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Albany Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 01 July 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

Albany Dental Practice is located in Brentford, Middlesex. The practice provides the full range of NHS treatment to adults and children except orthodontics and sedation. The practice also offers private treatment.

The staff structure of the practice is comprised of one full-time dentist, a full-time practice manager who is also the practice's hygienists two days a month, one dental nurse and one receptionist. The dentist is registered with the Care Quality Commission (CQC) as the responsible individual.

The practice is open Monday, Tuesday and Thursday from 9.00am to 5.30pm and Wednesday and Friday 9.00am to 2.00pm. The practice closes for lunch from 1.00pm to 2.00pm.

We received 46 CQC comment cards completed by patients and spoke with four patients during our inspection visit. Patients we spoke with, and those who completed comment cards, were very positive about 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) and the Faculty of General Dental Practice (FGDP).

Summary of findings

- Systems were in place to manage health and safety and respond to risk.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients including mandatory training.
- Patients reported that they felt they were listened to and that they were treated with dignity and respect by the practice team.
- The practice had implemented clear procedures for managing comments, concerns or complaints, proactively sought feedback from patients and staff and acted on it to improve the service provided.
- There were governance arrangements in place and the practice effectively used audits to monitor and improve the quality of care provided.

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

- Review the cardiopulmonary resuscitation (CPR) training to ensure all dental healthcare staff update their knowledge and skills in resuscitation at least annually.
- 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.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.

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 incidents and accidents. The practice had policies and protocols related to the safe running of the service. Staff were aware of these and were following them. 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. The practice had systems in place for the management of infection control and waste disposal, 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 demonstrated that they followed relevant guidance, for example, issued by the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP). 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 consent for treatments. The practice maintained appropriate dental care records and details were updated regularly. The practice referred patients to other health care professionals when necessary. Staff engaged in continuous professional development (CPD) and were meeting 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. Feedback from patients highlighted that they were treated with dignity and respect. Patients said there was 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 were satisfied with access to appointments, including emergency appointments, which were available on the same day. Members of staff spoke a range of languages which supported good communication between staff and patients. The needs of people with disabilities had been considered in terms of accessing the service. Patients were invited to provide feedback via satisfaction surveys, including the use of the 'NHS Friends and Family Test'. There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area. Complaints were responded to in a timely way.

Are services well-led?

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

There were good clinical governance and risk management systems in place. There were regular staff meetings and systems for obtaining patient feedback. We saw that feedback from patients had been carefully considered and appropriately responded to. The practice had a statement of purpose in place which was understood by staff. Staff felt well supported and confident about raising any issues or concerns with the practice manager.

Albany Dental Practice

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 01 July 2015. The inspection took place over one day and was led by a CQC inspector who had access to remote advice from a specialist advisor.

We reviewed information received from the provider prior to the inspection. We also informed the NHS England area team and the local Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

During our inspection visit, we reviewed policy documents. We spoke with four 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 the dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

We reviewed 46 Care Quality Commission (CQC) comment cards completed by patients and spoke with four patients in the waiting area. Patients we spoke with and those who completed comment cards were very positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff and said staff were friendly and welcoming.

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

Staff we spoke with were aware of, and had access to the incident reporting system which enabled staff to report all incidents and near misses. Accidents and incidents were recorded, investigated and learnt from by the dental team. Staff told us they were confident about reporting accidents and incidents and discussed learning at monthly team meetings. We reviewed incidents that had taken place in the previous three years and found the practice had dealt with them appropriately. For example, one incident involved a staff member who sustained a leg injury, the incident was reported and the staff member received first aid. The dentist told us that if patients were affected by something that went wrong, they would apologise to the patient and inform them of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had a child protection and safeguarding adults policy in place. This provided staff with information about identifying, reporting and dealing with suspected abuse. The policy was accessible to staff in a folder in the staff room and included the contact details for the child protection and safeguarding adults teams. Staff we spoke with knew how to report concerns and who they would contact if they suspected abuse.

