

All Clear Dental Limited

AllClear Dental Practice

Inspection Report

1070-1073 Whitgift Centre
Croydon
CR0 1UX

Tel: 020 8688 3869

Website: www.allcleardental.co.uk

Date of inspection visit: 29 June 2016

Date of publication: 11/08/2016

Overall summary

We carried out an announced comprehensive inspection on 29 June 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

AllClear Dental Practice is a private dental practice in Croydon. The practice is situated in a retail unit within an

enclosed shopping centre. The practice had three dental treatment rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments. Also included were a reception and waiting area.

The practice is open 9.00am – 5.30pm Monday to Saturday. The practice has three dentists working over the course of a week and are supported by two dental nurses, three dental hygienists, four receptionists and a practice manager.

The practice manager 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.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 51 patients. These provided a completely positive view of the services the practice provides. Patients commented on the high quality of care, the friendliness and professionalism of all staff, the cleanliness of the practice and the overall high quality of customer care.

Our key findings were:

Summary of findings

- We found that the practice ethos was to provide patient centred dental care in a relaxed and friendly environment.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- Infection control procedures were robust however the practice were not carrying out infection control audits periodically.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- The practice had a system in place for reporting incidents which the practice used for shared learning.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment and urgent and emergency care when required.
- Staff recruitment records were organised; however some detail such as interview notes and Curriculum vitae were not on all files.

- There was no structured approach to learning and development and some staff had gaps in their training.
- Staff we spoke with felt well supported by the practice owner and practice manager and were committed to providing a quality service to their patients.
- Information from 51 completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, caring, professional and high quality service.

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

- Review the practice's safeguarding staff training ensuring all staff are trained to an appropriate level for their role and are aware of their responsibilities.
- 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 the practice's audit protocols of various aspects of the service, such as radiography, infection control and dental care records at regular intervals to help improve the quality of service. Practice should also check that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.
- Review arrangements in place for ensuring equipment is serviced and well maintained at timely intervals.

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.

Systems were in place for the provider to receive safety alerts from external organisations and they were shared appropriately with staff. Lessons learnt were discussed amongst staff informally. Pre-employment checks were carried out however some paperwork was not on all staff files.

Dental instruments were decontaminated suitably. Medicines were available in the event of an emergency. Regular checks were undertaken to monitor expiry of medicines. There was medical oxygen and staff had access to an automated external defibrillator (AED) in the event of a medical emergency.

No action



Are services effective?

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance. Patients were given relevant information to assist them in making informed decisions about their treatment and consent was obtained appropriately. Staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Referrals were made appropriately. Staff were up to date with their CPD requirements however we did not see evidence of training beyond this.

The practice maintained appropriate dental care records and patient details were updated regularly. Information was available to patients relating to health promotion and maintaining good oral health.

No action



Are services caring?

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

We received feedback from 51 patients. Feedback from patients was very positive. Patients stated that they were involved with their treatment planning and were able to make informed decisions.

Patients referred to staff as being caring, empathetic, and professional and treating them with dignity and respect. They felt involved in their treatment and gave examples of where staff had ensured they understood treatment.

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 service was aware of the needs of the local population and took those into account in how the practice was run. Patients could access treatment and urgent and emergency care when required. The practice provided patients with written information.

No action



Summary of findings

The practice had level access into the building for patients with mobility difficulties and families with prams and pushchairs.

There were systems in place for patients to make a complaint about the service if required. A notice was displayed in the reception area and information also on their website.

Are services well-led?

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

Staff meetings were held informally but staff told us they were happy with the way information was shared with them and arrangements that existed for them to be informed. Improvements were required to ensure audits were undertaken regularly. Staff told us they were confident in their work and felt well-supported.

Governance arrangements were in place for the management of the practice. Risk assessments and servicing of equipment was being carried out; though improvements could be made to ensure this happened in a timely manner.

No action



AllClear Dental Practice

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 29 June 2016 by a CQC inspector who was supported by a specialist dental adviser. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with the principal dentist, practice manager, dental nurse and receptionist and reviewed policies, procedures and other documents. We reviewed 51 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

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

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

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



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice manager demonstrated an awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice had an incident reporting system in place when something went wrong; this system also included the reporting of minor injuries to patients and staff. The practice reported that there were no serious incidents that required reporting over the past 12 months.

Staff we spoke with were aware of incident and accident reporting procedures including who and how to report an incident to. There had been one accident in the practice in the last 12 months. We reviewed the relevant documentation and noted it had been recorded in line with their policy.

We spoke with the practice manager about the handling of incidents and the Duty of Candour. The explanation was in line with the duty of candour expectations. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). The practice manager explained that relevant alerts would also be discussed with staff individual or at their practice meetings. The practice held a central file of all alerts for staff to refer to.

Reliable safety systems and processes (including safeguarding)

The practice manager was the safeguarding lead and acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy and protocol was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Training records showed that staff had received recent safeguarding training for both vulnerable adults and children.

