the surgery as there was a treatment room and toilet on the ground floor.

Access to the service

The practice was open Monday to Thursday from 9am-8pm and Fridays from 9am-6pm.

Patients could book an appointment in advance. Patients told us that they could get an appointment in good time and did not have any concerns about accessing the dentists.

We asked the registered manager about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message gave details on how to access out of hours emergency treatment. Staff told us that the patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated.

Concerns & complaints

The practice had a complaints policy describing how the practice would handle complaints from patients and there was information for patients about how to make a complaint in the waiting area. We were told there had been one complaint recorded in the past year, which was being investigated. The patients we spoke with told us they could approach the practice manager or registered manager if they wanted to make a complaint.

The practice did not however have a system in place to collect feedback from patients routinely.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements and a clear management structure. There were relevant policies and procedures in place and they had been updated in over a year. There was information available to assure us that staff were being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council.

There were arrangements for identifying, recording and managing risks through the use of scheduled risk assessments; however only the infection control audit had been completed. We saw a risk assessment in place for fire safety and a legionella risk assessment had been undertaken and acted upon to minimise risks.

We were told practice meetings took place periodically and we saw evidence of this.

Leadership, openness and transparency

The staff we spoke with told us that they enjoyed their work and had enough time to do their job.

We spoke with the registered manager and the practice manager who had a clear vision about the future of the practice which included having specialist's dentists such as a periodontists working at the practice.

We found staff to be caring and committed and overall there was a sense that staff worked together as a team. There was a system of staff appraisals to support staff in carrying out their roles to a high standard and staff had a good, open working relationship with the principal dentist.

Learning and improvement

We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

The practice did not have a programme of clinical audit in place for reviewing radiographs and patient record.

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

Staff said they could approach the principal dentist or practice manager with feedback at any time, and we found the principal dentist was open to feedback on improving the quality of the service. The appraisal system and staff meetings also provided staff with opportunities to give their feedback. Improvements could however be made to routinely gather feedback from patients.