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Caterham Dental Care

Inspection Report

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Overall summary

Caterham Dental Care is a general dental practice in Caterham offering both NHS and private treatment. The practice treats adults and children.

The premises (which had recently undergone expansion and development) consist of a separate waiting area adjacent to the reception area and four treatment rooms. There is also a separate decontamination room

The staff structure of the practice consists of the provider (a dentist), three further dentists, a practice manager (who is also a qualified dentist), a receptionist and three dental nurses. The practice has the services of a part time dental hygienist who carries out preventative advice and treatment.

Our key findings were:

- There were effective systems in place to reduce the risk and spread of infection. We found all treatment rooms and equipment appeared very clean.
- There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- The practice had a comprehensive training programme which ensured staff maintained the necessary skills and competence to support the needs of patients.
- The practice kept up to date with current guidelines and research and was led by a proactive and forward thinking management team.
- At our visit we observed staff were kind, caring, competent and put patients at their ease.
- We spoke with one patient on the day of our inspection and reviewed 13 comment cards that had been completed by patients. Common themes were patients felt they were listened to and received very good care in a clean environment from a helpful and patient practice team.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The practice had systems in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were safe for the provision of care and treatment with a good staff skill mix across the whole practice.

Are services effective?

The practice provided evidence based dental care which was focussed on the needs of the patients. We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

Patients told us (through comment cards) they had very positive experiences of dental care provided at the practice. Patients felt they were listened to and were involved with the discussion of their treatment options which included risks, benefits and costs. We observed the staff to be caring, compassionate and committed to their work. Staff spoke with passion about their work and were proud of what they did.

Are services responsive to people's needs?

The practice provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. The practice offered dedicated emergency slots each day enabling effective and efficient treatment of patients with dental pain. The needs of patients with a disability had been considered as part of a programme of premises development and refurbishment.

Are services well-led?

The dental practice had effective clinical governance and risk management structures in place. The provider and practice manager were always approachable and the culture within the practice was open and transparent. Staff were aware of the practice ethos and philosophy and told us they felt well supported and could raise any concerns with the provider or the practice manager. All staff told us they enjoyed working at the practice and would recommend it to a family member or friends.

Caterham 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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was carried out on 30th January 2015 by a CQC inspector. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, clinical patient records and other records relating to the management of the service. We spoke to practice owner

who was also the provider; another dentist, the dental hygienist, two dental nurses, the practice manager and the receptionist. We also reviewed 13 comments cards completed by patients.

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

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

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

Are services safe?

Our findings

Learning and improvement from incidents

There was an effective system in place to learn from and make improvements following any accidents or incidents. Staff understood the process for accident and incident reporting including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence.

Reliable safety systems and processes including safeguarding

The practice had clear policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. Staff had completed safeguarding training and demonstrated to us their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them.

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

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). A easy to follow flow diagram detailed the actions staff should take if an injury from using sharp instruments had occurred

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste.

The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice on

the prevention and control of infections and related guidance'. These documents and the service's policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. We found there was a dedicated decontamination room with a clear flow from 'dirty' to 'clean.' A dental nurse with responsibilities for the decontamination of instruments explained to us how instruments were decontaminated and sterilised. They wore eye protection, an apron, heavy duty gloves and a mask while instruments were decontaminated and rinsed prior to being placed in an autoclave (sterilising machine).

An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages. This was in accordance with the procedure for decontamination of instruments which was displayed.

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

In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between surgeries and the decontamination area which ensured the risk of infection spread was greatly minimised.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

We looked at the treatment rooms where patients were examined and treated. All rooms and equipment appeared very clean.

Are services safe?

Staff told us the importance of good hand hygiene was included in their infection control training. A hand washing poster was displayed near to the sink to ensure effective decontamination. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

The practice followed infection control guidance when carrying out dental implant procedures. This included the use of sterile solution for irrigation, surgical drapes, clinical gowns and ensuring instruments were reprocessed in a vacuum type autoclave.

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

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

Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the annual servicing certificates. The records showed the service had had an efficient system in place to ensure all equipment in use was safe, and in good working order.

There was a system in place for the reporting and maintenance of faulty equipment such as dental drill hand pieces. Records showed and staff confirmed repairs were carried out promptly which ensured there was no disruption in the delivery of care and treatment to patients.

An effective system was in place for the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice such as local anaesthetics. The systems we viewed were complete, provided an account of medicines used and prescribed,

and demonstrated patients were given medicines appropriately. The batch numbers and expiry dates for local anaesthetics were recorded. These medicines were stored safely for the protection of patients.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire. A fire marshal had been appointed, fire extinguishers had been recently serviced and staff were able to demonstrate to us they knew how to respond in the event of a fire.

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

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. Oxygen and medicines for use in an emergency were available. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use. We observed the emergency medicines were clearly labelled which ensured the appropriate medicine could be accessed quickly in an emergency.

Records showed all staff had recently completed training in emergency resuscitation and basic life support including the use of the automatic external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for four staff members. Each file contained evidence that satisfied the requirements of schedule 3 of the Health and Social Care Act, 2008. This included application forms, employment history, evidence of qualifications, questions and answers from interviews and photographic evidence of the

Are services safe?

employee's identification and eligibility to work in the United Kingdom. The qualification, skills and experience of each employee had been fully considered as part of the interview process.