Information was available in the practice that contained telephone numbers of whom to contact outside of the

practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Dentists were responsible for the disposal of used sharps and needles. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the current EU directive on the use of safer sharps.

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

Medical histories were reviewed at each subsequent visit and updated if required. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had access to a shared automated external defibrillator (AED) within the shopping centre. An (AED) is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff had received training in how to use this equipment.

The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had access to oxygen along with other related items such as manual breathing aids in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.



Are services safe?

Staff recruitment

There was a full complement of the staffing team. The team consists of three dentists (including two associates), two dental nurses, three dental hygienists, four receptionists and a practice manager.

All relevant staff had current registration with the General Dental Council the dental professionals' regulatory body. The practice had a recruitment policy that detailed the checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references.

We reviewed staff records and saw that in some instances interview notes and copies of curriculum vitae were not on file. Staff recruitment records were stored securely to protect the confidentiality of staff personal information.

We saw that all staff had received appropriate checks from the Disclosure and Barring Service (DBS). These are 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 may have contact with children or adults who may be vulnerable.

Monitoring health & safety and responding to risks

The practice had a health and safety guidance document which staff referred to, to monitor health and safety. They did not have a practice specific health and safety policy. The practice manager advised us that they were working towards developing a practice specific policy.

The practice manager told us that they completed general risk assessments on an annual basis. We reviewed the last two risk assessments of the premises which had been completed in February 2015 and April 2016. The risk assessments outlined actions identified with completion dates. Some of the actions identified were still outstanding however staff assured us they were working towards completing them. We saw that the practice were monitoring risks related to the service. Other risk assessments included a risk assessment for pregnant workers.

There was a fire risk assessment which had been completed on 27 June 2016. The assessment highlighted areas of improvements and had an associated action plan. Fire procedures in place included monthly fire inspections, monthly checks to fire equipment checks and fire drills.

Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections. One of the nurses was the infection control lead.

There was a separate decontamination room with a clear end to end flow of "dirty" to "clean". There was one sink in the decontamination room. Staff told us they used two separate bowls for cleaning and rinsing dental instruments. One of the dental nurses gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). This included manually scrubbing; washing in a washer disinfectant; inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry date was clear. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

There were two autoclave, although only one was being used. The logs from the autoclave provided evidence of the daily, weekly and monthly checks and tests that were carried out on the autoclave to ensure it was working effectively. We also saw evidence of the daily tests being carried out on the washer disinfectant.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits. Clinical waste bins were assembled and labelled correctly in each surgery and the external clinical waste bin was stored appropriately until collection by an external company, every month.

There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice. Wall mounted paper hand towels was available.



Are services safe?

The surgeries were visibly clean and tidy. We were told the dental nurses were responsible for cleaning all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. Staff also undertook the domestic cleaning at the practice. We observed all areas of the practice to be clean and tidy on the day of our inspection.

The practice had a Legionella risk assessment which was carried out on the 11 June 2013. Further water testing was completed periodically, the last test being completed 21 June 2016. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Taps were flushed daily in line with recommendations and water temperatures were monitored monthly.

The practice were not carrying out regular infection control audits. Although one had been conducted in the past two weeks prior to our inspection. We discussed this with the practice manager and they acknowledged that the audits were not being completed regularly.

Equipment and medicines

The practice had portable appliances and carried out PAT (portable appliance testing) annually. Appliances were last

tested in November 2015. The vacuum test certificate was dated 18 April 2016. The compressor was also serviced in June 2016. The washer disinfectant was serviced in September 2015.

We reviewed related to historical testing of equipment and saw that equipment maintenance was not always carried out in a timely manner. The practice manager explained the new processes they have recently put into place to ensure future servicing was completed timely.

Radiography (X-rays)

The practice had a radiation protection file. The principal dentist was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA).

The radiation protection file evidenced that the equipment had been serviced on the 23 June 2016. Some of the dentists had not completed recent radiography training, although they had completed training a few years ago. The practice manager told us that this training had been booked for the coming months.

The practice analysed the quality of X-rays carried out and maintained a log in the form of a spread sheet. The practice had recently started carrying out auditing of X-rays. We reviewed the audits and saw that they were identifying areas of improvement.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist we spoke with carried out consultations, assessments and treatment in line with recognised general professional guidelines. The dentist described to us how they carried out their assessment of patients for routine care. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits.

This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. A treatment plan was then given to each patient which included the cost involved.

Dental care records that were shown demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

We saw evidence that clinicians in the practice were proactive with giving patients health promotion and prevention advice.

Preventive advice included tooth brushing techniques explained to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that dentists had given oral health advice to patients. A

range of dental hygiene products to maintain healthy teeth and gums were available for patients; these were available in the reception area. Underpinning this was a range of leaflets available to patients explaining how patients could maintain good oral health.