The practice manager was the safeguarding lead for the practice. Safeguarding was identified as essential training for all staff to undertake. We saw records that confirmed that the dentist and practice manager had received safeguarding training to Level 2 and other staff to Level 1.

Staff were aware of the practices' whistleblowing procedures if they had concerns of malpractice by other staff members. Staff told us they were confident about raising such issues with the practice manager.

The practice had safety systems in place to help ensure the safety of staff and patients. These included protocols to follow in relation to sharps injuries (for example injuries sustained from handling needles or sharp instruments). Staff used needle guards to allow staff to dispose of needles safely. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments. However, we found the dentist was not using rubber dam when carrying out 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.]

Medical emergencies

The practice had arrangements in place to deal with medical emergencies in accordance with the Resuscitation Council (UK) guidelines. An emergency resuscitation kit was available, however the practice did not have an Automated External Defibrillator (AED) or a risk assessment to mitigate the risks associated with not having access to this equipment. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electric shock to attempt to restore a normal heart rhythm). Oxygen and medicines for use in an emergency were available and complied with the latest recommendations from the Resuscitation council (UK). Records showed regular checks were carried out to ensure the emergency equipment was fit for purpose and that emergency medicines were in date. The practice manager and dentist completed basic life support training annually and other staff completed it every two years. Staff we spoke with knew the location of all the emergency equipment and medicines and how to use them. There was also a designated staff member who was a trained first aider.

Staff recruitment

The practice had a policy and documentation in place for the recruitment of staff which included qualification and professional registration checks. It was practice policy to carry out criminal record checks via the Disclosure and Barring Service (DBS) on all staff prior to employment. We reviewed two staff files and found DBS checks and written references had been sought for each member of staff. Professional registrations for appropriate staff were up to date.

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. The practice had carried out a number of risk assessments in order to identify and manage risks to patients and staff. For example, we saw risk assessments for fire and Legionella. The practice carried out weekly

Are services safe?

safety checks of fire extinguishers, smoke detectors/fire alarms and fire exits, and fire drills were practised regularly. The practice also carried out monthly checks of equipment including dental, decontamination and x-ray equipment.

The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We noted that substances were being stored in accordance with COSHH regulations.

Infection control

There was an infection control policy in place including procedures to ensure infection control standards were met. These included procedures to follow for hand hygiene, managing waste and the decontamination of dental instruments. The practice followed guidance about decontamination and infection control issued by the Department of Health; 'Health Technical Memorandum 01-05 – Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related Guidance'. Staff had received training in infection control on an annual basis with the most recent training provided in October 2014.

Posters about good hand hygiene were available to support staff in following practice procedures. Staff also had access to information about the practice policy for dental instrument decontamination.

During our inspection we noted that the treatment rooms were visibly clean. The decontamination of dental instruments was carried out in a dedicated decontamination area separate from the consultation rooms. The area was separated into clean and dirty zones and these areas were clearly identifiable. The dental nurses showed us the procedures involved in manually cleaning, rinsing, inspecting, sterilising, packaging and storing dental instruments which was carried out in accordance with current guidance. Staff wore personal protective equipment (PPE) whilst decontaminating used dental instruments including eye protection, heavy duty gloves, aprons and face masks.

The practice had procedures in place for daily, weekly, monthly, quarterly and annual quality testing of the decontamination equipment and we saw records to confirm these tests had taken place.

Records showed a risk assessment for Legionella had been carried out (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in the water systems including the dental units within the premises were monitored. Preventative measures had been recommended to minimise the risk to patients and staff of developing Legionnaires disease which included hot and cold water temperature checks. We saw evidence that these control measures had been implemented.

We found waste was separated into appropriate containers and waste sacks, for disposal by a professional waste company. Waste documentation was detailed and up to date.

The practice had audited its infection control procedures in June 2015 to assess compliance with HTM 01-05. The practice had achieved 94% compliance and would have scored 100% if a washer disinfector was used to disinfect contaminated dental instruments.