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

We found there were clear procedures in place to monitor and review when staff were not well enough to work and we saw evidence of where this protocol had been applied.

Radiography

We checked the provider's radiation protection file as X-rays were taken and developed at the practice. We also looked at X-ray equipment at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to each X-ray machine was displayed in accordance with guidance. We found procedures and equipment had been assessed by an independent expert within the recommended timescales.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in comment cards completed by patients.

The practice asked patients to sign consent forms for some dental procedures to indicate they understood the treatment and risks involved.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. They explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met. This included the use of a tool for assessing a patient's capacity to consent and guidance to follow when making decisions in a patient's best interests.

Monitoring and improving outcomes for people using best practice

We found the dentists regularly assessed each patient's gum health and 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 as well as an examination of a patient's soft tissues (including lips, tongue and palate) and their use of alcohol and tobacco. These measures demonstrated to us a risk assessment process for oral disease.

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 (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

Working with other services

The practice had a system in place for referring, recording and monitoring patients for dental treatment and specialist procedures. Staff regularly reviewed the log to ensure patients received care and treatment needed in a timely manner.

Health promotion & prevention

The practice promoted the maintenance of good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients.

Records showed patients were given advice appropriate to their individual needs such as smoking cessation or diet advice.

Information displayed in the waiting area promoted good oral and general health. This included information on healthy eating, smoking cessation, alcohol consumption and social care support.

Staffing

There was a comprehensive induction programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. Staff had undertaken training as a team to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies and infection control and prevention. The practice manager had developed a training matrix which incorporated a rolling programme in areas such as infection control, record keeping, radiology, consent, assessing mental capacity, confidentiality and dealing with complaints.

There was an effective appraisal system in place which was used to identify training and development needs. Staff told us they had found this to be a useful and worthwhile process.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The provider and staff explained to us how they ensured information about people using the service was kept confidential. People's clinical records were stored electronically; password protected and regularly backed up to secure storage. Archived paper records were kept securely in a locked cabinet. Staff members demonstrated to us their knowledge of data protection and how to maintain confidentiality. Staff told us people were able to have confidential discussions about their care and treatment in the surgeries or in another room if they preferred.

Patients told us through comment cards they were always treated with respect by caring and patient staff.

Involvement in decisions about care and treatment

The provider told us they used a number of different methods including an intra-oral camera, tooth models, display charts and pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood.

There was software available which provided video demonstration for patients to explain some dental procedures. Information leaflets gave information on a wide range of treatments and disorders such as gum disease and good oral hygiene. Information about procedures such as tooth whitening, veneers, crowns and bridges was accessible on the practice website. A treatment plan was developed following examination of and discussion with each patient.

Staff told us dentists took time to explain care and treatment to individual patients clearly and were always happy to answer any questions.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff reported (and we saw from the appointment book) the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

The practice had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. This included checks for specialist implant fixtures and laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate or if not they would contact a translator. We saw the practice held contact details for a local interpreter service.

The practice had completed a disability discrimination audit when considering plans for expansion and

development. Improvements had been made to facilitate access for people using wheelchairs. The practice had submitted a request to the local council for a disabled parking bay however, this had been rejected.

Access to the service

We asked the receptionist how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. We saw the website also included this information. Each day the practice was open, emergency treatment slots were made available for people with urgent dental needs. Staff told us patients requiring emergency care during practice opening hours were always seen the same day.

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal and informal complaints from patients.

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

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

Are services well-led?

Our findings

Leadership, openness and transparency

Staff reported there was an open and transparent culture at the practice and they felt valued and supported by the practice management team. Staff felt confident they could raise issues or concerns at any time with the provider or practice manager without fear of discrimination. All staff told us it was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice.

Governance arrangements

The governance arrangements of the practice were evidence based and developed through a process of continual learning. Although the practice manager had responsibility for the day to day running of the practice, the provider was always available to lead and contribute as and when necessary.

The provider held regular meetings with the practice manager to discuss any issues and identify any actions needed. Staff told us the practice scheduled an extra half hour at the end of each treatment day. During this time all staff (dentists included) worked together to ensure infection control and other procedures were completed and everyone could leave together.

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

There was a system in place to act upon suggestions received from people using the service. The practice conducted regular scheduled staff meetings as well as daily unscheduled discussions. Staff members told us they found these were a useful opportunity to share ideas and experiences which were always listened to and acted upon.

Management lead through learning and improvement

The practice carried out regular audits every six months on infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. The most recent audit indicated the facilities and management of decontamination and infection control were managed well.

The provider is an educational supervisor for a dentist participating in Dental Foundation training. Dental Foundation training aims to enhance clinical and administrative competence and promote high standards through relevant postgraduate training to meet the needs of patients requiring treatment in NHS general dental practice. The provider told us the practice promoted an environment which actively supported and encouraged learning and development. We found the practice regularly audited areas of their own practices and processes as part of a system of continuous improvement and learning.