Staffing

All clinical staff had current registration with their professional body, the General Dental Council. We saw example of staff working towards their continuing professional development requirements, working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years].

Working with other services

The practice had processes in place for effective working with other services. There were standard templates for referrals such as orthodontists and oral surgery. All referrals were either faxed or posted and patients were advised to contact the practice if they did not hear anything approximately 4 weeks after the referral was made. Information relating to patients' relevant personal details, reason for referral and medical history was contained in the referral. Copies of all referrals made were kept on the patients' dental care records.

Consent to care and treatment

We spoke with the principal dentist about how they implemented the principles of informed consent; The dentist had a very clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan.

All staff demonstrated sufficient knowledge of understanding of Gillick competency and the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle. [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 them]. Dental care records we checked demonstrated that consent was obtained and recorded appropriately.



Are services caring?

Our findings

Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patient's privacy. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable records storage cabinets. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

Before the inspection, we sent Care Quality Commission (CQC) comment cards so patients could tell us about their experience of the practice. We collected 51 completed CQC patient comment cards. These provided a positive view of the service the practice provided. All of the patients

commented that the quality of care was very good. Patients also commented that treatment was explained clearly and the staff were caring, professional and put them at ease. During the inspection, we observed staff in the reception area. We observed that they were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

The patient feedback we received confirmed that patients felt involved in their treatment planning and received enough information about their treatment. Patients commented that things were explained well, often with the use of models and aids, and they were provided with treatment options. Patients said that the dentists spoke to them using clear language and explained technical information.

Information relating to costs was always given to patients and also clearly displayed in the patient waiting area.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice gave us various examples of how they responded to patients needs. For example to accommodate emergency and non-emergency appointments they fitted any urgent case in to the existing appointments schedule. If a patient had a dental emergency they were asked to attend the surgery and would be seen as soon as possible.

The practice reserved slots every day to accommodate emergency and non-emergency appointments. If a patient had a dental emergency they were asked to attend the surgery and would be seen as soon as possible.

Tackling inequity and promoting equality

The local population was diverse with a mix of patients from various cultures and background. The staff team was diverse as well and staff spoke different languages which included Polish, Urdu and Danish.

The practice was set out over one level and the entrance was step free. The building was wheelchair accessible. The practice was located in a shopping centre and there were disabled accessible toilets which patients had access to. Staff told us they tried to ensure patients' needs were accommodated and if patients raised any concerns they always did their best to manage those issues.

Access to the service

The practice was open 9.00am to 5.30pm Monday to Saturdays. Patients were able to access urgent or emergency care when the practice was closed through the local out of hours service. This information was publicised on the practice website and on the telephone answering machine when the practice was closed.

The practice manager told us that people were usually seen in a timely manner and waiting times were generally good. If the dentist was running late, staff always informed any patients who were waiting and apologised to them.

Concerns & complaints

At the time of our visit there had been two complaints in the past 12 months. We reviewed the complaints and saw they were handled in line with the organisations policy. Details of the complaint were recorded, responded to and actions put in place. We saw that where appropriate an apology was also given. We also saw that the practice learnt from complaints. One of the complaints we reviewed had the learning outcome documented and this was to be clearer with patients about the emergency appointments procedure.

Details of how to complain were on the practice website and also displayed in the patient waiting area. The practice also advertised the details of the dental complaints service.



Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location consisted of the principal dentist and the practice manager who were responsible for the day to day running of the practice. The practice maintained a system of policies and procedures, some of which had recently been implemented. The practice manager told us they planned to review the policies within six months of implementation. All of the staff we spoke with were aware of the policies and how to access them.

At the time of our inspection the practice did not have a robust system of auditing in place. For example they had only recently begun carrying out radiology, and infection control audits and were not completing any other audits. We discussed this with the practice manager and they confirmed that they had identified this as an area that required improving.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice owners and that there was a no blame culture within the practice. They felt they were listened to and responded to when they did raise a concern. We discussed the duty of candour requirement in place on providers with staff and they demonstrated understanding of the

requirement. They gave us explanations of how they ensured they were open and transparent with patients and staff. The explanations were in line with the expectations under the duty of candour.

Learning and improvement

Due to the nature of work patterns, staff meetings were held informally on an ad-hoc basis. Staff told us that the absence of structured team meetings did not affect them because they were updated appropriately for example, they were told when things had gone wrong and the lessons learnt from it. Staff felt the support structures in place for them to learn and develop were sufficient. Staff felt supported and said they had appropriate access to learning and development opportunities.

Aside from complaints we saw limited evidence of how the practice learnt from events.

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

The practice carried out patient surveys periodically. Results from patients' surveys conducted in June 2016 were very positive. The survey sought feedback on availability of information, ease of booking appointments, presentation and layout of the practice and a space for them to give general comments.

Testimonials taken from patients' surveys or general feedback were posted on the practice website". The practice manager told us that the information from the surveys and feedback was used to help improve the service.