All of the clinical 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

Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred regularly. Portable appliance testing (PAT), fire extinguishers, the oxygen cylinder and the X-ray developer were all checked annually.

Medicines stored in the practice were reviewed regularly to ensure they were not kept or used beyond their expiry dates. Prescription pads were stored securely. The practice stored medicines in the fridge as required and fridge temperatures were monitored.

Radiography (X-rays)

The practice had records in their radiation protection file demonstrating the maintenance of the X-ray equipment. The file identified the radiation protection advisor (RPA) and radiation protection supervisor (RPS) for the practice. We found suitable arrangements in place to ensure the safety of the equipment and the local rules relating to each X-ray machine were available in accordance with guidance. The last X-ray quality assurance audit was carried out in

Are services safe?

August 2014 and these were done annually. The dentist was up to date with training in radiography in accordance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We discussed patient care with the dentist and the practice manager. During the course of our inspection we checked dental care records to confirm the findings. We found that the dentist regularly assessed patient's oral health including soft tissues. Details of the treatment included local anaesthetic details such as the type, site of administration, batch number and expiry date. Dentists took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken. All dental care records were double checked by the practice manager to ensure accuracy.

The dentist always took a full medical history prior to treatment including medications patients were currently taking, illnesses and allergies. Medical histories were routinely reviewed on an annual basis.

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 dentists to indicate the level of treatment need in relation to a patient's gums).

The dentists 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 dentists referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to patient recall intervals, antibiotic prescribing and wisdom teeth removal.

Health promotion & prevention

The dentist and hygienist told us they discussed oral health with patients during consultations. For example, effective tooth brushing or dietary advice. The dentist identified patients' smoking status and recorded this in their notes. This prompted the dentist 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.

There was a range of health promotion materials displayed in the waiting area including information on effective oral hygiene, cancer support leaflets and smoking cessation services.

Staffing

The practice had identified key staff training including infection control, dental radiography, safeguarding children and adults, law and ethics and complaints handling.

Staff we spoke with told us they understood their roles and responsibilities and had access to the practice policies and procedures. Staff said they were supported to attend training courses appropriate to their job role. However annual, written appraisals were not undertaken.

The practice manager ensured there was enough staff to keep patients safe. Nurse and receptionist absences were covered by the practice manager and we were told there had never been an instance when appointments had to be cancelled due to sickness or annual leave.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interests of the patient. For example, referrals were made to specialist dental services, such as oral surgeons when necessary, and referral protocols were in place and followed by the dentist. Referrals were made by post through a dental triage and referral management service and the practice manager kept a track of referrals to ensure they were processed in a timely way.

Consent to care and treatment

The dentist explained to us how valid consent was obtained for all care and treatment and this was documented in patient's dental care records. We checked dental care records to confirm the findings and found that consent had been documented including discussions about treatment options, risks, benefits and costs before treatment began. Treatment plans had been signed by patients prior to treatment. The CQC comment cards which had been completed by patients prior to our inspection indicated that patients were asked for consent before care and treatment was provided and this aligned with what patients told us on the day of our inspection.

Staff demonstrated an understanding of the requirements of the Mental Capacity Act 2005 and how this applied in

Are services effective?

(for example, treatment is effective)

considering whether or not patients had the capacity to consent to dental treatment. The Mental Capacity Act 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff explained how they would consider the best interests of the patient and involve family members or carers to ensure their needs were met.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 46 Care Quality Commission (CQC) comment cards patients had completed prior to the inspection. Patient feedback was very positive about the care they received from the practice. They commented that they were treated with respect, dignity, compassion and empathy.

We observed privacy and confidentiality were maintained for patients visiting the practice on the day of our inspection. Patients' dental care records were stored securely behind the reception desk in locked cabinets. Staff we spoke with were aware of the importance of providing patients with privacy and there was a private room available if patients wanted a private conversation with staff away from the reception area. Treatment room doors were closed during treatments and we observed staff were polite and helpful with patients. Data protection was a regular topic of discussion in staff meetings and the practices' computer system was password protected.

The practice had a zero tolerance policy for violent or abusive behaviour and it was outlined in the patient leaflet.

Involvement in decisions about care and treatment

Patients were always given a copy of their treatment plan and associated costs and they were allowed time to consider the different options before going ahead with treatment. CQC comment cards and patients we spoke with during our inspection reported that they had been involved in decisions about their care and treatment.

There was accessible information about the range of treatments available and associated costs. Information about both NHS and private fees were available at the reception and the hygienists fees were displayed on a noticeboard near reception.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in the practice leaflet and in the waiting area. We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients in need of urgent treatment would be seen on the same day or the next day before 9.00am. Patients told us through CQC comment cards that they were seen in a timely manner in the event of a dental emergency. Staff told us the appointment system gave them adequate time to meet patients' needs.

Tackling inequity and promoting equality

The practice used an interpreter service for patients where English was not their first language which was available through Hounslow Clinical Commissioning Group (CCG). Four languages in addition to English were spoken amongst the practice staff which were Dutch, Afrikaans, Polish and Russian.

The practice was situated on the ground floor of the building and patients with pushchairs or wheelchair users had good access to the reception area and the treatment rooms. Doors were wide and all the treatment rooms were sufficiently spacious to accommodate pushchairs and wheelchairs. There were disabled toilet facilities.

The practice had an equality and diversity policy to support staff in understanding and meeting patient's needs.

Access to the service

The practice was open Monday, Tuesday and Thursday from 9.00am to 5.30pm and Wednesday and Friday 9.00am to 2.00pm. The practice displayed its opening hours on their premises and in the patient information leaflet however the practice did not have a website. Information on the NHS direct out of hours service was displayed in the premises, in the practice leaflet and recorded on the practices' answerphone.

Patient feedback highlighted no concerns with access to the service and the appointment system.

Concerns & complaints

The practice had a complaints policy and procedure in place which provided staff with guidance on how to support patients who wanted to make a complaint. The practices' complaints policy was displayed on a noticeboard at reception for patients to reference including the contact details of external agencies patients could contact if they were not satisfied with the outcome of the practice investigation into their complaint.

We found there was a system in place to investigate and communicate with patients regarding complaints. The practice had received two formal and two verbal complaints in the previous year. We found that each one had been investigated and responded to in a timely way. We saw evidence that learning from complaints was discussed at practice meetings.

Patients were encouraged to comment on the service they received and suggest improvements through quarterly surveys conducted by the practice.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service and ensured there were systems to monitor the quality of the service that were used to make improvements to the service. The practice manager led on individual aspects of governance such as safeguarding, complaints, risk management and audits within the practice. The practice carried out quarterly team meetings and meeting minutes were retained. Meeting topics included the complaints procedure, fire drills, infection control, patient surveys, data protection and first aid. We found all the practices' policies were up to date and they were reviewed annually by the practice manager.

Leadership, openness and transparency

The practice had a statement of purpose which outlined their aims and objectives. The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the practice manager or dentist. They felt they were listened to and responded to when they did so.

The staff we spoke with all told us they enjoyed their work and were well-supported by the management team. Staff appraisals were not being undertaken to support staff in carrying out their roles and to identify their training and development needs. However there were only two members of staff, the nurse and receptionist and they told us that their needs were discussed informally with the dentist and practice manager.

Management lead through learning and improvement

All staff were supported to pursue development opportunities. 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 had a programme of clinical audit in place. These included audits for infection control, clinical record keeping and X-ray quality.

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

The practice had systems in place to seek feedback from patients using the service, including carrying out quarterly patient surveys and the NHS friends and family test (FFT).

Patient surveys we reviewed showed a good level of satisfaction with the quality of service provided. We saw examples of where the practice had listened to patient feedback and acted on it. For example, as a result of recent feedback the practice had provided more magazines in the patient waiting area. The practice had not carried out any staff surveys, however staff said they frequently fed back their opinions informally.